

Read & sign prior to completing application.



G.A.P., Inc.
Operator & Laborer Job Description Statement



GAP, Inc. is an industrial service company engaging in vacuum, high pressure water blasting and pipe cleaning work. The work we do is done off site at power plants, steel mills, cement plants, etc. Our working conditions not only change day to day, but hour to hour.

I am applying for a position that may require me to work any shift or may require an overnight assignment. I understand that I cannot apply for a transfer to another position until I have completed six (6) months of service.

It is mandatory for all GAP employees to have a telephone at their place of residence.

I understand that GAP, Inc.'s job assignments require hearing, eyesight, the use of hands, arms and legs, standing for extended periods of time, bending, stooping, crawling, and climbing. Applicant must not have a fear of working at heights or in confined spaces. I also understand that this work requires working in a noisy and dusty environment and sometimes in a wet environment, with possible extremes in temperature and humidity, and that I will be required to wear eye and ear protective devices and protective clothing. I certify that I am able to safely and substantially perform the duties of the job that I am applying. Because of dusty conditions employees are required to wear respirators while working. Employees must be clean-shaven for proper respirator fit. All employees will be respirator fit tested and must pass a pulmonary function test.

I certify that I am a licensed driver, free of insurance entanglements, and I am aware that a valid driver's license is required.

I certify that I have read the above statement and authorize GAP, Inc., or their agents, to make any investigation of my personal history (excluding health or medical history), and financial or credit record, through any investigative or credit agency of their choice, as they may deem necessary.

Signature

Date

GAP, Inc.
100 GapVax Lane Johnstown Industrial Park Johnstown, PA 15904

EMPLOYMENT APPLICATION

This application is current only for thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

(Please Print) Date of Application:

Position(s) Applied for: Laborer: Operator: Other:

Referral Source: Advertisement: Friend: Relative: Walk-In: Other:

Referred by (Name):

Applicant's Name:
(Last) (First) (Middle)

Address:
(Number) (Street)

(City) (State) (Zip Code)

Telephone: () Social Security Number:

PLEASE ANSWER THE FOLLOWING QUESTIONS: (Circle One)

Do you have a valid driver's license? Yes No

Please enter your driver identification number and state issued in:

What class Driver's license do you have? A B C

Has your driver's license ever been suspended? Yes No

If yes, when & why?

What method of transportation will you use to get to work?

Can you travel if the job requires you to do so? Yes No

If you are under the age of 18, can you furnish a work permit? Yes No

Are you prevented from lawfully becoming employed in this country?
because of Visa or Immigration status? Yes No

Are you available to work (check one): Full-time Part-time Temporary

Are you on layoff and subject to recall? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

If yes please explain:

Are you a veteran of the U.S. Military? Yes No

Do you have any physical, mental, or medical impairment or disability that would limit your job performance for the position for which you are applying? Yes No

If "yes" please explain:

Please fill out the following questions relating to your motor vehicle record. Be truthful. Your motor vehicle record will be checked and will be compared to your answers to the questions listed below.

Do you have or have you been convicted of 1 or more of the following motor vehicle violations within the past 3 years? (Check: Yes or No)

1. DUI/DWI Yes No

2. Negligent homicide using a motor vehicle Yes No

3. Driving while license was suspended or revoked Yes No

4. Operating a motor vehicle for the commission of a felony Yes No

5. Aggravated assault, manslaughter, homicide with a motor vehicle Yes No

6. Operating a motor vehicle without the owner's authority Yes No

7. Permitting an unlicensed person to drive Yes No

8. Reckless or Careless Driving Yes No

If yes: Please Explain:

9. Speed Contests Yes No

10. Hit and Run Yes No

11. Failure to stop and report an accident Yes No

12. Illegal passing of a school bus Yes No

13. Attempting to elude an officer of the law Yes No

14. Possession of an open alcoholic beverage container Yes No

15. Speeding Ticket greater then 25mph over posted limit Yes No

16. Do you have "3" or more at fault accidents within the past 3 years? Yes No

17. Do you have "3" or more motor vehicle violations or speeding tickets Yes No

- within the past 3 years? Yes No
18. Do you have 2 at fault accidents and 1 motor vehicle violation/speeding ticket within the past 3 years? Yes No
19. Do you have 2 motor vehicle violations/speeding tickets and 1 at fault accident within the past 3 years? Yes No

Applicants 21 years of age and younger must complete the following 3 questions.

