



EMPLOYMENT APPLICATION

Northeastern Energy Consulting, Inc.
 4257 Gibsonia Road, Gibsonia, PA 15044
 Phone: 724-444-0875 Fax: 724-444-0895

Position you are seeking: _____

How did you learn about this position?

- Advertisement (specify source) _____
 Friend
 Employment Dept
 Walk-In
 Website
 Other: _____

| | | | |
|---------|------|---------|--------|
| Name | Last | First | Middle |
| Address | | Phone # | Email |
| City | | State | Zip |

Have you ever filed an application with NECI before? Yes No
 If yes, please give date: _____

Do any of your friends or relatives, other than a spouse work here? Yes No
 If yes, please give name, relationship and position: _____

Have you ever been employed with NECI before? Yes No
 If yes, please give date and position: _____

Are you currently employed? Yes No
 If yes, may we contact your current employer? Yes No

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

Will you travel if a job requires it? Yes No

Will you work overtime? Yes No

Are you capable of performing, with or without reasonable accommodation, the essential duties of the job for which you are applying? Yes No

Date available for work: _____

What is your desired salary range? _____

- Please check your availability to work:
- Regular Full-Time
 Regular Part-Time at ____ hours/week
 Temp/Seasonal Full-Time
 Temp/Seasonal Part-Time at ____ hours/week
 Morning
 Afternoons
 Evenings
 Weekends
 Sundays

Education & Training

| School | Name, City & State of School | Course of Study | # years | Diploma/Degree | |
|---|------------------------------|-----------------|---------|----------------|----|
| High School | | | | Yes | No |
| Undergraduate School Or Trade School | | | | Yes | No |
| Graduate School | | | | Yes | No |
| Other (Specify) | | | | Yes | No |

Please state any additional information and skills you feel may be helpful to us in considering your application: _____

Work Experience – Complete this section even if you are attaching a resume

Begin with your current or last job. Include any job-related military service assignments and volunteer activities. You may exclude any organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

| | | | |
|--------------------------|--------------------|------|--|
| Employer: | Dates Employed | | Work performed/Responsibilities: |
| | From: | To: | |
| Address: | Hourly/Salary Rate | | |
| | Start: | End: | |
| Supervisor & Telephone # | | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Job Title | | | Reason for leaving: |

| | | | |
|--------------------------|--------------------|------|--|
| Employer: | Dates Employed | | Work performed/Responsibilities: |
| | From: | To: | |
| Address: | Hourly/Salary Rate | | |
| | Start: | End: | |
| Supervisor & Telephone # | | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Job Title | | | Reason for leaving: |

| | | | |
|--------------------------|--------------------|------|--|
| Employer: | Dates Employed | | Work performed/Responsibilities: |
| | From: | To: | |
| Address: | Hourly/Salary Rate | | |
| | Start: | End: | |
| Supervisor & Telephone # | | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Job Title | | | Reason for leaving: |

Professional/Business References – Please do not include family members.

| Name | Address & Phone Number | Occupation |
|------|------------------------|------------|
| 1. | | |
| 2. | | |
| 3. | | |

Applicant's Certification – Please read this carefully before signing the application!

- NECI is an equal opportunity employer and will consider applicants for all positions without regard to race, age, color, religion, marital status, nation origin, disability, veteran status or any other legally protected status.
- No applicant will be rejected as a result of any impairment, which, with reasonable accommodation, does not prevent performance of the work.
- NECI will not tolerate sexual harassment or harassment on the basis of any protected class status in the workplace.
- I understand that, if selected, I will be required to provide proof of my identity and legal right to work in the United States prior to actual employment at NECI.
- I certify that I have answered truthfully and have not knowingly withheld information relative to my application. I understand that any misrepresentation or material omission on the application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission that becomes known to NECI may result in immediate termination of my employment.
- In consideration of my employment, I agree to adhere to all existing and future instructions, rules and policies of NECI. I also understand that NECI reserves the right to change wages, hours and working conditions as deemed necessary and that no representative of NECI has any authority to enter into any agreement for employment for any specified period or to make any agreement contrary to the foregoing.
- I understand that all employees of NECI, with respect to length of employment, are considered to be "at will." This means that I may terminate my employment with NECI at any time, without notice, without liability. Similarly, NECI may terminate my employment with NECI at any time without notice, without liability. There is no guaranteed length of employment for any employee. Similarly, any representation by any agent or employee of NECI to the contrary is not authorized or binding upon NECI unless in writing and signed by the President of NECI.
- If given a conditional offer of employment, prior to my employment, I understand that it will be necessary to successfully pass a pre employment physical examination, a drug and alcohol screening at the time of said examination, and hereby authorize NECI to conduct a driver's history and criminal background check.

I have read and reviewed the above certification statements and other information provided on the application.

Applicants Signature: _____ Date: _____