



SELECT A COMPANY: Corning Natural Gas Corp. Leatherstocking Gas Co.
 Pike County Light and Power Co.

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____ Date _____

Address _____

E-mail Address _____

Home Phone # (_____) _____ Mobile Phone # (_____) _____

Are you eligible to work in the U.S? Yes No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)
 Yes No

Have you ever been terminated from employment or asked to resign by an employer? Yes No

If yes, please provide company names and details

Can you work any shift? Yes No

Can you work overtime, including weekends? Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

EMPLOYMENT DESIRED

Date you can start _____

Position desired _____

Are you currently employed? _____

If so, may we inquire of your present employer? _____



REFERRAL SOURCE

How did you hear about us? _____ **Walk In** _____ **Advertisement Referral** _____ **Other**

Do you know anyone who works for our company? ___ Yes ___ No

If yes, who? _____

EDUCATION	Name and Location of School	No. of Years Attended	Degree Received	Subjects Studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

Computer Skills/Register Skills (please describe):

EMPLOYMENT HISTORY

Include your last three (3) positions, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration. Please do not write "SEE RESUME" in the employment history section.*

Employer Name: _____

Address: _____ Telephone: (____) _____

Dates Employed: _____ Job Title: _____

(Month/Year to Month/Year)

Immediate Supervisor: _____



Nature of Work Performed: _____

Reason for Leaving: _____

Employer Name: _____

Address: _____ Telephone: (____) _____

Dates Employed: _____ Job Title: _____

(Month/Year to Month/Year)

Immediate Supervisor: _____

Nature of Work Performed: _____

Reason for Leaving: _____

Employer Name: _____

Address: _____ Telephone: (____) _____

Dates Employed: _____ Job Title: _____

(Month/Year to Month/Year)

Immediate Supervisor: _____

Nature of Work Performed: _____

Reason for Leaving: _____

PROFESSIONAL REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.
(Former Supervisor, Professor, Coworker)

Name: _____

Address: _____ Telephone: (____) _____

Email: _____ Company: _____

Number of Years Acquainted: _____



Name: _____

Address: _____ Telephone: (____) _____

Email: _____ Company: _____

Number of Years Acquainted: _____

Name: _____

Address: _____ Telephone: (____) _____

Email: _____ Company: _____

Number of Years Acquainted: _____

Have you ever been convicted of felony, with the last 7 years? If yes, explain.

Please Read Carefully Before Signing.

Corning Natural Gas Corporation is an equal opportunity employer. Corning Natural Gas Corporation does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the Corning Natural Gas Corporation to hire me. If I am hired, I understand that either the Corning Natural Gas Corporation or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the Corning Natural Gas Corporation has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to the Corning Natural Gas Corporation true and complete information on this application. No requested information has been concealed. I authorize the Corning Natural Gas Corporation to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

THE APPLICATION WILL BE KEPT ON FILE IN ACCORDANCE WITH FEDERAL AND STATE EMPLOYMENT LAWS