1. Do you have 2 at fault accidents within the past 3 years? Yes No
2. Do you have 2 or more motor vehicle violations or speeding tickets Within the past 3 years? Yes No
3. Do you have a combination of 1 at fault accident and 1 motor vehicle violation during the past 3 years? Yes No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service, assignments, and volunteer activities.

Exclude organization names, which indicate race, religion, sex, or national origin.

1. Employer: Dates employed: to:

Address: Rate of pay:

Job Title: Work Performed:

Reason for Leaving:

2. Employer: Dates employed: to:

Address Rate of pay

Job Title: Work Performed:

Reason for Leaving:

3. Employer: Dates employed: to:

Address: Rate of pay:

Job Title: Work Performed:

Reason for Leaving:

EDUCATION

Check One

High School

College

Years Completed: 7 8 9 10 11 12

1 2 3 4

Graduate

Technical Training

1 2 3 4

1 2 3 4

Last School Attended:

Diploma or degree obtained:

Describe specialized training, apprenticeship, skills, and extra-curricular activities that you have, or additional information you feel may be helpful to us in considering your application.

GAP Pollution & Environmental Control, Incorporated
(GAP, Inc.)
One GapVax Lane
Johnstown, PA 15904

Driver Release:

I, the undersigned do hereby state that I possess a minimum class A, B, and/or class C drivers license and have no motor vehicle violation record that would prevent me from operating any and all motor vehicles owned by GAP Incorporated. I realize that GAP Incorporated is relying strictly on this statement in hiring me and any false statement relating to same will result in my immediate discharge.

Signature

Witness

Date

Driver Record Release:

I, the undersigned do hereby authorize GAP Incorporated to receive any and all records relating to my operators license and release any and all persons providing said records from me and all liability for the release of same.

Signature

Witness

Date

Driver License Information:

Name:

(as it appears on your license)

Address:

Birth date:

Operator Number: State:

This Page to be completed only if you have a CDL License:

Prior Employment History Referral Release

On
(date) (printed name)

hereby authorize my previous employers to release
(signature)

the information on the Background Check Form to GAP, Inc. to meet the requirements of the Federal Motor Carrier Safety Regulations. Subpart C, Background and Character, Section 391.21 Investigation and Inquiries. (Your previous employer is released from any and all liability, which may result from furnishing such information.)

Section 382.413. Release of Alcohol and Controlled Substances. Test Information by Previous Employers of the Federal Motor Carrier Safety Regulations state information on a driver's breath alcohol test and positive controlled substance test shall be made available to subsequent employer upon receipt of a written request form a driver. Disclosure by that subsequent employer is permitted only as expressly authorized by terms of the driver's request.

An employer shall release information regarding a driver's record as directed by the specific written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.

AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that by accepting this application neither the Company nor any of its employees have made any neither expressed nor implied offers of employment. I understand & agree that, if hired my employment is for no definite period and may be terminated at any time without any prior notice. I authorize investigation of all statements contained in this application for employment, I understand that any false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the company.

I recognize that employment opportunities will be contingent on a pre-employment drug screen, which could be conducted through, but not limited to, urinalysis, blood, and hair screening procedures, and a post-employment offer, pre-employment fitness for duty medical evaluation. I understand that all drug and medical screening will be carried out in line with the Americans with Disabilities Act. I fully consent to the above drug screening and medical evaluation requirements as part of my continued consideration for employment with GAP.

Do you currently have any physical or mental condition that might prevent you from performing the essential functions of the job that you are applying for?

Signature of Applicant

Date