

KEYSTONE GAS SOLUTIONS LLC

Employment Application

Date Received: _____

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.		
Driver's License	State issued		
CDL YES <input type="checkbox"/> NO <input type="checkbox"/>			
Referred to KGS by		Desired Salary	
Position Applied for		Are you willing to Travel out of state ? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

PROFESSIONAL LICENSE OR MEMBERSHIP	
Type of License(s) Held	
License Number(s)	
License Expiration Date(s)	
Other Professional Memberships	

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

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PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. Should I be considered for employment, I agree and consent to verification of references and previous employment as well as MVR/background and drug screening.	
Signature	Date

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WORK RELATED REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

I HAVE PREVIOUS EXPERIENCE WITH:

Please list any additional experience

Rough Terrain Fork Lift	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Where:
Roustabout	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Where:
Tank Cleaning	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Where:
Water Filtration	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Where:
Water Transfer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Where:
Heavy Equipment	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Where:
Commercial Driver Fitness Determination	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Where: