



# Employment Application

Please remit application to:

Gas Field Specialists, Inc.  
2107 SR 44 South, PO Box 697  
Shinglehouse, PA 16748

Gas Field Specialists, Inc.  
224 North Main Street,  
Building 17-2  
Horseheads, NY 14845

Gas Field Specialists, Inc.  
114 Route 660  
Mansfield, PA 16988

Email: GFSHR@gfsinc.net

Please fill out the information below as completely and accurately as possible. Failure to do so could result in rejection of application.

## TO BE READ AND SIGNED BY APPLICANT

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.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.21(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

\_\_\_\_\_ Social Security Number Phone Number Date of Birth Email Address

Address: \_\_\_\_\_  
Street City State Zip Number of Years

Past 3 Year Residency \_\_\_\_\_  
Street City State Zip Number of Years

\_\_\_\_\_ Street City State Zip Number of Years

## A. Position Details

Date of Application: \_\_\_\_\_ Date available to start: \_\_\_\_\_

Position applied for (be specific): \_\_\_\_\_ Desired salary: \_\_\_\_\_

Position location (select all that apply):  Horseheads  Lock Haven  Mansfield  Shinglehouse  Smithton

Referred by:  Employee  Newspaper  Radio  Online Job Board  Walk-in

Name of Source: \_\_\_\_\_

Availability (Select all that apply):  Nights  Weekends  Overtime  Overnight Travel

## B. Education

Type of Education	Name & Location of School	Dates attended/ Year Graduated	Graduate?	Area of Study & Degree Acquired
High School:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocation/Trade School (Welder, Operator, CDL Driver):			<input type="checkbox"/> Yes <input type="checkbox"/> No	

This document is intended for the sole use of GFS and is provided to external parties for informational purposes only.



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## EMPLOYMENT HISTORY

All applicants possessing a CDL must provide the following information, on all employers, during the preceding ten years. If you do not possess a CDL, only three years employer history is required.

**You are required to list the complete mailing address: street number and name, city, state and zip code.**

**CURRENT OR LAST EMPLOYER:** Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Month/Year Month/Year  
 Reasons for Leaving: \_\_\_\_\_  
 Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed?  YES  NO  
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  YES  NO  
 \*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (Month/Year) and reason:

**SECOND LAST EMPLOYER:** Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Month/Year Month/Year  
 Reasons for Leaving: \_\_\_\_\_  
 Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed?  YES  NO  
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  YES  NO  
 \*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (Month/Year) and reason:

**THIRD LAST EMPLOYER:** Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Month/Year Month/Year  
 Reasons for Leaving: \_\_\_\_\_  
 Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed?  YES  NO  
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  YES  NO  
 \*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (Month/Year) and reason:

**FOURTH LAST EMPLOYER:** Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Month/Year Month/Year  
 Reasons for Leaving: \_\_\_\_\_  
 Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed?  YES  NO  
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  YES  NO  
 \*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (Month/Year) and reason:

**FIFTH LAST EMPLOYER:** Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Month/Year Month/Year  
 Reasons for Leaving: \_\_\_\_\_  
 Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed?  YES  NO  
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  YES  NO  
 \*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (Month/Year) and reason:

**SIXTH LAST EMPLOYER:** Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Month/Year Month/Year  
 Reasons for Leaving: \_\_\_\_\_  
 Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed?  YES  NO  
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  YES  NO  
 \*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (Month/Year) and reason:

**SEVENTH LAST EMPLOYER:** Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Month/Year Month/Year  
 Reasons for Leaving: \_\_\_\_\_  
 Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed?  YES  NO  
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  YES  NO  
 \*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (Month/Year) and reason:



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## DRIVING EXPERIENCE

If no driving experience within the last 3 years, check here:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT <i>(Check all that apply)</i>	DATES		OR	APPROX. NUMBER OF MILES
		FROM	TO		
Straight Truck	<input type="checkbox"/> Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Flat	-	-	OR	
Tractor & Semi-Trailer	<input type="checkbox"/> Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Flat	-	-		
Tractor – Two Trailers	<input type="checkbox"/> Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Flat	-	-		
Tractor – Three Trailers	<input type="checkbox"/> Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Flat	-	-		
Motorcoach – School Bus (Greater than 8 Passengers)	N/A	-	-		
Motorcoach – School Bus (Greater than 15 Passengers)	N/A	-	-		
Other: _____	<input type="checkbox"/> N/A <input type="checkbox"/> Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Flat	-	-		

## ACCIDENT HISTORY (3 YEARS)

If no accidents within the last 3 years, check here:

DATE <i>(Month/Year)</i>	NATURE OF ACCIDENT <i>(Head-on, rear-end, upset, etc.)</i>	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILLS?
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

## TRAFFIC CONVICTIONS AND FORFEITURES (3 YEARS)

If no traffic convictions and/or forfeitures within the last 3 years, check here:

Please list all traffic convictions and forfeitures in the last three years, use additional space if necessary.

DATE CONVICTED <i>(Month/Year)</i>	VIOLATION	STATE OF VIOLATION	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## LICENSE INFORMATION

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license.” I certify that I do not have more than one motor vehicle license, the information for which is listed below.

\_\_\_\_\_ State

\_\_\_\_\_ License Number

\_\_\_\_\_ Expiration Date

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

If yes, give details: \_\_\_\_\_

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

If yes, give details: \_\_\_\_\_



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## CERTIFICATION & ACKNOWLEDGEMENTS

Please read each statement closely and initial each on the line next to the title, acknowledging your understanding. If clarification is needed, please contact Human Resources.

\_\_\_\_\_ **Equal Employment Opportunity Statement**

This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

\_\_\_\_\_ **Complete and Accurate Information**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ **At-Will Employment**

I understand and agree that if I am employed, my employment will be "at-will", which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company's president.

\_\_\_\_\_ **Post-Hire, Pre-Employment Testing**

If offered a position with the Company, I understand that I may be asked to undergo legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment.

\_\_\_\_\_ **Background Investigation**

I acknowledge that if I am offered employment with the Company, a job offer may also be contingent upon a background investigation which may include interviews with past employers, workers, and friends. Said investigation may include credit, driving, criminal background, references and other background checks.

\_\_\_\_\_ **Financial Obligation**

I understand and agree that, if I become indebted to the Company, I will be responsible for repaying the total owed upon termination from the Company. If I do not repay the sum prior to receipt of my final paycheck, the money owed will be deducted from my pay.

\_\_\_\_\_ **Company Obligation**

I understand and agree that the Company's acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application.

## APPLICANT CERTIFICATION

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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_