



Personal Information

Last

First

Street Address

City

Previous Street Address

City

Are you authorized to work in the United States? Yes No

Have you ever been convicted of, or pled guilty or no contest to any felony or misdemeanor crime?

Yes No

Have you had any moving or traffic violations in the past 3 years?

Yes No

Are you a on layoff and subject to recall? Yes No

What position are you applying for?

Are you able to perform the essential functions of the position with or without

What shifts are you available to work?

Do you have a reliable means of transportation? [] Yes [] No

Starting Salary required:

Expected Weekly Earnings

Drivers License Number:

Issuing State:

Prior Work Experience

Current or Most Recent

Employer

Address

City, ST, ZIP

Telephone

Name of Immediate Supervisor

Dates of Employment

From

To

Position/Job Title

Pay

Reason for Leaving

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Ok to contact?

<input type="checkbox"/> Yes <input type="checkbox"/> No
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By checking this box, I hereby give permis

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Education

Name/Location

High School

College/University

Trade School

Other

List any applicable special skills, training or proficiencies.

Special Skills & Achievements

Do you have any mechanical skills?

Describe the extent of your mechanical abilities including any mech

Did you serve in the armed forces? Yes No

What kind of training and/or education did you receive in the armed

Can you speak, read, and/or write in any foreign languages?

Personal References

Reference 1

Name

Address

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City, ST, ZIP

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Telephone

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Applicants Statements - PLEASE READ BEFORE SIGNING

I certify that the information I have provided in this application is true and accurate. Any misrepresentation of the information provided in this application or interview and hiring process will be grounds for immediate denial of employment. I authorize the Company to inquire into my educational background and/or former employers and the references listed above may be contacted. I authorize the Company to conduct such inquiries, and I release the Company from any liability associated with such inquiries. I also consent to Linde obtaining a medical examination to a post-offer, pre-employment medical examination and drug test. I acknowledge that completion of this application does not constitute an offer of employment. I acknowledge that completion of this application gives rise to a contract of employment. If hired, I have the right to terminate the employment relationship at any time. I hereby acknowledge that I have read and agree to the above statements.

Signature _____



MI	SSN#	Email
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State	Zip	Years Lived There
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State	Zip	Years Lived There
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Are you 18 or older? Yes No

If yes, please explain: (You will not automatically be excluded from criminal record. Your suitability for the position sought will be evaluated in light of the circumstances of your criminal conviction record.)

If yes, please explain:

Can you work a full time work schedule, including additional off site assignments assigned? Yes No

How did you hear about this position?

Do you require a reasonable accommodation? Yes No

Are you available for a job that requires weekend work and/or "o
[] Yes [] No

Provide details about your transportation.

Date Available

What class of drivers license do you have? End



Prior

From	To	From

<input type="checkbox"/> Yes <input type="checkbox"/> No	

reby give permission to contact the designated employers listed above concerning any informatio



Last Year Complete

Degree

9 10 11 12	
1 2 3 4 GRADUATE	



anical work history that may be relevant?

If yes, what branch?

d forces?



Reference 2

f

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true and complete, and acknowledge and understand that
with respect to any other information provided during th
r termination of employment, regardless of when such fac
, past employment history, and personal character, and I
ontacted to provide information concerning my suitability
Company, its representatives, and any responding parties
otor vehicle report based on my driver's license and unde
ing.

te a guarantee of eventual employment with the Compan
hired, my employment with Linde will be at-will, which m
y time, for any reason, with or without cause.
ment.

Date _____

Employment Application

Phone: 570-299-5700

Fax: 570-299-5701

118 Armstrong Rd

Pittston, PA 18640



Primary Phone
Alternate Phone
Date of Birth

om consideration based upon a
aluated based upon the

schedule & overtime work as

n call" work?

orsements (if applicable):



Prior

To

<input type="checkbox"/> Yes <input type="checkbox"/> No

employers listed above concerning any information deemed relevant.



Major or Emphasis





Reference 3

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: falsification or
in the course of the application,
it may be discovered.
I understand that my current
status for employment. I expressly
release from any and all liability
I understand that I will be subject

to and that nothing in this
agreement means that both the Company

_____ Date _____