

APPLICATION FOR EMPLOYMENT



283 VAN KIRK DRIVE
MARION COUNTY INDUSTRIAL PARK
FAIRMONT, WV 26554-9783
Ph: 304-363-8339 FX: 304-534-5314

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, veteran status, or any other legally protected status. If contacted for an interview, please bring your Driver's license and Social Security Card. These in some cases may be required to complete the application process.

(PLEASE PRINT)

Position(s) Applied For: _____ Date of Application: _____
How Did You Hear About Us? _____

Last Name: _____ First Name: _____ Middle Name: _____
Maiden Name(If Applicable) _____ Home: _____ Cell: _____
Address: _____ DOB _____
City: _____ State: _____ Zip Code _____ SSN (Voluntary) _____

Best Time to contact you at home is: _____: _____ AM PM

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment. YES NO

Are you currently employed? YES NO

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

Are you currently on "lay-off" status and subject to recall? YES NO

Can you travel if a job requires it? YES NO

Have you ever filed an application with us before? If yes, give date. YES NO _____

Have you ever been employed with us before? If yes, give date. YES NO _____

Do any of your friends or relatives work here? If yes, state name and relationship. YES NO _____

Have you been employed by CONSOL or CNX? If yes, when, where, and what was your reason for separation YES NO

Are you available to work: Full Time Part Time Temporary

Date available to start work: ___/___/___ If Temporary Please Indicate End Date ___/___/___

Desired salary range: _____

Desired shift(s) (**Day Shift: 7:00AM-3:30PM Afternoon Shift: 3:30PM-12 Midnight***Times May Vary) _____

Education History Type of School	Name Abbreviation, Phone number and Address of School	Dates attended	Date Graduated	Diploma/Degree
<input type="checkbox"/> High School <input type="checkbox"/> Trade <input type="checkbox"/> College Other _____		To: _____		
		From: _____	Email: _____	
<input type="checkbox"/> High School <input type="checkbox"/> Trade <input type="checkbox"/> College Other _____		To: _____		
		From: _____	Email _____	
<input type="checkbox"/> High School <input type="checkbox"/> Trade <input type="checkbox"/> College Other _____		To: _____		
		From: _____	Email _____	

WORK EXPERIENCE AND QUALIFICATIONS

*Note: DOT Requires that employment for at least 3 years and or/Commercial driving experience for the last 10 years be shown. Attach sheet if more space is needed.

Employer	Dates Employed:	
Address	Starting/Present Job Title	
Telephone Number(s)	Hourly Rate/Salary Starting:	Final:
Supervisor	Supervisors Email	
Work Performed		
Reason For Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed:	
Address	Starting/Present Job Title	
Telephone Number(s)	Hourly Rate/Salary Starting:	Final:
Supervisor	Supervisors Email	
Work Performed		
Reason For Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Supervisor	Supervisors Email	
Work Performed		
Reason For Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed:	
Address	Starting/Present Job Title	
Telephone Number(s)	Hourly Rate/Salary Starting:	Final:
Supervisor	Supervisors Email	
Work Performed		
Reason For Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities. Describe any job-related training in the United States military.

SPECIALIZED SKILLS (Skills/Equipment Operated)

- | | | | |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> NDE Inspection | <input type="checkbox"/> Spreadsheet | <input type="checkbox"/> PC/MAC | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> Typing WPM _____ | <input type="checkbox"/> Micrometers | <input type="checkbox"/> Access | <input type="checkbox"/> Outlook |
| <input type="checkbox"/> Plotters | <input type="checkbox"/> IP Phones | <input type="checkbox"/> Windows Server | <input type="checkbox"/> Customer Service |

OTHER QUALIFICATIONS _____

ADDITIONAL WORK EXPERIENCE AND QUALIFICATIONS (Drivers ONLY)

DRIVER LICENSES

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
MOST RECENT				
NEXT PREVIOUS				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

YES NO

Has any license, permit, or privilege ever been suspended or revoked?

YES NO

If the answer to either of the last two questions is YES, attach a statement giving details.

How long have you lived at your current address? (listed on page 1)

Please list all address for the last three years that you have had. Attach sheet if more space is needed.

Address _____ City _____ State _____ Zip _____ How Long? _____

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Address _____ City _____ State _____ Zip _____ How Long? _____

Address _____ City _____ State _____ Zip _____ How Long? _____

PERSONAL/PROFESSIONAL REFERENCES Do not include family members or past supervisors.

NAME	PHONE NUMBER	BEST TIME TO CALL	OCCUPATION

I certify that answers given herein 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 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 Employees 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 the employer.

 Print Name

 Signature of Applicant

 Date