



Job Application Form

Form 2-840/19
Last Revised 6/13/2019

Concorde Specialty Gases, Inc.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Cell Phone: _____ Email _____

Driver's License #: _____ Social Security No.: _____ Date of Birth: _____

Position Applied for: _____ Date Available: _____ Desired Salary: \$ _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____



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Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer and Signature

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____



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Employee Background Check

I hereby authorize all corporations, former employers, law enforcement agencies, city, state, county, and federal courts, military services, and persons to release information they may have about me to the person or company with which this form has been filed. This releases the below mentioned parties from any liability and responsibility for collecting the below information.

Signature of Applicant

Date: ___/___/_____

Type of Background Check:

- Criminal – City, State, County, and Federal Jurisdiction, and Sex Offender
- Employment
- Worker Compensation
- Motor Vehicle

Applicant Information:

Position Applied For: _____

Date of Birth: ___/___/_____

Last Name: _____

First Name: _____

Middle Name: _____

Phone Number: _____

Email: _____

Social Security Number: _____

Driver's License: _____ State: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____



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Length of Time: _____

Please list addresses for the last seven years:

Address: _____

City: _____ State: ____ Zip: _____

Dates: __/__/____ - __/__/____

Address: _____

City: _____ State: ____ Zip: _____

Dates: __/__/____ - __/__/____

Address: _____

City: _____ State: ____ Zip: _____

Dates: __/__/____ - __/__/____



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CONSENT FOR PRE-EMPLOYMENT, RANDOM, OR REASONABLE SUSPICION DRUG TEST SCREEN AND RELEASE COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I hereby CONSENT to allow (Meridian Occupational Health) to take a specimen of my hair, urine, or blood and submit it for a pre-employment, random, or reasonable suspicion drug test screen and/or perform a full pre-employment physical. I FURTHER CONSENT to allow the laboratory testing service to make the results of such screen available to the prospective or current employer, Concorde Specialty Gases Inc.

In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against Concorde Specialty Gases Inc., the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to INDEMNIFY and SAVE HARMLESS Concorde Specialty Gases Inc., the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

SIGNED this _____ day of _____, 20__.

Signature of Employee/Applicant _____