



APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGIION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

On what date would you be available for work? _____

Position title applying for: _____ [] Part-time [] Full-time

Desired Wage / Salary \$ _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S without any restrictions?
[] Yes [] No

Have you ever been convicted of a felony? [] Yes [] No (Conviction will not necessarily disqualify an applicant for employment)

If yes, please describe circumstances: _____

Have you ever been involuntarily terminated or asked to resign from any position of employment?
[] Yes [] No

If yes, please describe circumstances: _____

If selected for employment, are you willing to submit to a pre-employment drug screening test?
[] Yes [] No

EDUCATION

School Name	Name & Location of School	Year Graduated	Degree Received	Major
High School				
College / University				
College / University				
Other				

Other training, certifications, or licenses held: _____

List other information pertinent to the employment you are seeking: _____

Do you hold any CDL Drivers Licenses?
 Yes No

If yes, what class of certifications _____

EMPLOYMENT HISTORY

(Most Recent First)

1. Employer _____ Job Title _____
 Date Employed _____ to _____ Position Held: _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Supervisor _____
 Starting Salary _____ Ending Salary _____

Duties Performed

Reason for Leaving

2. Employer _____ Job Title _____
Date Employed _____ to _____ Position Held: _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____
Starting Salary _____ Ending Salary _____

Duties Performed

Reason for Leaving

3. Employer _____ Job Title _____
Date Employed _____ to _____ Position Held: _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____
Starting Salary _____ Ending Salary _____

Duties Performed

Reason for Leaving

ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

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 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 to interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I hereby understand that, passing a pre-employment drug screen and random drug screening is a condition of employment. Failing of a drug test will be grounds for immediate termination and prosecution.

I hereby understand that I may be subject to a background check as a condition of my employment. Additional information discovered from this background check that is not listed in this application will be grounds for immediate termination.

Signature of Applicant

Date

DISCLOSURE FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Appalachian Natural Gas Distribution Company and or Bluefield Gas Company ("the Company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: www.intellicorp.net.

Forexplanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize Appalachian Natural Gas Distribution Company and or Bluefield Gas Company to obtain and rely upon consumer reports or investigative consumer reports concerning me obtained from IntelliCorp Records, Inc.

By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I also consent to have any legally required notices sent electronically.

I do _____ do not _____ authorize you to contact, through IntelliCorp Records, Inc., my current employer for Employment and Reference Verifications. (Checking "I **do**" will authorize inquiries to the Human Resources Department and to any listed supervisors.)

Printed Name

Applicant Signature

Date

Parent or Legal Guardian Signature
(for searches conducted on minors under
the age of 18)

Date

Personal Data

Last Name

First Name

Middle Name

Current Address

Dates Lived Here

Date of Birth

Other Names Used (including maiden name)

Years Used

Social Security Number

Driver's License #

DL State

Email address (may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete.

Printed Name

Applicant Signature

Date