

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: | | | |

OPTIONAL: Email address: _____

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: | | | 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: | | | |

| | | | |
|-----------------------------|-----------------------|--------------------|---|
| 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: | | | |

| | | | |
|-----------------------------|-----------------------|--------------------|---|
| 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: | | | |

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 | TRAINING (YES/NO) | YRS. OF EXPERIENCE | COMPUTER SKILLS (LIST SOFTWARE USED IN SPACE PROVID) | 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: | | |
| Masonry | | | 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 individuals applying for jobs requiring DOT license.

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

VOLUNTARY 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: _____

VETERAN OF THE VIETNAM ERA: Yes No

VETERAN OF THE GULF WAR: Yes No