

EICHELBERGERS, INC.
107 TEXACO ROAD, MECHANICSBURG, PA 17050-2626

APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION POLICY: All qualified applicants will receive consideration for employment without regard to race, color, religion, national origin or ancestry, sex, age, marital or veteran status, medical condition unrelated to the job, handicap or other legally protected status.

PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS IN DETAIL

Position(s) Applied For:			Date:
Name (Last)	(First)	(Middle)	Social Security No.
Current Address:			
Home Telephone #: ()		Mobile Telephone #: ()	
Previous Addresses Within The Past Three (3) Years:			
Other Name(s) under which you were employed or attended school:			

How did you learn about us?
 Advertisement - Name of Newspaper/Other Source: _____
 Walk-In Company Employee Referral: _____
 Employment/Referral Agency Friend/Relative: _____

Desired rate of pay (indicate hourly or annual): \$ _____

Are you legally eligible for employment in the United States? Yes No
 Are you of the legal age to work full time (18 or older)? Yes No
 Have you previously completed our application? Yes No If yes, give date: _____
 Have you ever been employed with us? Yes No If yes, give date: _____
 Do you know anyone who works for us? Yes No If yes, who: _____

Date available for work: _____

Are you available to work: Full Time Overtime Weekends Holidays Out-of-town
 Are you currently on lay-off status subject to recall? Yes No
 Do you have transportation available for daily commuting? Yes No
 Are you eligible to be bonded? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a felony? Yes No
 If "Yes" provide date(s) and details: NOTE: Answering "yes" does not constitute an automatic bar to employment. The nature of the offense, and the relevance of the offense to the position for which you are applying will be considered.

EDUCATION

Type of School	Name and Address of School	Area of Study	Years Completed	Graduated	Grade Average
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Apprenticeship				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

U.S. MILITARY SERVICE

Have you served in the U.S. Armed Forces? Yes No

Branch of Service	Technical Specialty	Year(s) of Service	Rank Attained/Discharge Status

Are you a member of any of the following?

National Guard Yes No Active Reserves Yes No Inactive Reserves Yes No

EMPLOYMENT HISTORY

Starting with your most recent employer, **please list the past ten (10) years of employment history.**
If more space is needed please use page 4.

EMPLOYER:		ADDRESS:	TELEPHONE # ()
DATE STARTED: Month/Year	Starting Wage/Salary:	Starting Position:	Immediate Supervisor and Title: He/She Still Work There? <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE ENDED: Month/Year	Ending Wage/Salary:	Ending Position:	Reason For Leaving:
Summarize Work Performed: <input type="checkbox"/> Safety Sensitive (DOT Drug and Alcohol Testing) <input type="checkbox"/> Subject to Federal Motor Carrier Safety Regulations			May we Contact your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYER:		ADDRESS:	TELEPHONE # ()
DATE STARTED: Month/Year	Starting Wage/Salary:	Starting Position:	Immediate Supervisor and Title: He/She Still Work There? <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE ENDED: Month/Year	Ending Wage/Salary:	Ending Position:	Reason For Leaving:
Summarize Work Performed: <input type="checkbox"/> Safety Sensitive (DOT Drug and Alcohol Testing) <input type="checkbox"/> Subject to Federal Motor Carrier Safety Regulations			

EMPLOYER:		ADDRESS:	TELEPHONE # ()
DATE STARTED: Month/Year	Starting Wage/Salary:	Starting Position:	Immediate Supervisor and Title: He/She Still Work There? <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE ENDED: Month/Year	Ending Wage/Salary:	Ending Position:	Reason For Leaving:
Summarize Work Performed: <input type="checkbox"/> Safety Sensitive (DOT Drug and Alcohol Testing) <input type="checkbox"/> Subject to Federal Motor Carrier Safety Regulations			

EMPLOYER:		ADDRESS:	TELEPHONE # ()
DATE STARTED: Month/Year	Starting Wage/Salary:	Starting Position:	Immediate Supervisor and Title: He/She Still Work There? <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE ENDED: Month/Year	Ending Wage/Salary:	Ending Position:	Reason For Leaving:
Summarize Work Performed: <input type="checkbox"/> Safety Sensitive (DOT Drug and Alcohol Testing) <input type="checkbox"/> Subject to Federal Motor Carrier Safety Regulations			

SKILLS & QUALIFICATIONS

List any specialized courses and or certificates, licenses, which may assist you in performing the position for which you are applying. Include job-related organizations (professional, trade, etc.) that you belong. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age or any other protected status.

Do you have any training/experience in any of the following:

- Human Relations
- Policy Making
- Employee Management/Supervision
- Project Management or Estimating
- Drafting / Design / Blueprints
- Inventory Control

CHART INSTRUCTIONS: Complete the LEFT SIDE of the chart if you are applying for a position as a driller, driller's helper, laborer, mechanic, water systems, water quality apprentice, technician or any other field position. Complete the RIGHT SIDE if you are applying for an office, accounting or supervisory position.

