

COUNTY SPECIALTY GASES, LLC.

2200 Bay Road, Redwood City, CA 94063

Phone: (650) 261-9988 | Fax: (650) 261-3598 | countyspecialtygases@yahoo.com

PLEASE PRINT ALL
INFORMATION REQUESTED
(COMPLETE PAGES 1-6)

Date of Hire:

APPLICATION FOR EMPLOYMENT

(APPLICANTS MAY BE SUBJECT TO DRUG TESTING)

Date _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long at address _____ Phone No. _____

Date of Birth: _____

PLEASE CHECK ONE OF THE FOLLOWING:

Citizen of the United States: Social Security No. _____

A Lawful Permanent Resident: Alien Registration/USCIS No. _____

Non-Citizen National of United States: (Please Specify) _____

If under 18, please list age (incl. Date of Birth): _____

Position(s) Applying for: _____ Days/Hours Available to work:

(1) _____ No Pref _____ Thur _____
Mon _____ Fri _____
(2) _____ Tue _____ Sat _____
Wed _____ Sun _____

Salary Desired: _____

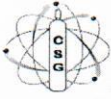
How many hours can you work weekly? _____ Can you work evenings? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY Date Available to Work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____



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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

OFFICE APPLICANT ONLY

Typing? Yes _____ WPM No 10-Key? Yes No Accounting/Collections? Yes _____ No

Personal Computer? Yes No Windows? Mac? Other _____
Skills _____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.



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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past seven years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of Employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of Employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.



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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____



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PLEASE READ CAREFULLY

BACKGROUND CHECK FORM WAIVER

In exchange for the consideration of my job application by County Specialty Gases, LLC (hereinafter called "*the Company*"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of County Specialty Gases, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and County Specialty Gases may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

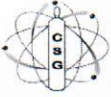
I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.



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HIRED EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED (Driver/Warehouse Only)

Height _____ ft. _____ in. Weight _____ Birth date _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone (____) _____

Address _____ Relationship _____

TO BE COMPLETED BY EMPLOYER

Date of employment _____ Job title _____ Dept. _____

Location _____ Rate of pay _____ Full-time Part-time Salaried

Applicant's signature acknowledging above information _____

Drug test confirmation number _____

Name of person verifying information _____

Name of person authorizing employment _____