



APPLICATION FOR EMPLOYMENT

Plumbing • Heating • Electrical • Air Conditioning
 Water Treatment • Sheet Metal Fabrication
 Municipal Water Systems • Excavating

All applicants will be considered without regard to race, color, creed, religion, sex, age, national origin, non job-related handicap, disability, or veteran status. This application must be completed in its entirety, signed, and dated by the applicant in order to be considered for employment. *This application is not valid unless completed under supervision of an authorized company representative.* Applications will be retained on file for one (1) year.

PLEASE PRINT

| | |
|----------------------|--------------|
| POSITION APPLIED FOR | TODAY'S DATE |
|----------------------|--------------|

| | | | |
|--|--------------|---------------------------|----------|
| LAST NAME | FIRST NAME | MIDDLE NAME | |
| CURRENT ADDRESS | CITY | STATE | ZIP CODE |
| HOME TELEPHONE # | CELL PHONE # | HOW LONG AT THIS ADDRESS? | |
| PREVIOUS ADDRESS | CITY | STATE | ZIP CODE |
| OTHER NAME(S) UNDER WHICH YOU ATTENDED SCHOOL OR WERE EMPLOYED | | | |

| | | |
|-----------------------------|--|--|
| HOW DID YOU LEARN ABOUT US? | <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> FRIEND/RELATIVE <input type="checkbox"/> WALK-IN <input type="checkbox"/> OTHER | WHERE? _____ WHO? _____ HOW? _____ |
|-----------------------------|--|--|

NOTE TO APPLICANTS: PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT (AN I-9 FORM MUST BE COMPLETED)

IF YOU ARE UNDER 18: Can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No If yes, when? _____

Are you currently employed? Yes No May we contact your present employer? Yes No

Are you currently on layoff status and subject to recall? Yes No

Do you have any limitations regarding working hours? Yes No If yes, explain. _____

Is there any type of work which your physical or mental condition prohibits, even with special efforts by you or with accommodations?
 Yes No If yes, explain. _____

Do you have reliable transportation to and from work? Yes No

Do you have any travel restrictions? Yes No If yes, explain. _____

Do you have a current, valid Motor Vehicle Operator's License? Yes No State _____ # _____ Class _____ Exp _____

List all moving motor violations (other than parking) for the past three (3) years: _____

Have you ever been convicted of, or plead guilty to, a felony such as fraud, embezzlement or misappropriation of funds, or false use of financial instruments, or of any crime involving honesty? (An affirmative answer will not necessarily preclude employment.) Yes No If yes, give date, place, charge, and disposition. _____

Note: A criminal background check may be conducted by the Pennsylvania State Police as required by Act 34.

EMPLOYMENT HISTORY STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, COMPLETELY AND ACCURATELY LIST YOUR FULL TIME AND PART TIME EMPLOYMENT RECORD. EXPLAIN ANY GAPS IN EMPLOYMENT IN THE COMMENTS SECTION BELOW.

| | | | |
|--------------------|--------|-------------------------------|----------------|
| DATES EMPLOYED | | EMPLOYER | SUPERVISOR |
| FROM | TO | | |
| | | ADDRESS | TELEPHONE |
| | | | YOUR JOB TITLE |
| HOURLY RATE OF PAY | | DESCRIPTION OF WORK PERFORMED | |
| STARTING | ENDING | | |
| | | | |
| | | REASON FOR LEAVING | |

| | | | |
|--------------------|--------|-------------------------------|----------------|
| DATES EMPLOYED | | EMPLOYER | SUPERVISOR |
| FROM | TO | | |
| | | ADDRESS | TELEPHONE |
| | | | YOUR JOB TITLE |
| HOURLY RATE OF PAY | | DESCRIPTION OF WORK PERFORMED | |
| STARTING | ENDING | | |
| | | | |
| | | REASON FOR LEAVING | |

| | | | |
|--------------------|--------|-------------------------------|----------------|
| DATES EMPLOYED | | EMPLOYER | SUPERVISOR |
| FROM | TO | | |
| | | ADDRESS | TELEPHONE |
| | | | YOUR JOB TITLE |
| HOURLY RATE OF PAY | | DESCRIPTION OF WORK PERFORMED | |
| STARTING | ENDING | | |
| | | | |
| | | REASON FOR LEAVING | |

| | | | |
|--------------------|--------|-------------------------------|----------------|
| DATES EMPLOYED | | EMPLOYER | SUPERVISOR |
| FROM | TO | | |
| | | ADDRESS | TELEPHONE |
| | | | YOUR JOB TITLE |
| HOURLY RATE OF PAY | | DESCRIPTION OF WORK PERFORMED | |
| STARTING | ENDING | | |
| | | | |
| | | REASON FOR LEAVING | |

| | | |
|--|------------------------------|-----------------------------|
| IS THERE ANY EMPLOYER LISTED ABOVE WE MAY NOT CONTACT? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| IF YES, LIST EMPLOYER AND REASON | | |
| | | |
| | | |

LIST THREE PERSONAL REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS.

| NAME | ADDRESS | TELEPHONE | # OF YEARS KNOWN |
|------|---------|-----------|------------------|
| | | | |
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ADDITIONAL COMMENTS, WHICH MAY ASSIST US IN EVALUATING YOUR BACKGROUND, ABILITIES, AND QUALIFICATIONS:

Thank you for your interest in Leo Kob Co., Inc. and for taking the time to complete this application for employment. The information you have provided will be used only in assisting us in determining your eligibility for employment, and will be considered confidential in nature.

APPLICANT'S CERTIFICATION AND WAIVER

I certify that the information provided in this application is true, correct, and complete to the best of my knowledge. I understand that false, incomplete, or misleading information given in this application or subsequent interview will be grounds for dismissal, if hired.

I authorize Leo Kob Co., Inc. to make whatever inquiries it deems necessary of any person, institution, or organization to verify information given on this application for employment. This authorization includes school officials, law enforcement officials, medical doctors, government officials, and other persons having control of any document or other information, including personal opinion or belief regarding myself, to furnish the originals or copies of any such documents and other information to Leo Kob Co., Inc. or to any agent or representative of Leo Kob Co., Inc. I release any such person giving information and documents from liability for any damage that may result from furnishing such information and documents.

In consideration for my employment and my being considered for employment by Leo Kob Co., Inc., I agree to conform to the rules and regulations of the company, and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by Leo Kob Co., Inc. at any time, at the company's sole option, without any prior notice to me. I further acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of Leo Kob Co., Inc. or myself.

I understand that no representative of Leo Kob Co., Inc. has any authority to enter into any agreement for employment for any specified period of time, or assure or make some other personnel move, either prior to the commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment or make any agreement contrary to the foregoing.

I certify and affirm that I am able to lift 75 lbs from the floor to above my shoulders repeatedly throughout the day. I am able and willing to work from ladders, platform lifts, and scaffolding. I understand that I must be flexible in working within the various departments of the company as the workload necessitates.

NOTE: Leo Kob Co., Inc. is concerned about alcohol and substance abuse. If you will not comply with testing at the request of your supervisor, please do not apply.

SIGNATURE OF APPLICANT

DATE