



Application for Employment

Your interest in us is sincerely appreciated. Please feel free to attach to this application any information, which you feel will be helpful. Please type or print clearly.

Date of Application: _____

Name: _____

First

Middle

Last

Address: _____

Number and Street

City

State

Zip Code

Number of Years at this address

Preferred Nickname	Telephone Numbers Evening: Cell:	Social Security Number
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Position Applied For: _____

Have you ever applied to EnergyUSA Propane before? Yes No If Yes, what date? _____

Have you previously been employed by EUSA Propane? Yes No If Yes, what date? _____

Type of Employment desired: Full Time Part-time

Date you can start work: _____

Are you age 18 or older? Yes No

Are you legally permitted to work in the United States? Yes No

We are dedicated to provide reliable 24-hour service to our customers. Due to this commitment, you may be required to work overtime, weekends, and holidays when necessary. Please explain if there are any time(s) that you would not be available to work: _____

Security

Have you been convicted of any felony offense within 7 years prior to today's date? Yes No

Note: It is unlawful in the state of Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Education Record

Circle highest grade completed: High School: 9 10 11 12 College: 1 2 3 4

High School _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Name City State </div>
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College (List all whether or not degree was obtained)

Name	Location	Major Field of Study	Minor Field of Study	Degree(s)

Academic honors or special recognition: _____

Other night school, correspondence, or home study course: _____

Other Information

Please list below any additional education, training or qualifications that you would like us to consider in reviewing your application: For technical or driver positions, indicate any licenses you may have.

References

Please list three persons whom we can contact who are able to evaluate your professional knowledge and ability.

Name	Company	Title	Telephone
			(wk) (hm)
			(wk) (hm)
			(wk) (hm)

Certification

(Read carefully before signing)

I, _____, being an applicant of *EnergyUSA Propane* (hereafter referred to as the "Company") certify that the information in this application form and/or attached resume is true and correct to the best of my knowledge, and understand that falsification of this information is grounds for refusal to hire or if hired, dismissal whenever falsification is discovered.

I authorize the Company to request and receive any information on record or otherwise, regarding my employment from any individual, company, or institution with whom I have been associated and to the fullest extent permitted by law. I release the company and all parties furnishing such information from any liability relating to or arising from the request, for receipt of or provision of such information. I also authorize the Company to make inquiry by appropriate means to the agents of the Company's choosing. I recognize my right, upon request, to receive a full disclosure of the nature and scope of such an investigation. To the fullest extent permitted by law, I release the Company from all liability relating to or arising from such inquires and investigations.

I acknowledge that the Company reserves the right to require that I submit a sample of my urine for chemical or other analysis and understand that the Company may require drug testing as part of its selection process. I further understand that if such testing indicates the presence of illegal drugs in my body in any detectable amount, I will have the opportunity to be re-tested and if such testing indicates the presence of illegal drugs in my body in any detectable amount, I will be disqualified from further hiring consideration. I also agree to undergo periodic health/medical examinations and/or drug testing when appropriately required by the Company or as required by the federal, state or local laws. To the extent allowed by law, failure of any such tests shall be grounds for the Company's refusal to hire applicant or grounds for termination.

I understand that my employment may be conditioned upon the results of a medical examination conducted for the purpose of determining whether I, with reasonable accommodation, am capable of performing the essential functions of the job

If hired, continued employment will be dependent upon the satisfactory completion of the I-9 or other appropriate identification form or document selected by the Company.

Employment with the Company is an at-will basis and employees are free to resign or be terminated at any time. Neither this application nor any other personnel forms constitute an employment contract.

We are an equal opportunity employer and do not discriminate against any applicant because of race, color, religion, sex, age, national origin, disability, veteran status or sexual orientation.

This certifies that I completed this application and that all entries on it and information in it is true and complete to the best of my knowledge.

Signature of Applicant

Date of Application