

EMPLOYMENT APPLICATION FOR CUSTOMER SERVICE REPRESENTATIVE OFFICE/OTHER POSITION

Cress Gas Co.
26 E. Union St PO Box 9
Richlandtown, PA 18955

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Date of application _____

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

Address _____
Street City

State Zip Phone _____

ADDRESS _____ How Long? _____
FOR PAST Street City State & Zip Code

THREE _____ How Long? _____
YEARS Street City State & Zip Code

Do you have the legal right to work in the United States? _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Are you applying for:

- | | | |
|--|------------|-----------|
| • Temporary work – such as summer or holiday work? | YES | NO |
| • Regular part-time work? | YES | NO |
| • Regular full-time work? | YES | NO |

What days and hours are you available for work? _____

If applying for temporary work, when will you be available? _____

If hired, on what date can you start working? ____/____/____

Can you work on the weekends? **YES** **NO**
 Can you work evenings? **YES** **NO**
 Are you available to work overtime? **YES** **NO**

Do you have any friends, relatives, or acquaintances working for the Company? **YES** **NO**

If yes, state name & relationship _____

If hired, would you have transportation to/from work? **YES** **NO**

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) **YES** **NO**

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?
 YES **NO**

If hired, are you willing to submit to and pass a controlled substance test? **YES** **NO**

Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation? **YES** **NO**

If no, describe the functions that cannot be performed

References

List below three persons who have knowledge of your work performance within the last four years.
 Please include professional references only.

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

All applicants must provide the following information on all employers during the preceding **5 YEARS**. Applicants **MUST** give complete address, phone number and contact person for all previous employers.

EMPLOYER			DATE	
NAME	FROM (Mo./Yr.)		TO (Mo./Yr.)	
	SAFETY SENSITIVE FUNCTION? CIRCLE YES NO			
ADDRESS			SUBJECT TO PART 40 DRUG&ALCOHOL	
CITY	STATE	ZIP	CIRCLE YES NO	
CONTACT PERSON		PHONE #		
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM (Mo./Yr.)		TO (Mo./Yr.)	
	SAFETY SENSITIVE FUNCTION? CIRCLE YES NO			
ADDRESS			SUBJECT TO PART 40 DRUG&ALCOHOL	
CITY	STATE	ZIP	CIRCLE YES NO	
CONTACT PERSON		PHONE #		
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM (Mo./Yr.)	TO (Mo./Yr.)
ADDRESS			SAFETY SENSITIVE FUNCTION? CIRCLE YES NO	
CITY	STATE	ZIP	SUBJECT TO PART 40 DRUG&ALCOHOL CIRCLE YES NO	
CONTACT PERSON			PHONE #	
REASON FOR LEAVING				

EMPLOYER			DATE	
NAME			FROM (Mo./Yr.)	TO (Mo./Yr.)
ADDRESS			SAFETY SENSITIVE FUNCTION? CIRCLE YES NO	
CITY	STATE	ZIP	SUBJECT TO PART 40 DRUG&ALCOHOL CIRCLE YES NO	
CONTACT PERSON			PHONE #	
REASON FOR LEAVING				

EMPLOYER			DATE	
NAME			FROM (Mo./Yr.)	TO (Mo./Yr.)
ADDRESS			SAFETY SENSITIVE FUNCTION? CIRCLE YES NO	
CITY	STATE	ZIP	SUBJECT TO PART 40 DRUG&ALCOHOL CIRCLE YES NO	
CONTACT PERSON			PHONE #	
REASON FOR LEAVING				

Education, Training and Experience

High School:

School Name: _____

School Address: _____

School city, state, zip: _____

Number of years completed: _____

Did you graduate? **YES** **NO**

Degree/diploma earned: _____

College/University:

School Name: _____

School Address: _____

School city, state, zip: _____

Number of years completed: _____

Did you graduate? **YES** **NO**

Degree/diploma earned: _____

Vocational School:

Name: _____

Address: _____

City, state, zip: _____

Number of years completed: _____

Did you graduate? **YES** **NO**

Degree/diploma? _____

Military:

Branch: _____

Rank in Military: _____

Total Years of Service: _____

Skills/duties: _____

Related details: _____

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? **YES** **NO**

If yes, please explain: _____

EXPERIENCE AND QUALIFICATIONS

	STATE	LICENSE NO.	CLASS & ENDORSEMENT	EXPIRATION DATE
DRIVER LICENSES				

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

LIST ANY POSITIVE SUBSTANCE ABUSE TESTS AND/OR ALCOHOL TESTS OVER .04 IN THE PREVIOUS (6) MONTHS INDICATING EMPLOYER AND DATE:

LIST ANY CRIMINAL FELONY CONVICTIONS OF RECORDS IN THE PREVIOUS (5) YEARS INDICATING DATE OF CONVICTION:

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

TO BE READ AND SIGNED BY APPLICANT

THE RIGHT TO REVIEW SAFETY PERFORMANCE RECORDS: You have the right to review the records provided by your previous employers. You must make your request to review in writing and submit it to your prospective employer no later than thirty (30) days after employment begins or notification of employment is made. You will be provided with the records within five (5) business days of receipt of your written request. If the prospective employer has not received the records at the time of your request, then the five-day period to provide access will begin on the day the records are received from the previous employer. If you fail to arrange to pick up or receive the requested records within thirty (30) days of when they are first made available to you, then your right to review is considered waived.

THE RIGHT TO HAVE ERRONEOUS information CORRECTED: If you believe there is an error in the records, you have the right to have your previous employer correct the error. Send your request for correction to the previous employer that provided the records in question. The previous employer must either correct and forward the record to the prospective employer or notify you within fifteen (15) days of receiving your request that they do not agree the record is in error. If the previous employer corrects and forwards the record as requested, that employer must also retain the corrected information as part of your safety performance history record and provide it to subsequent prospective employers when requests for this information are received.

THE RIGHT TO REBUT DISPUTED INFORMATION: If the previous employer does not agree that information in the records provided is in error, you may rebut the disputed information in writing and send it to the previous employer with instructions to include the rebuttal in your safety performance history file. Within five (5) business days of receiving your rebuttal, the previous employer must; forward a copy of the rebuttal to the prospective employer; append the rebuttal to your safety performance information and include it as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention required period. You may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

THE RIGHT TO REPORT FAILURES TO CORRECT ERRONEOUS INFORMATION: You may report failures of a previous employer to correct information or include your rebuttal as part of the safety performance information, to the Federal Motor Carrier Safety Administration by following procedures specified at 49 CFR Section 385.12.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by Law.

Applicant Signature _____ Date _____

APPLICANT HIRED _____ **Rejected** _____

DATE EMPLOYED _____ **Classification** _____