

# Application for Employment

**COMBINED ENERGY SERVICES IS A DRUG FREE WORKPLACE WE PERFORM PRE-EMPLOYMENT & RANDOM DRUG TESTING**

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name \_\_\_\_\_ Applicant ID # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State ZIP Code

Telephone # ( ) Cellular/Other Phone # ( ) E-mail Address \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

**Referral Source** (Please check the appropriate category and list the source.)

- Walk-in \_\_\_\_\_
- Employee \_\_\_\_\_
- Advertisement \_\_\_\_\_
- Company's Website \_\_\_\_\_
- Other Internet \_\_\_\_\_
- School \_\_\_\_\_
- Job Fair \_\_\_\_\_
- Staffing Agency \_\_\_\_\_
- Government Employment Agency \_\_\_\_\_
- Other \_\_\_\_\_

If necessary, best time to call you is \_\_\_\_\_ AM PM  
 Home  Cellular/Other

May we contact you at work? \_\_\_\_\_  Yes  No

If yes, work number and best time to call: \_\_\_\_\_ AM PM  
( )

If you are under 18 and it is required, can you furnish a work permit? \_\_\_\_\_  Yes  No

If no, please explain: \_\_\_\_\_

Have you submitted an application here before? .....  Yes  No

If yes, give date(s) and position(s): \_\_\_\_\_

Have you ever been employed here before? .....  Yes  No

If yes, give dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this application a request for reemployment following an extended military leave of absence from this company? .....  Yes  No

If yes, additional information may be requested.

Are you legally eligible for employment in this country? .....  Yes  No

Date available for work ..... \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range or hourly rate of pay?  
\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  
 Educational Co-Op  Seasonal  Temporary

Will you relocate if job requires it? .....  Yes  No

Will you travel if job requires it? .....  Yes  No

If they have been explained to you, are you able to meet the attendance requirements of the position?...  N/A  Yes  No

Will you work overtime if required?.....  Yes  No

If no, please explain: \_\_\_\_\_

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes  No  Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying: \_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded? .....  Yes  No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. **NOTE: You are not obligated to disclose any information concerning criminal proceedings that terminated in your favor, youthful offender adjudication, or convictions that have been sealed.**

Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime?.....  Yes  No

If yes, please provide date(s) and details: \_\_\_\_\_

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? .....  Yes  No

If yes, please explain: \_\_\_\_\_

# Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # (      )	Dates employed:    Month / Year    to    Month / Year
Street address	City                      State	<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary         \$                      per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<b>Compensation (Final)</b>
Why did you leave?	E-mail:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary         \$                      per
Summarize the type of work performed and job responsibilities.		Commission/Bonus/Other Compensation    \$
What did you like most about your position?		
What were the things you liked least about the position?		

Employer	Telephone # (      )	Dates employed:    Month / Year    to    Month / Year
Street address	City                      State	<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary         \$                      per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<b>Compensation (Final)</b>
Why did you leave?	E-mail:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary         \$                      per
Summarize the type of work performed and job responsibilities.		Commission/Bonus/Other Compensation    \$
What did you like most about your position?		
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Summarize the type of work performed and job responsibilities.		Commission/Bonus/Other Compensation    \$
What did you like most about your position?		
What were the things you liked least about the position?		

Employer	Telephone # (      )	Dates employed:    Month / Year    to    Month / Year
Street address	City                      State	<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary         \$                      per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<b>Compensation (Final)</b>
Why did you leave?	E-mail:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary         \$                      per
Summarize the type of work performed and job responsibilities.		Commission/Bonus/Other Compensation    \$
What did you like most about your position?		
What were the things you liked least about the position?		

## Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. \_\_\_\_\_

If not addressed on previous page, have you ever been fired or asked to resign from a job?.....  Yes  No

If yes, please explain: \_\_\_\_\_

## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

**Computer Skills** (Check appropriate boxes. Include software titles and years of experience.)

Word Processing \_\_\_\_\_ Years: \_\_\_\_\_  Internet \_\_\_\_\_ Years: \_\_\_\_\_  
 Spreadsheet \_\_\_\_\_ Years: \_\_\_\_\_  Other \_\_\_\_\_ Years: \_\_\_\_\_  
 Presentation \_\_\_\_\_ Years: \_\_\_\_\_  Other \_\_\_\_\_ Years: \_\_\_\_\_  
 E-mail \_\_\_\_\_ Years: \_\_\_\_\_  Other \_\_\_\_\_ Years: \_\_\_\_\_

## Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

## References

List names and telephone numbers 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	Title	Relationship to You	Telephone	E-mail	# of Years Known
			( )		
			( )		
			( )		

## Social Security Number

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

## Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

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In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes  No  Not Applicable

If yes, please explain: \_\_\_\_\_

Is there any other job-related information you want us to know about you? \_\_\_\_\_

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## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.**

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or inability to use this product. You are urged to consult an attorney concerning your particular situation and any specific questions or concerns you may have.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.



**APPLICANT DISCLOSURE AND AUTHORIZATION FORM**

**Combined Energy** may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records "driving records", verification of your education or employment history, workers compensation injuries, employment and/or education history, or other background checks. Please be advised that the nature and scope of this notice and authorization is all-encompassing to include Partners In Safety, Inc. 800 Route 17M, Middletown, NY; 845-341-0515 or another outside organization. By signing this notice and authorization you are allowing **Combined Energy** to obtain from any outside organization all manners of consumer reports and investigative reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer reports.

**ACKNOWLEDGEMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **Combined Energy** at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance to furnish any and all background information requested by Partners In Safety, Inc. 800 Route 17M, Middletown, NY 10940; 845-341-0515 another outside organization acting on behalf **Combined Energy** itself. I agree that facsimile (fax), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by Partners In Safety, Inc. by contacting the consumer reporting agency identified above directly.

**Maine, Massachusetts, Minnesota, New Jersey and Oklahoma applicants or employees only:** Please initial if you would like to receive a copy of a consumer report if one is obtained by Partners In Safety, Inc. \_\_\_\_\_

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please initial here if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by National Background Investigations, Inc. whenever you have the right to receive such a copy under California law. \_\_\_\_\_

**SIGNATURE OF ACKNOWLEDGEMENT AND AUTHORIZATION**

By my signature below, I certify that the information provided on the attached forms is true and accurate to the best of my knowledge.

Please print name (last, first, middle) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Partners In Safety, Inc.**

TO BE COMPLETED BY APPLICANT (all information will be used for background screening purposes only)		
Last Name	First Name	Middle Name
Other Known Names Or Other Names Used		
Other First Name	Other Last Name	
Current Address		
City	State	Zip
From (mm/yy)	To (mm/yy)	
Primary Telephone Number	Email	
Date of Birth (mm/dd/yyyy)		
Social Security No.		
Driver's License No.	State	
Previous Address of Residence (past seven years)		
1. Address		
City	State	Zip
From (mm/yy)	To (mm/yy)	
2. Address		
City	State	Zip
From (mm/yy)	To (mm/yy)	
3. Address		
City	State	Zip
From (mm/yy)	To (mm/yy)	
4. Address		
City	State	Zip
From (mm/yy)	To (mm/yy)	

NEW YORK CORRECTION LAW  
ARTICLE 23-A

**A COPY OF THIS LAW IS BEING PROVIDED TO YOU IN CONJUNCTION WITH OUR ORDERING BACKGROUND REPORTS ON YOU.**

**New York Bus Code §380-c(b)(2) and 380-g(d)**

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**§750. Definitions.** For the purposes of this article, the following terms shall have the following meanings:

(1) “Public agency” means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) “Private employer” means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) “Direct relationship” means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) “License” means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that “license” shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) “Employment” means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that “employment” shall not, for the purposes of this article, include membership in any law enforcement agency.

**§751. Applicability.** The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

**§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.** No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individuals having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of ‘good moral character’ when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

(1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or

(2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

**§753. Factors to be considered concerning a previous criminal conviction; presumption.** 1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

**§754. Written statement upon denial of license or employment.** At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

**§755. Enforcement.** 1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules. 2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.