



Employment Application
 Phone: 570-299-5700
 Fax: 570-299-5701
 118 Armstrong Rd
 Pittston, PA 18640

Personal Information

Last	First	MI	SSN#	Email
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Street Address	City	State	Zip	Years Lived There	Primary Phone
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Previous Street Address	City	State	Zip	Years Lived There	Alternate Phone
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Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth
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Have you ever been convicted of, or pled guilty or no contest to any felony or misdemeanor crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: (You will not automatically be excluded from consideration based upon a criminal record. Your suitability for the position sought will be evaluated based upon the circumstances in order to determine whether the criminal record renders you unsuitable for the job.)
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Have you had any moving or traffic violations in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
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Are you a on layoff and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you work a full time work schedule, including additional off schedule & overtime work as assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No
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What position are you applying for?	How did you hear about this position?
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Are you able to perform the essential functions of the position with or without reasonable accomodation? <input type="checkbox"/> Yes <input type="checkbox"/> No

What shifts are you available to work?	Are you available for a job that requires weekend work and/or "on call" work? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Would you be willing to take a pre-employment physical examination and drug test at our expense? <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have a reliable means of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Provide details about your transportation.
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Starting Salary required:	Expected Weekly Earnings	Date Available
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Drivers License Number:	Issuing State:	What class of drivers license do you have?	Endorsements (if applicable):
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Prior Work Experience

	Current or Most Recent	Prior	Prior
Employer			
Address			
City, ST, ZIP			
Telephone			
Name of Immediate Supervisor			
Dates of Employment	From To	From To	From To
Position/Job Title			
Pay			
Reason for Leaving			
Ok to contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

By checking this box, I hereby give permission to contact the designated employers listed above concerning any information deemed relevant.

Education				
	Name/Location	Last Year Complete	Degree	Major or Emphasis
High School		9 10 11 12		
College/University		1 2 3 4 GRADUATE		
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 mechanical work history that may be relevant?

Did you serve in the armed forces? Yes No If yes, what branch?

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

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

Personal References

	Reference 1	Reference 2	Reference 3
Name			
Address			
City, ST, ZIP			
Telephone			

Affirmative Action Survey

It is the policy of Linde Corporation to provide equal employment opportunity to all employees and candidates for employment without regard to race, color, religion, sex, national origin, age, handicap or veteran status or status within any other protected group. Various agencies of the United States government require employers to collect information about applicants. Information requested on this section of this form is for the purposes of compliance with these record keeping requirements and to determine recruiting and employment patterns. Such information will in no way affect the decision regarding your consideration for employment opportunities. This data will be kept confidential. Completion of this form is voluntary and is not a requirement for employment.

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American
<input type="checkbox"/> I do not wish to Self-Identify	<input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native
Veteran Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Two or more Races (Not Hispanic or Latino) <input type="checkbox"/> I do not wish to Self-Identify
<input type="checkbox"/> I do not wish to Self-Identify	

Applicants Statements

I certify that answers given 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. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge.

As a condition of employment a background screen will be conducted on all prospective employees. This screen process includes legal, employment, unemployment, school and education records, vocational training or rehabilitation records. I consent to Linde Corporation running a motor vehicle report on the driver's license number I have provided. I authorize Linde Corporation the release of any information including the diagnosis of any treatment or examination rendered to me during my employment with Linde Corporation. I understand and agree that I may be asked to undergo a pre-employment, post offer medical examination prior to being hired which will include a substance abuse test. I understand that if I refuse to sign this consent to examination and/or test, my application will not be considered further. If the test is positive, I understand that it will be followed by a confirmation test of the same blood or urine sample by an alternate chemical method. If the second test is positive, I understand that my application will not be considered further. An exception will be made for the use of legally prescribed medications taken under the direction of a physician.

I understand that employment with Linde Corporation is strictly at will and that any changes in this policy may be affected only by a written agreement signed by the company president. I do agree to the fact that I may be discharged at any time at managements discretion. I understand that this application for employment is not a contract. I understand also, that I am required to abide by all rules and regulations of the company. I have read or have had this statement explained to me fully and understand its content. I hereby empower any institution or agency to release to Linde Corporation any and all information requested by Linde Corporation concerning my background.

Signature _____ Date _____