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) Appl	ied For:		Date:
Name (Last) (First)	(Middle)	Social Security No.
Current Address:			
Home Telephone #	: ()	Mobile Telephon	ne #: ()
Previous Address	es Within The Past Three (3) Y	/ears:	
Other Name(s) un	der which you were employed or	attended school:	
How did you lear			
□ Walk-In	\square Company Emp	ployee Referral:	
☐ Employment/Ref			
Desired rate of	pay (indicate hourly or annual	.): \$	
Are you legally	eligible for employment in the	United States?	□ Yes □ No
Are you of the l	egal age to work full time (18	or older)?	□ Yes □ No
Have you previou	sly completed our application?	P Yes □ No	If yes, give date:
Have you ever be	en employed with us?	□ Yes □ No	If yes, give date:
Do you know anyo	ne who works for us?	□ Yes □ No	If yes, who:
Date available f	or work:		
	e to work: \square Full Time \square Ov		☐ Holidays ☐ Out-of-town
Are you currentl	y on lay-off status subject to	recall?	□ No
Do you have tran	sportation available for daily	y commuting? □ Yes	□ No
Are you eligible	to be bonded? Yes No		
If "Yes" p bar to emp	ed "guilty" or "no contest" to provide date(s) and details: ployment. The nature of the o for which you are applying wil	NOTE: Answering "yes ffense, and the rele	" does not constitute an automati

EDUCATION

Type of School	Name and Address of School	Area of Study	Years Completed	Graduated	Grade Average
High School				☐ Yes ☐ No	
College				☐ Yes ☐ No	
Trade School				☐ Yes ☐ No	
Apprenticeship				☐ Yes ☐ No	
Other				☐ Yes ☐ No	

U.S. MILITARY SERVICE

Have you served in the U.S. Armed Forces? $\ \square$ Yes $\ \square$ 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 \Box Yes \Box No Active Reserves \Box Yes \Box No Inactive Reserves \Box Yes \Box 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:	Starting	Starting Position:	Immediate Supervisor and Title:
DATE STARTED.		Starting rosition.	inunediate supervisor and rittle.
	Wage/Salary:		
			He/She Still Work There?
Month/Year			□ Yes □ No
DATE ENDED:	Ending	Ending Position:	Reason For Leaving:
BILL BREEF.	Wage/Salary:	Inding robicion:	Reason for Beaving.
	wage/salary:		
Month/Year			
Summarize Work	Performed:		May we Contact your Present
			Employer? Yes No
			Employer: E 165 E No
EMPLOYER:		ADDRESS:	TELEPHONE #
DATE STARTED:	Starting	Starting Position:	Immediate Supervisor and Title:
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	Wage/Salary:		
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	Wage/Salary:		
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EMPLOYER: DATE STARTED:	Starting	ADDRESS: Starting Position:	"
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DATE STARTED:			() Immediate Supervisor and Title: He/She Still Work There?
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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/explict Human Relations Policy Making Employee Management/Super	-	n any o	of the	following: □ Project Management □ Drafting / Design □ Inventory Control		_	
CHART INSTRUCTIONS: Complete driller, driller's helper, or any other field position or supervisory position.	laborer,	mechan:	ic, wat	er systems, water qual	lity apprenti	.ce, te	chnician
MAINTENANCE SKILLS	TRAINING (YES/NO)		. OF	COMPUTER SKILLS (LIST SOFTWARE USED IN SPACE PROVID)	TRAINING (YES/NO)		S. OF ERIENCE
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	n		
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	î l		
****DRIVER INFORMATION	ON: to	be co	mplet	ced by ALL applica	ints.		
Do you currently possess	a valid	driver	's lic	ense?	□ Yes □ No		
Do you have a current, va					□ Yes □ No		
OPERATOR'S NUMBER	CI	LASS	ENDOF	RSEMENTS/RESTRICTIONS	EXPIRATI(ON	STATE

Have you ever k	oeen de	enied a	license or	permit?	□ Yes	□ No			
Has any license,	permit	or dri	ving privileg	ge ever beer	n suspende	ed or revoked	d? □ Ye	s 🗆 No	
Have you ever	been d	isquali	fied as a d	lriver for	violating	g the Feder	al Motor	Carrier S	Safety
Regulations? \Box	Yes 🗆	l No							
Note: If you ar	nswered	l "Yes"	to any of t	the questi	ons above	e, provide	details	on page 4.	
DRIVING EXPERIE	ENCE								
EQUIPMENT CL	ASS	(Va	TYPE n, Tank, Flat	, Etc.)	FROM	DATES	TO	APPROXII	
Straight Truck									
Tractor & Semi									
Twin Trailers									
Other:									
Can you drive a	a vehic	cle wit	h manual (st	tick shift	ing) tran	nsmission?	□ Yes	□ No	
List the states	s you'v	e driv	en in during	g the last	5 years:	:			
List special co	ourses	or dri	ver training	g you have	complete	ed:			
List safe drivi	ing awa	rds/pr	esented:						
ACCIDENT REVIEW needed.	T: PREV	/IOUS 3	<u> YEARS</u> Writ	e "NONE" i	f none. (Use bottom o	f page 4	if more spa	ace is
	DA	TE	DESCI (Head-On, Re	RIPTION	ANY Etc.) FATALITIES?			LIST INJURIES	
			(Head-Oil, R	zar-End, Et	C.) FA	CIALITIES:		INJURIES	
Last Accident									
Next Previous									
Next Previous									
TRAFFIC CONVIC	TIONS/	FORFEI'	TURES (other	r than pa	rking ti	ckets): PR	EVIOUS 3	3 YEARS.	Write
"NONE" if none. CITY/STATE		ttom of	page 4 if mo		needed.	T T	T)*	ENALTY	
CIII/SIAIE			DATE		CHARGE		P.	ENALII	
REFERENCES:	Do no	t list	relatives o	r employer	îs.				
NAME			A	DDRESS			TELEPI	HONE	
						() _			
						()	□Home	□Work	
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ADDITIONAL SPACE	FOR AN	SWERS A	S NEEDED						

A DDT	TCANT	STATE	MEMENT

I certify that this	s application was	completed by	me, and that	all the inform	ation I have prov	ided
is true, complete,	and correct. I	understand tha	at any false,	misleading or	incomplete statem	ent or
misrepresentation o	of fact on this a	pplication or	in any other	documents I pr	ovided in connect	ion
with this applicati	on for employmer	t shall result	in denial o	f employment, o	r 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 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.

MANE.

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:
VETER	AN OF THE VIETNAM ERA:
VETER	AN OF THE GULF WAR: