



Employment Application

Please remit application to:

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

OR

Gas Field Specialists, Inc.
224 North Main Street, Building17-2
Horseheads, NY 14845

OR

Email: GFSHR@gfsinc.net
Fax: (814) 698-2122

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

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. Applicant Information

Full Name: Last _____ First _____ Middle Initial _____

Phone Numbers: Home: _____ Mobile: _____ Other: _____

Best Contact Phone Number: Home Mobile Other

Current Address: _____ City: _____ State: _____ Zip: _____

How long have you been at this address? _____

Are you a citizen of the United States? Yes No

Are you authorized to work in the United States? Yes No

Are you at least 18 years of age? Yes No

Are you at least 21 years of age? Yes No

Do you have a valid driver's license? Yes No

If you have a CDL, what class? A B N/A

Date CDL was obtained: _____

C. 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	

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D. Employment History

ATTENTION: If you hold a CDL, you must provide COMMERCIAL DRIVING EXPERIENCE for the past 10 years.

Current/Last Employer

May we contact this employer? Yes No

Company Name: _____ Company Phone: _____

Job Title: _____ Rate of Pay: _____

Address: _____ City: _____ State: _____ Zip: _____

Date Employed: *Start Date:* _____ *End Date:* _____

Reason for Leaving: _____

Immediate Supervisor: _____

Was this position subject to Federal Motor Carrier Safety Regulations (FMCSR)? Yes No

Was this position subject to alcohol/controlled substances testing requirements under 49 CFR, Part 40? Yes No

Duties (Be specific): _____

Previous Employer

May we contact this employer? Yes No

Company Name: _____ Company Phone: _____

Job Title: _____ Rate of Pay: _____

Address: _____ City: _____ State: _____ Zip: _____

Date Employed: *Start Date:* _____ *End Date:* _____

Reason for Leaving: _____

Immediate Supervisor: _____

Was this position subject to Federal Motor Carrier Safety Regulations (FMCSR)? Yes No

Was this position subject to alcohol/controlled substances testing requirements under 49 CFR, Part 40? Yes No

Duties (Be specific): _____



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Previous Employer

May we contact this employer? Yes No

Company Name: _____

Company Phone: _____

Job Title: _____

Rate of Pay: _____

Address: _____ City: _____ State: _____ Zip: _____

Date Employed: *Start Date:* _____ *End Date:* _____

Reason for Leaving: _____

Immediate Supervisor: _____

Was this position subject to Federal Motor Carrier Safety Regulations (FMCSR)? Yes No

Was this position subject to alcohol/controlled substances testing requirements under 49 CFR, Part 40? Yes No

Duties (Be specific): _____

References

1. Name: _____

Company: _____ Phone Number: _____

2. Name: _____

Company: _____ Phone Number: _____

References

1. Why are you interested in employment at GFS?

2. What experience or background do you have that relates to the position you are applying for?

3. Do you hold any special certificates or have you been through any training related to the position you are applying for?



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E. Certifications & 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.

_____ Discrimination and Sexual Harassment Policy Statement

This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

_____ Disclosure to Applicants Concerning Drug/Alcohol Testing

If you are offered a position with the Company, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

_____ 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.



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_____ **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.

_____ **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.

TO BE READ AND SIGNED BY APPLICANT

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: _____



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The following section must be completed by applicants for positions that require the operation of any company vehicle (including cars, vans, trucks, etc.) This section applies to most positions at Gas Field Specialists.

F. Residence(s) for the Past (3) Years

1. Address: _____ City: _____ State: _____ Zip: _____
How long here: _____
2. Address: _____ City: _____ State: _____ Zip: _____
How long here: _____
3. Address: _____ City: _____ State: _____ Zip: _____
How long here: _____

G. States and License

List all unexpired licenses (including CDL's) and permits held for the past three (3) years or more.

State	License #	Expiration Date	Class	Endorsements
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	

H. Driving Experience

Equipment Class	Type of Equipment (Van, Flat, Tank, Etc.)	Date		Approximate # of miles TOTAL
		From	To	
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

I. Driving Experience

Type of Material Hauled	Company Name	Date		Approximate # of miles TOTAL
		From	To	
Aggregate				
Dust Control/ Sweep/Cinders/ Snow Plow				
HydroVac				
Flatbed (General Freight)				
Flatbed (Pipe)				
Lowboy (Equipment Moves)				
Water				
Additional Hauling Experience				

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J. Accidents/Crashes

List all accidents/crashes for the past three (3) years or more.

Date	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries

K. Moving Traffic Conviction and Forfeitures

List all Moving Traffic Conviction and Forfeitures for the past three (3) years or more.

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle (including suspended or revoked)?
- Yes No

If yes, please explain: _____

2. GFS requires all employees who drive Commercial Motor Vehicles (CMV) which require a Commercial Driver’s License (CDL), to be controlled substances tested with a negative result prior to driving. Do you consent to such testing?
- Yes No

3. Have you ever tested positive to alcohol/controlled substances under 49 CFR, Part 40 at any other employer?
- Yes No

If yes, please explain: _____

If you answered yes to Question #3, you will need to provide the paperwork that demonstrates completion of a SAP.

TO BE READ AND SIGNED BY APPLICANT

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 understand that the information in this application will be used and that prior employers may be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations.

Applicant’s Signature: _____ Date: _____