



# APPLICATION OF EMPLOYMENT

**IMPORTANT! Please Read Carefully Before Completing Application**

- Please read and answer every question in this application yourself, as completely and accurately as possible. If you require another person type, write, or print the answers to the questions for you, you must take every measure to ensure the information provided is accurate to the best of your knowledge and ability. Despite having someone else input the information into the application, you must sign the application yourself for the application to be considered valid. However, having another person assist with completing the application should only be done as a reasonable accommodation.
- **Do not leave any answers blank.** "See Resume" is not an acceptable response to any of the questions; however, a resume may be attached. An unsigned or incomplete application will **not** be processed.
- It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.
- **Noonan Energy Corporation is an Equal Opportunity Employer. It is the policy of Noonan Energy Corporation to afford equal employment opportunity to all qualified persons without regard to membership in a legally protected class such as race, color, religion, sex, sexual orientation, national origin, gender identity, ancestry, age, genetic information, pregnancy, pregnancy-related conditions, qualified handicap or disability, veteran status or any other category protected by applicable federal, state, or local law in the jurisdiction of the position to which you are applying. Noonan Energy Corporation is committed to providing a reasonable accommodation if necessary to perform the essential functions of the job. If you require an accommodation in order to participate in any phase of the application process, because of a physical or mental disability, please make that fact known and a reasonable accommodation shall be made."**

<b>P E R S O N A L</b>	Last Name	First	Middle	Date
	Street Address			Home Phone
	City, State, Zip			Business Phone
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes: Month and Year _____ Location _____			
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No   If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work?
	Are you over 18 year of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of minimum legal age.			
	Other special training or skills (language, machine operation, etc.)			
	How did you learn of our organization?			

<b>E D U C A T I O N</b>	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High				<input type="checkbox"/> Yes <input type="checkbox"/> No	

# EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	
	State Job Title and Describe Your Work	Reason for Leaving
	<b>FOR COMMERCIAL DRIVER APPLICANTS ONLY:</b>  Were you subject to the FMCSRs while employed here? Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	Yes _____ No _____  Yes _____ No _____

2	Company Name	Telephone
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	
	State Job Title and Describe Your Work	Reason for Leaving
	<b>FOR COMMERCIAL DRIVER APPLICANTS ONLY:</b>  Were you subject to the FMCSRs while employed here? Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	Yes _____ No _____  Yes _____ No _____

3	Company Name	Telephone
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	
	State Job Title and Describe Your Work	Reason for Leaving
	<b>FOR COMMERCIAL DRIVER APPLICANTS ONLY:</b>  Were you subject to the FMCSRs while employed here? Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	Yes _____ No _____  Yes _____ No _____

<b>4</b>	Company Name	Telephone
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	
	State Job Title and Describe Your Work	Reason for Leaving
	<b>FOR COMMERCIAL DRIVER APPLICANTS ONLY:</b>  Were you subject to the FMCSRs while employed here? Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	Yes _____ No _____  Yes _____ No _____

<b>5</b>	Company Name	Telephone
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	
	State Job Title and Describe Your Work	Reason for Leaving
	<b>FOR COMMERCIAL DRIVER APPLICANTS ONLY:</b>  Were you subject to the FMCSRs while employed here? Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	Yes _____ No _____  Yes _____ No _____

<b>We may contact the employers listed above unless you indicate those you do not want us to contact.</b>	<b>DO NOT CONTACT</b>
	Employer Number(s) _____ Reason _____

<b>M I L I T A R Y</b>	<b>COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES</b>	Branch of Service
	Describe your duties and any special training	Period of Active Duty (Month & Year) From _____ To _____
		Rank at Discharge
		Date of Final Discharge

## Job References

List three (3) persons for references, other than family members, who have knowledge of your character and your qualifications for the position. Those applying for commercial driver positions must list references who have knowledge of your safety habits to be considered for such positions.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

## Acknowledgement and Authorization

*Please read all the information in this section and then sign in the indicated area. This will allow Noonan Energy Corporation to accept and retain this application.*

*I hereby certify that the information given in this Application for Employment has been given by me, or someone else at my direction as a reasonable accommodation, and that each entry made by me, or someone else at my direction, is true and complete to the best of my knowledge and understanding. I understand that the making of false, misleading or incorrect statements, including material omissions will be sufficient cause for immediate termination upon discovery thereof regardless as to when discovered, if employed by Noonan Energy Corporation; or that no further consideration for employment will be given to me, if an applicant or if seeking rehire or reinstatement.*

*If employed by Noonan Energy Corporation, I agree to abide by its rules, policies and regulations, as they exist or as they may be modified or amended from time to time. I understand that neither this application form, nor any other communication by Noonan Energy Corporation representatives, written or oral, is intended in any way to create an employment contract binding on either party and that no one other than the President of the Company has any authority to make a contract regarding any benefit, condition or term of employment with me or to make any expressed or implied commitment, concerning benefits, conditions or terms of employment that differ from the published Noonan Energy Corporation policy or that is to serve as an individual arrangement in the absence of published company policy. I understand that representations made by the President of the Company are only binding if made in writing.*

*I acknowledge that if employed, I am employed at will and my employment and compensation may be terminated, with or without cause, and with or without notice, at any time at the option of either Noonan Energy Corporation or myself unless there is a collective bargaining agreement or an individual agreement with other provisions to which my employment is subject.*

*I authorize Noonan Energy Corporation to make inquiry of any of my present (unless otherwise noted) or former employers or references, as to my employment, compensation, experience, job suitability, education, or reasons for leaving; and any inquiry to any other agency, institution, or person about any information provided by me in this, my Application for Employment, or during any interview that I may be given. I authorize persons listed as references or previous employers (unless otherwise noted) to provide information concerning me to Noonan Energy Corporation. I further authorize Noonan Energy Corporation to conduct an Internet search regarding any information provided by me in this, my Application for Employment, or during any interview that I may be given. I release any such source and Noonan Energy Corporation from any liability regarding information of a truthful nature that may be obtained by Noonan Energy Corporation. Information in violation of state or federal fair employment practice laws will not be sought or used by Noonan Energy Corporation.*

*If I am extended a conditional offer of employment, I understand that Noonan Energy Corporation may conduct an inquiry into my criminal history or other background information deemed relevant to the position sought, including any physical restrictions that may preclude my ability to perform the essential functions of the offered position without a reasonable accommodation.*

*I understand that if I am employed, I will be required to show proof of citizenship or other evidence to show that I have an unrestricted legal right to work in the United States.*

*This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