MAINTENANCE SKILLS	FORMAL TRAINING (YES/NO)	YRS. OF EXPERIENCE	COMPUTER SKILLS (LIST SOFTWARE USED IN SPACE PROVID)	FORMAL TRAINING (YES/NO)	YRS. OF EXPERIENCE
Truck/Auto Mechanic			Word Processing		
Small Engine Repair			Software:		
Electrical Repair			Spreadsheet		
CONSTRUCTION:			Software:		
Plumbing			Data Base		
Electrical			Software:		
Carpentry			Other:		
Concrete			Software:		
HVAC			MACHINES		
Welding			Multi-Line Telephone		
EQUIPMENT OPERATION			Calculator		
Backhoe			Dictate/Transcription		
Loader/Forklift			Keyboard Typing		
Bulldozer			Words/Min:		
Other:			ACCOUNTING		
DRIVING EXPERIENCE			Gen. Ledger/Journal		
Truck/Trailer			Payroll & Taxes		
Dump Truck			A/R and A/P		
Other:			Cash Register/Cashier		

DRIVER INFORMATION: to be completed by all applicants.

Do you currently possess a valid driver's license? Yes No

Do you have a current, valid DOT Medical Examiner's Certificate? Yes No

OPERATOR'S NUMBER	CLASS	ENDORSEMENTS/RESTRICTIONS	EXPIRATION	STATE

Have you ever been denied a license or permit? Yes No

Has any license, permit or driving privilege ever been suspended or revoked? Yes No

Have you ever been disqualified as a driver for violating the Federal Motor Carrier Safety Regulations?
 Yes No

Note: If you answered "Yes" to any of the questions above, provide details on page 4.

DRIVING EXPERIENCE

EQUIPMENT CLASS	TYPE (Van, Tank, Flat, Etc.)	DATES		APPROXIMATE TOTAL MILES
		FROM	TO	
Straight Truck				
Tractor & Semi				
Twin Trailers				
Other: _____				

Can you drive a vehicle with manual (stick shifting) transmission? Yes No

List the states you've driven in during the last 5 years: _____

List special courses or driver training you have completed: _____

List safe driving awards/presented: _____

ACCIDENT REVIEW: PREVIOUS 3 YEARS Write "NONE" if none. Use bottom of page 4 if more space is needed.

	DATE	DESCRIPTION (Head-On, Rear-End, Etc.)	ANY FATALITIES?	LIST INJURIES
Last Accident				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS/FORFEITURES (other than parking tickets): PREVIOUS 3 YEARS. Write "NONE" if none. Use bottom of page 4 if more space is needed.

CITY/STATE	DATE	CHARGE	PENALTY

REFERENCES: Do not list relatives or employers.

NAME	ADDRESS	TELEPHONE
		(____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Work
		(____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Work
		(____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Work

ADDITIONAL SPACE FOR ANSWERS AS NEEDED

APPLICANT STATEMENT

I certify that this application was completed by me, and that all the information I have provided is true, complete, and correct. I understand that any false, misleading or incomplete statement or misrepresentation of fact on this application or in any other documents I provided in connection with this application for employment shall result in denial of employment, or if employed, in immediate dismissal. **Initial** _____

I authorize the employer, its agents, representatives, and employees to contact and obtain information including without limitation criminal records, credit reports, from all references (personal and professions), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its employees, or representatives, for seeking gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I acknowledge, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing with or without reasonable accommodation the essential duties and functions which are pertinent to the job. I also understand that any employment offer is contingent upon the result of a medical examination and a drug screen.

If hired, I agree to abide by and comply with the rules and policies of the employer including participation in the company's random drug and alcohol testing programs. I acknowledge and agree the company reserves the right to make changes in its rules and policies.

I understand that neither the company's acceptance of this application for employment nor any subsequent interview by the company obligates the company in any way to offer me employment with the company. I understand this application will remain on file and be considered active for a period of thirty (30) days from the date on the application, and thereafter be null and void.

I understand that if I am hired, my employment is at-will meaning it is voluntarily entered into and I am free to resign at any time, with or without notice or cause. Similarly, the company may terminate my employment at any time, with or without notice or cause, subject to applicable law.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States.

Applicant's Signature

Applicant's Printed Name

Date

VOLUNTARY & REQUIRED CONFIDENTIAL EEO/AA INFORMATION

Please be advised that this record is used to assist with complying with the Equal Employment Opportunity Commission. The information requested below will be kept confidential and will not affect your chances for employment. Your cooperation in providing accurate information is important.

This information is VOLUNTARY; you are not required to complete this portion of the form. Your answers will be used to help assure equal employment and affirmative action opportunities. Thank you for your cooperation.

NAME: _____

RACE/ETHNIC CATEGORY:

- American Indian or Alaskan Native:** a person with origins in any of the original Peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
- Asian or Pacific Islander:** a person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. (Examples: China, Japan, Korea, the Philippine Republic, Samoa, etc.)
- Black:** a person with origins in any of the black racial groups of Africa.
- Hispanic:** a person of Mexican, Puerto Rican, Cuban, South American or other Spanish culture.
- White** (not of Hispanic origin): a person with origins in any of the original peoples of Europe, North Africa or the Middle East.

SEX:

- Male
- Female

DATE OF BIRTH: _____ **(REQUIRED FOR DOT)**

VETERAN OF THE VIETNAM ERA: Yes No

VETERAN OF THE GULF WAR: Yes No

***THIS APPLICATION WILL REMAIN ACTIVE FOR 45 DAYS AND THEN WILL BE DESTROYED. INITIALS:** _____