

Application for Employment

Please Print

Position(s) Applied For _____ Date of Application _____

Referral Source

- | | |
|---|--|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Walk-In |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Other |
| <input type="checkbox"/> Government Employment Agency | |

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number _____ Social Security Number _____

If necessary, best time to call you at home _____

May we contact you at work? Yes No

If yes, work number and best time to call () _____
Number Time (am pm)

If you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No
 If yes, give date _____

Have you ever been employed here before? Yes No
 If yes, give dates _____

Are you legally eligible for employment in this country? Yes No
 (Proof of U.S. Citizenship or immigration status will be required upon employment)

Date available for work _____

Type of employment desired Full _____ Part time _____ Temporary _____ Seasonal _____

Are you on lay-off and subject to recall? Yes No

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

Have you ever been bonded? Yes No

Have you been convicted of a felony in the last seven (7) years? Yes No
 (Such conviction may be relevant if job related, but does not bar you from employment)

If YES, please explain _____

Drivers license number (if required by job) _____
Number State

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone	Dates Employed From To	Summarize the nature of the work performed and job responsibilities
Address		Hourly/Rate/Salary Starting	
Job Title			
Immediate Supervisor and Title		Hourly/Rate/Salary Ending	
Reason for Leaving			
May we contact for reference			

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Comments (including explanation of any gaps in employment)

Educational Background

A. List last three (3) schools attended, *starting* with last one. **B.** List number of years completed.
C. Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank and **E.** Major and minor fields of study (if applicable).

School	Years Completed	Degree	GPA/Class Rank	Major	Minor

List any foreign language(s) and check the box that best describes your skill level.

Language	Read and Write	Read Only	Read and Speak	Speak Only

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known

List professional, trade, business, or civic associations and any offices held (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status).

Organization	Offices Held

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status).

List any additional information you would like us to consider.

Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our Company.

Please read and understand the following before signing:

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that the Company reserves the right to require a medical examination after an offer of employment has been made, if it is job related. I also understand that a drug-alcohol test and/or background check may be required prior to employment and at any time during my employment to the extent permitted by applicable law.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature of Applicant _____ Date ____/____/____

Please return completed application to:

MoGas Pipeline, LLC
Attn: Human Resources
329 Josephville Road
Wentzville, MO 63385

or email to hr@mogaspipeline.com