

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Gateway Cylinder Technologies

PERSONAL DATA

Name (Last)	First	Middle	X	
Address	Street	City	State	Zip
				Phone: _____ Cell: _____
How long have you lived at this address:		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer
You may contact me discreetly at my business phone number which is:				
Position(s) applying for (and for which you are qualified):			Expected Annual Salary:	
Please specify location(s) interested in working: <input type="checkbox"/> St. Louis Headquarter Facility <input type="checkbox"/> Pevely MO <input type="checkbox"/> Villa Ridge MO <input type="checkbox"/> O'Fallon MO <input type="checkbox"/> Wood River IL <input type="checkbox"/> St. Clair IL <input type="checkbox"/> Centralia IL				
		If yes, Date: _____ State: _____		Nature & Disposition of offense:
<i>If position applying for requires valid drivers license, please complete the following:</i>				
License Number: _____ State: _____ Class: _____ CDL Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No HAZMAT Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Certification Date: _____				
Date available for employment:		Please indicate how you found out about job opening:		
Have you ever worked for Gateway Cylinder in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Dates of Employment: Name of Supervisor: Job Title:		

EDUCATIONAL DATA

	Name and Address of School	Graduated		Diploma, GED or Degree Received	Grade Point Average
		Yes	No		
High School					X
College/Other					

MILITARY HISTORY

<input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Advanced ROTC	Active <input type="checkbox"/> Inactive <input type="checkbox"/>	Branch: Highest Rank: Dates of Service: Type of Discharge:
	Please explain any military training related to the job for which you are applying. (if applicable)	

EMPLOYMENT HISTORY

List all present and past employment, beginning with your most recent. Please attach additional sheets if necessary.

Company Name and Address:		Immediate Supervisor:	Phone:
		Your Job Title or Position:	
Dates Employed		Starting Salary:	Present/Final Salary:
From	To		
If still employed, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Reason for leaving:	Describe your duties:
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Company Name and Address:		Immediate Supervisor:	Phone:
		Your Job Title or Position:	
Dates Employed		Starting Salary:	Final Salary:
From	To		
Reason for Leaving:			

Company Name and Address:		Immediate Supervisor:	Phone:
		Your Job Title or Position:	
Dates Employed		Starting Salary:	Final Salary:
From	To		
Reason for Leaving:			

Do you have any trade secrets and/or non-competitive obligations with present or previous employers? Yes No If yes, please explain:

I certify that I have not knowingly withheld any information that might adversely affect my chances for employment with the Company and that the information given by me is true and correct without any mental reservation whatsoever. I understand that any false or misleading information on my employment application, resume, or any other document used to secure employment with the Company, or during any pre-employment interview, shall be grounds for rejection of my application or for immediate discharge if I am hired, regardless of the time elapsed before discovery.

I understand that I may be required to undergo a drug and/or alcohol test as a condition of hiring and that, if hired, I will be required to comply with the Company's policy prohibiting the use of drugs and alcohol on the job. I also understand that refusing to undergo any drug and/or alcohol tests required by the Company, refusing to sign the required forms authorizing such testing, or testing positive thereon, will be grounds for rejection of my employment application, withdrawal of any conditional job offer that may be made to me, or immediate discharge if I am employed.

I understand that I should not resign from my current job, if any, until I have been notified by the Company that I have successfully passed required drug and/or alcohol tests, pre-employment and criminal background checks and if applicable, a drivers license or credit history reference check.

I understand and agree if I am hired, my employment and compensation are for no definite or determined period and may be terminated at any time, with or without cause, warning or notice, at the option of either myself or the Company.

I understand that under the Company's policy, this application will remain active for only sixty (60) days. Therefore, if I have not been hired within sixty (60) days of the date of this application and I still wish to be considered for employment with the Company, I understand that I will need to complete and submit a new employment application.

Signature of applicant

Date