

320 S. 17th Street Reading, PA 19602-2209 (610) 376-9162 Telephone: (610) 376-9164 Facsimile: E-mail: info@miller-env.com www.miller-env.com

Application for Employment We are an equal opportunity employer

No question on th	is application is intend	led to be discriminatory under any Employment Practices Law.	applicable Fede	ral, State, or local Fair
		the end of this form. Please re eted in full even if attaching a re	•	fore you sign this
Date:				
Position Applied for _		[]	Full Time	[] Part Time
Please Print				
1. PERSONAL INFO	RMATION			
Applicant name:				
	(Last)	(Firs	st)	(Middle)
Current address				
	(Street)	(City)		(State) (Zip)
Permanent address				
	(if different from a	above)		
/	/			
Social Security	Number		E-	Mail address
Home Phone	Number	-	Cell	Phone Number
2. GENERAL INFO	RMATION			
A. Can you, after em [] Yes [] N		erification of your legal right to	work in the Un	ited States?
B. Do you have any r [] Yes [] N		resently or formerly employed l of relative:		
, i i i i i i i i i i i i i i i i i i i	2	in the past which we should kr je record? Please specify:	now about to co	omplete a reference

D. How were you referred to us?

E. Have you ever been convicted of a felony or misdemeanor? [] Yes [] No If yes, please explain: (a conviction will not necessarily disqualify you from the job requested.)

3. EDUCATION / TRAINING

A. Did you graduate from high school or get a G.E.D.? [] Yes[] No

B. Name and Location of School	Graduated	Major	Diploma/Degree/Certificate
College/University	[] Yes [] No		
Other Training/Education/Technical Education	[] Yes [] No		
C. Do you have a current Water Treatment license? If yes, please list State, Class, Type and Expiration		es []No	

D.	Do you have a current Wastewater Treatment license? [] Yes	[] No
	If yes, please list State, Class, Type and Expiration Date:		

4. EMPLOYMENT

Start with your current or most recent employment; please include all employment for the last 10 years. Attach additional employment history to the back of this application.

Name of Company	Job Title	Dates Employed
		From: To:
Address	Manager / Supervisor	Salary
Phone Number	Reason for Leaving	
	_	
Job Duties		

Name of Company	Job Title	Dates Employed
		From: To:
Address	Manager / Supervisor	Salary
Phone Number	Reason for Leaving	·
Job Duties		

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Job Duties		

Name of Company	Job Title	Dates Employed
		From: To:
Address	Manager / Supervisor	Salary
Phone Number	Reason for Leaving	
Job Duties		

Note: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

Employer's Name:		Reason:
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5. REFERENCES

First Reference:	Second Reference:	Third Reference
Name	Name	Name
Address	Address	Address
Phone Number	Phone Number	Phone Number
Business / Position	Business / Position	Business / Position
Years Known	Years Known	Years Known

6. WORK AVAILABILITY

	A.	When	can	you	begin	work?
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B.	Are you able to work (apart from absence for	religious observances):	
	Overtime [] Yes [] No;	Overtime without notice [] Yes [] No	э;
	Saturdays [] Yes [] No;	Sundays [] Yes [] No	

C. Can you travel, if required by this position? [] Yes [] No

D. What is your Salary/Wage requirement?

E. Is there anything which	would interfere	with your regular	attendance and punctuality if you are offered a job
with this company?	[]Yes	[] No	
If yes, please explain			

PLEASE READ CAREFULLY

7. CERTIFICATION, NOTIFICATION, AUTHORIZATION AND AGREEMENT

A. I certify that the information contained in this application or additional attachments are true and correct to the best of my knowledge, and I understand that any false or misleading statements or material omissions, whenever discovered, regarding this application are grounds for disqualification from further consideration or for dismissal from employment. I further agree that MEI shall not be liable in any respect if my employment is terminated because of said false statements, misrepresentations or omission of facts connected with this application.

B. I consent to and authorize MEI to investigate all statements and information contained in this application for the purpose to verify the information contained in my application. I authorize any former employer, person, firm, corporation, school, government agency or other entity to provide MEI with any information of any sort they may have regarding me. In consideration of the company's review of this application, I release the company (MEI) and all providers of any information from any liability as a result of furnishing and receiving this information.

C. If hired by MEI, I agree to abide by the guidelines and the policies of the company, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the options of either the company or me (Employment at Will). I further understand that no representation, whether oral or written by any representative or agent of the company, at any time, can constitute a contract of employment.

D. If employed, I agree to hold in strictest confidence any information concerning the Company, which may come to my knowledge. I also agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on the Company. I understand this decision is to rest with the Company.

E. Although MEI makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, rotating work schedule, or a work schedule other than Monday through Friday. I understand and agree to these conditions if I am employed.

F. I understand and agree that It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, or martial status, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

G. Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

H. I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature: _____

Date: _____