



67 SEAL ROAD * EIGHTY FOUR, PA 15330
724-239-6002

APPLICATION FOR EMPLOYMENT

NAME: _____

DATE: _____

FOR OFFICE USE ONLY	
Applicant #: _____	ATTACHMENTS
Employee #: _____	<input type="checkbox"/> Resume
Hire Date: _____	<input type="checkbox"/> Applicant Reference Check
Position: _____	<input type="checkbox"/> Applicant Interview
Rate:	<input type="checkbox"/> Payroll Change Notice
\$ _____ \$ _____	<input type="checkbox"/> Employee Data Card
Starting 30 Days	<input type="checkbox"/> Applicant's Driver's License (Front & Back) (Enlarge - Copy/Color)
(If Applicable)	<input type="checkbox"/> Applicant's Previous Certifications & Trainings
Referred By: _____	<input type="checkbox"/> Vacation: _____
How did you hear about Hartman & Hartman? _____	_____
_____	_____
Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
State: _____	
Exp Date: _____	

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or veteran status.

PERSONAL

Last Name			First Name		Middle Name		Home Phone	
Address							Cell Phone	
City, State, and Zip							If applicable, will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No When will you be available to begin work? _____	
Position Desired: _____								
Salary Desired: \$ _____ per _____								
Have you applied to our company previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: _____ Month/Year Location								
Are you legally eligible for employment in the United States?							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you of legal age to work (atleast 18 years old)?							<input type="checkbox"/> Yes <input type="checkbox"/> No	
List any skills that may be useful for the job you are seeking: _____								

EDUCATION

School	Name & Location	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School					
College					
Graduate School					
Vocational Training					

Continuing Education: _____

EMPLOYMENT

Please give complete full-time and part time employment history beginning with your current or most recent employer.

1	Employed (Month/Year)	
	Company Name	From: _____ To: _____
	Company Address	Weekly Pay:
	Contact Name _____ Phone No. _____	Start: _____ Last: _____
	Job Title and Description of Work	Reason for Leaving
2	Employed (Month/Year)	
	Company Name	From: _____ To: _____
	Company Address	Weekly Pay:
	Contact Name _____ Phone No. _____	Start: _____ Last: _____
	Job Title and Description of Work	Reason for Leaving
3	Employed (Month/Year)	
	Company Name	From: _____ To: _____
	Company Address	Weekly Pay:
	Contact Name _____ Phone No. _____	Start: _____ Last: _____
	Job Title and Description of Work	Reason for Leaving
4	Employed (Month/Year)	
	Company Name	From: _____ To: _____
	Company Address	Weekly Pay:
	Contact Name _____ Phone No. _____	Start: _____ Last: _____
	Job Title and Description of Work	Reason for Leaving

EMPLOYMENT HISTORY Continued: Hartman & Hartman, Inc. works at Consol Energy, Inc. (Consol) job sites.

Have you ever worked for Consol?

☐ Yes ☐ No

If yes, provide the following information:

Where: _____

When: _____

Reason for separation: _____

MILITARY EXPERIENCE:

Did you serve in the U.S. Armed Forces? ☐ Yes ☐ No If Yes, in what branch? _____

Describe any training received relevant to the position for which you are applying: _____

PROFESSIONAL MEMBERSHIPS - PLEASE LIST HERE: _____

CERTIFICATION

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUTHFUL AND ACCURATE. I UNDERSTAND THAT PROVIDING FALSE OR MISLEADING INFORMATION WILL BE THE BASIS FOR REJECTION OF MY APPLICATION, OR IF EMPLOYMENT COMMENCES, IMMEDIATE TERMINATION.

THIS IS TO AUTHORIZE THE PERSONS AND REFERENCES IDENTIFIED HEREIN, AS WELL AS ANY OTHER REPRESENTATIVES OF BUSINESSES/AGENCIES FOR WHICH I HAVE BEEN EMPLOYED OR WITH WHICH I HAVE VOLUNTEERED, TO SPEAK FREELY AND WITHOUT HESITATION TO REPRESENTATIVES OF **HARTMAN & HARTMAN, INC.**, ITS OFFICERS, EMPLOYEES, AGENTS, LEGAL COUNSEL OR OTHER DESIGNATED REPRESENTATIVES, ABOUT ME, AS IT IS MY EXPRESS INTENT TO RELEASE ANY AND ALL SUCH PERSONS OR ENTITIES WHETHER NAMED HEREIN OR NOT, FROM ALL LIABILITY AND/OR FROM ANY ACTION, SUIT, CLAIM OR DEMAND ARISING OUT OF HIS, HER, OR ITS COMMUNICATION OF SUCH INFORMATION.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE

APPLICANT'S SIGNATURE