



**APPLICATION
FOR EMPLOYMENT**

567 Mocksville Hwy (Zip 28625-8269)
 PO Box 1831, Statesville, NC 28687-1831
 Phone: 704-873-5241 Fax: 704-832-2101
hr@energyunited.com

DOT/CDL

PERSONAL DATA

(Please Print)

Name:		Driver's License #	State
Present Address:	City/State/Zip:	Phone# () -	
Are you under 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		
Email address:	Cell Phone# () -		
Position Applying For:	Location:		
Would you be willing to travel if necessary?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Would you be willing to relocate if necessary?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Would you be willing to work Saturdays or Sundays if necessary?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever filed an application with this company? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give date:		
Would you be willing to work evenings if necessary?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Salary expected:	Date available for employment:		
Are you related to an employee or director of EnergyUnited? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, indicate name and relationship:		
Describe any specialized training, apprenticeship, skills, and special licenses that you possess that relate to the position for which you are applying.			

**ENERGYUNITED IS AN EQUAL OPPORTUNITY - AFFIRMATIVE ACTION EMPLOYER
 IT IS THE COMPANY'S POLICY TO AFFORD EQUAL OPPORTUNITY TO ALL QUALIFIED
 EMPLOYEES AND APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR,
 RELIGION, SEX, NATIONAL ORIGIN, AGE, CITIZENSHIP, VETERAN STATUS, OR HANDICAP**

EDUCATIONAL DATA

School Name & Location	Years Completed	Course of Study	Diploma/Degree
Elementary School	4 5 6 7 8		
High School	9 10 11 12		
College	1 2 3 4		
Graduate School	1 2 3 4		
Other			
Describe any honors you have received.			
State any additional information you consider relevant to us in considering your application.			
Describe the business machines with which you are familiar.			

MILITARY HISTORY

Military Service Status	Branch of Service	Dates of Service	Rank or Grade at Discharge
		From To	
<input type="checkbox"/> Veteran			
<input type="checkbox"/> National Guard			
<input type="checkbox"/> Reserves			
<input type="checkbox"/> Advanced ROTC			
<input type="checkbox"/> Inactive	<input type="checkbox"/> Active	Type of discharge:	
Did you receive any military training related to the job for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:			

REFERENCES

Give the name, address, telephone number and occupation of three references who are not related to you and are not previous employers.

Name	Address	Phone	Occupation
1.			
2.			
3.			

WORK HISTORY

Complete the following beginning with your present or most recent employment. Include any job-related military service assignments and volunteer activities.

<p>[1] Employer: Address: Telephone Number(s): Job Title: Supervisor: Reason For Leaving: May we contact your present employer? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>Dates Employed: From To Hourly Rate/Salary: Starting Final Work Performed:</p>
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<p>[2] Employer: Address: Telephone Number(s): Job Title: Supervisor: Reason For Leaving:</p>	<p>Dates Employed: From To Hourly Rate/Salary: Starting Final Work Performed:</p>
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<p>[3] Employer: Address: Telephone Number(s): Job Title: Supervisor: Reason For Leaving:</p>	<p>Dates Employed: From To Hourly Rate/Salary: Starting Final Work Performed:</p>
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<p>[4] Employer: Address: Telephone Number(s): Job Title: Supervisor: Reason For Leaving:</p>	<p>Dates Employed: From To Hourly Rate/Salary: Starting Final Work Performed:</p>
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APPLICANT'S STATEMENT

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

I authorize investigation of all statements contained in this application for employment. I hereby release from liability the Company and its representatives for seeking such information and my previous employers and references for furnishing such information.

This application for employment shall be considered active only for the period during which the specific position applied for remains open. Any applicant wishing to be considered for employment beyond this time period must file a new application for each new job opening.

I consent to a physical examination before employment and agree to resubmit to future examinations as may be required by the Company. Any physical examination that the Company requires may include testing for drug use and abuse.

I understand and agree that, if accepted for employment, the employment relationship will be employment-at-will, i.e. my employment is for no definite duration, and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I further understand that except for a written agreement entered into by the Chief Executive Officer, no agent or representative of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

In the event of employment, I understand that false or misleading information provided in my application may result in discipline up to and including discharge. I further understand that I am required to comply with all rules and regulations of the Company.

Signature of Applicant

Date

REFERRAL INFORMATION:

Please check below where you learned of the position with EnergyUnited.

- Employment Security Agency
- Walk-In
- Vocational Rehabilitation Service
- Personnel Agency
- Executive recruiter
- Newspaper/Journal Ad (specify) _____
- Internal Posting
- Other (specify) _____

**Application For Employment Supplement
For Positions Requiring a Commercial Drivers License (CDL)**

In compliance with the Federal Motor Carrier's Safety Act, we are required to obtain the following information to determine if you are qualified to obtain a commercial driver's license if you do not currently hold a valid CDL License.

Date of Application:	Position & Location applied for:
Name:	Social Security Number: - -
Physical Address:	
Telephone Number with Area Code: () -	

If you have lived at the above address for less than three years, please list your previous physical addresses for the past three years.

Physical Address:	How Long?
Physical Address:	How Long?

(Attache an additional sheet if more space is needed)

DRIVER'S LICENSE INFORMATION

Please list all unexpired driver's licenses issued to you
(attach an additional sheet if more space is needed)

State	License Number	Type	Expiration Date

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO
2. Has any license, permit or privilege ever been suspended or revoked? YES NO

(If the answer to either question 1 or 2 above is "YES", attach a statement giving details)

DRIVING EXPERIENCE AND EMPLOYMENT HISTORY

Please list all employers for the ten years preceding the date of this application for which you held a driving position. Indicate the type of motor vehicles operated for each employer. (attach an additional sheet if more space is needed)

Employer:	Telephone #: () -
Address:	Employment Dates: TO
Type of Motor Vehicles Operated:	
Reason for leaving:	

Employer:	Telephone #: () -
Address:	Employment Dates: TO
Type of Motor Vehicles Operated:	
Reason for leaving:	

Employer:	Telephone #: () -
Address:	Employment Dates: TO
Type of Motor Vehicles Operated:	
Reason for leaving:	

ACCIDENT RECORD

List all motor vehicle accidents you have been involved in as a driver for the three years preceding the date of this application. (attach an additional sheet if more space is needed)

DATE	ACCIDENT TYPE (Head on, Rear End, etc)	FATALITIES (Yes/No)	INJURIES (Yes/No)

TRAFFIC CONVICTIONS

List all convictions for violating motor vehicle laws (excluding parking violations) for the three years preceding the date of this application. (attach an additional sheet if more space is needed.)

PLACE OF CONVICTION	DATE	VIOLATION	PENALTY

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

Applicant's Signature

Date