

APPLICATION FOR EMPLOYMENT

Keystone Insulator Cleaner, Inc.

P.O. Box 618, 807 Younts Road

Bedford, Pa 15522

Toll Free: 877-387-3859

Fax: 814-623-7613

** Keystone Insulator Cleaner, Inc is an equal opportunity employer. We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.*

(Please Print)

Name: _____

Current Address: _____

Current Telephone Number:(____) _____ - _____

CELL Phone Number:(____) _____ - _____

SSN# _____ - _____ - _____

Date of Birth: ____/____/____ Current Age _____
Day Month Year

Driver License #: _____ State issued: _____ Expiration Date: _____ Type of License _____

(1. Criminal Past)

(Please answer the following questions by placing your initials in the appropriate block.)

Note (Keystone Insulator Cleaner, Inc. reserves the right to terminate employment for any employee falsifying information)*

1. Has your Drivers License ever been revoked _____ Yes _____ No? If Yes answer, please explain in detail the reason:

2. Are you now or have you ever been placed on probation whether it's supervised or unsupervised _____ Yes _____ No? If yes, please give a detailed explanation as to the circumstances:

3. Do you currently owe any amount of money on fines for any offences including traffic violations _____ Yes _____ No?

4. Have you ever been convicted of any crime, including traffic violations, non-traffic, misdemeanors or felony level offences _____ Yes _____ No? Please give a detailed explanation of all offences:

5. Have you ever filed for Bankruptcy _____ Yes _____ No?

6. Have you ever been convicted of an offence where you were told by your attorney or judge that you did not have to disclose this violation because your record was expunged or sealed _____ Yes _____ No?

(2. Marital Status)

1. What is your marital status?

_____ Married _____ Divorced _____ Single _____ Separated

2. Please list your Dependents including your spouse.

Name	DOB	Age	Current Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Are you required by court to provide support for any children not living with you _____ Yes _____ No?

4. Are you currently delinquent on any child support payments _____ Yes _____ No?

(3. Employment History)

1. Are you currently employed by any company _____ Yes _____ No?

If so, list the following information for the past 7 Years: Also list periods of unemployment.

Employer Name	Address	Phone#	Date Started	Date Finished
_____	_____	_____	___/___/___	___/___/___
_____	_____	_____	___/___/___	___/___/___
_____	_____	_____	___/___/___	___/___/___

_____/_____/_____/_____/_____/_____
_____/_____/_____/_____/_____/_____
_____/_____/_____/_____/_____/_____

2. Has your employment ever been terminated by any company for disciplinary reasons _____ Yes _____ No?
3. Are you available to work (Please Check) _____ Full Time _____ Part Time _____ Temporary?
4. Are you currently laid off from any employer _____ Yes _____ No?
5. Are you available to travel (with minimal notice) if the job requires it _____ Yes _____ No?
6. Do you have a fear of climbing heights up to 150 foot? _____ Yes _____ No?
7. Date available to work ___/___/___ What is your desired starting salary per hour? _____
8. Have you ever been employed with us before _____ Yes _____ No?
9. Do you have any experience working with electrical bucket truck booms or hydraulic Lifts ___ Yes ___ No?

(4. Military Service)

1. Have you ever served in any military force _____ Yes _____ No?
2. In what capacity did you serve _____ Active _____ Reserve?
3. Are you currently serving as a member of any Reserve or National Guard Status _____ Yes _____ No?
4. Do you have a copy of your DD Form 214 _____ Yes _____ No? If so, please provide a copy!
5. Are you drawing any type of disability from any military service _____ Yes _____ No?
6. Below, please describe any type of special skills you may have received while serving in the military related to schooling or have at least 6 months of job experience

(5. Personal/Professional References)

- Note: Do not include family members or past supervisors.

Name	Phone Number	Relationship to you	How long have you known them
_____	_____	_____	_____
_____	_____	_____	_____

(6. Schooling)

1. Are you a high school graduate _____ Yes _____ No?

2. If answer to #1 above is no, do you possess a GED certificate _____ Yes _____ No?

Please list the below information:

Name of High School/College Years Completed	Year of graduation	Type of Diploma or Certificate
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_____	_____	_____
_____	_____	_____
_____	_____	_____

(7. Administrative Info)

1. Position your applying for: _____

2. In case of emergency, who should we contact?

Name: _____

Address: _____

Telephone Number: (____) _____

Relationship to you: _____

(8. Medical History)

1. Are you now or have you ever been under the care of a physician for any reason _____ Yes _____ No?

If yes, Please list all medical history to include surgeries: _____

_____.

2. Have you ever been treated for emotional or psychological problems? _____ Yes _____ No?
If so, are you now or have you ever taken medication for these problems? Please list all medications you have taking the past 5 years or are currently taking _____

_____.

3. *Have you ever filed a workers compensation claim for injury while working on the job* _____ *Yes* _____ *No*?
4. *Do you have any physical limitations that would limit your physical ability to perform heavy lifting or climbing* _____ *Yes, List them:* _____ *No* _____?
5. *Have you ever smoked marijuana* _____ *Yes* _____ *No*?
6. *Have you ever used any illegal drugs or been arrested for the use or distribution of illegal drugs* _____ *Yes* _____ *No*?
7. *Do you understand you will be given a pre-employment drug test and you will be subject to random urinalysis (at the office or on any job site) at any time with no notice* _____ *Yes* _____ *No*?
8. *When is the last time you received a physical examination* _____ *Date?*
9. *Do you possess a Penn Dot Physical Examination Card* _____ *Yes* _____ *No*?
10. *Do you have any problems with your vision* _____ *Yes* _____ *No? If so, explain them* _____

 _____.

Applicant Statement

I certify that all answers given are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an at will nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 employer.

Signature of Applicant

Date

