


Hearthstone Utilities Inc.

and Subsidiary Companies

In compliance with Federal and State EEO laws, qualified applicants are considered for all positions without regards to race, color, sexual orientation, religion, gender, national origin, age, marital status, or the presence of non-job related medical conditions or disability.

MISSION

 To provide safe, reliable, cost-effective natural gas services to current and future customers

VISION

 To be a premier natural gas company recognized as the benchmark in the natural gas utility industry by customers, peers and investors

Hearthstone Utilities Inc., a holding company, distributes and sells natural gas to end-use residential, commercial, and industrial customers. We distribute approximately 22 billion cubic feet of natural gas to approximately 68,000 customers through regulated utilities operating in Montana, Ohio, Indiana, Maine and North Carolina. The Montana public utility was originally incorporated in 1909. Our other operations include interstate pipeline, natural gas production, and natural gas marketing.

Company applying for:

- Bangor Natural Gas
- Cut Bank
- Energy West Montana
- Frontier Natural Gas
- Hearthstone Utilities Inc.
- Northeast Ohio Natural Gas Corp.
- Sycamore Gas

Name (Print)

Date

Name (Signature)

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

PERSONAL

Name _____
Last, First Middle

Please indicate any other name(s) by which you have been known: _____

Present Address _____
Street City State Zip

Telephone No. (____) _____

_____-_____-_____
Social Security Number

What days are you available to work?
Mon. ____ Wed. ____ Fri. ____ Full-time only
Tues. ____ Thurs. ____ Sat. ____ Part-time only
 Full or part-time

How many hours can you work weekly? _____

If hired, on what date will you be available to start work? _____

Are you able to perform the essential duties of the position you are applying for? Yes No

Are you 18 years of age or older? Yes No

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

Have you ever been in the Armed Forces? Yes No

Are you now a member of the National Guard? Yes No

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME AND ADDRESS	YEARS ATTENDED	GRADUATED	COURSE OR MAJOR
HIGH SCHOOL				
BUSINESS OR TRADE				
COLLEGE				
OTHER				

PRIOR WORK HISTORY (please list your employment history beginning with your most recent employer)

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE
FROM	TO		START	FINISH	

JOB TITLE: _____

May we contact this employer? Yes No

Describe in detail your work responsibilities:

Reason for leaving (be specific): _____

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE
FROM	TO		START	FINISH	

JOB TITLE: _____

May we contact this employer? Yes No

Describe in detail your work responsibilities:

Reason for leaving (be specific): _____

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE
FROM	TO		START	FINISH	

JOB TITLE: _____

May we contact this employer? Yes No

Describe in detail your work responsibilities:

Reason for leaving (be specific): _____

Resume Attached: Yes No

May we contact employers: Yes No

REFERENCES (Please list two professional references other than relatives or previous supervisors)

NAME AND COMPANY	ADDRESS	PHONE NUMBER
1. _____ _____	_____ _____	_____ _____
2. _____ _____	_____ _____	_____ _____

List any skills or experience, which you feel, would especially qualify you for a position with our company.
Examples include: equipment operation, special tools or machines, vehicles you have experience driving, computer programming/language, software, etc.

Please read carefully before signing

All employment offers are contingent upon the following statements and any employment offer can be rescinded based on these statements:

1. Hearthstone Utilities Inc. and subsidiary companies is firmly committed to maintaining a drug-free environment. All employment offers are conditioned upon a negative drug test result, which will be taken within 48 hours after the employment offer is extended.
2. I authorize all persons, schools, companies, and other organizations to supply any and all information requested by the company in association with such investigation including, but not limited to, information regarding my educational background, work history, personal character, and all other information, personal or otherwise.
3. Any false statements of fact upon this application will be considered just cause for my dismissal from employment with the company should I become an employee. I understand that the company may require me to supply appropriate supporting documentation concerning the information I have provided on this application.
4. I understand that I am an employee at-will, unless otherwise provided by state law. In an at-will employment relationship, my employment with the company is for no definite period and may be terminated at any time for any reason without prior notice. Just as I may resign my employment at any time, for any reason, the company will have full right and the authority to terminate my employment within its sole discretion. FOR MONTANA EMPLOYEES ONLY: Applicant understands that his/her employment with the company will be at-will through the probationary period. Thereafter, applicant may only be terminated for just cause. The probationary period is the first sixty (60) days of employment. The completion of the introductory period does not guarantee employment for any period of time thereafter, and the Company may end the relationship at any time during or following the introductory period.
5. I understand and agree that the company has the right to modify, amend or terminate policies, procedures, rules and benefits plan in its discretion and/or manner consistent with requirements imposed by law.
6. I understand that this application for employment shall be considered active for a period of time not to exceed 3 (three) months. I understand that, if I wish to be considered for employment beyond this time, I should contact the company to inquire as to whether applications are being accepted for positions at such time.

I understand and accept the conditions in this statement.

Signature of Applicant _____

Date _____

**CONSENT FOR
DRUG/ALCOHOL TESTING**

1. Have you submitted to a drug test at Hearthstone Utilities Inc. or subsidiary companies within the last year?

Yes No

If yes, list date and location: _____

2. I, the undersigned, understand that it is Hearthstone Utilities Inc. and subsidiary companies policy to require that job

candidates consent to testing by an independent laboratory to determine if the candidate has used any of the following drugs:

Amphetamines	Cocaine	Opiates (Heroin)
Barbiturates	Methadone	PCP
Benzodiazepines	Methaqualone	THC (Marijuana)

3. I hereby voluntarily consent to provide a specimen of my urine when requested in order to be tested for the use of drugs specified. Further, I hereby release Hearthstone Utilities Inc. and subsidiary companies, and any

claims of any nature whatsoever that may arise from or be related to the testing or the use of such test results. I further consent to provide the Medical Review Officer Doctor with the names of all medications that I have been using at the time of the test.

4. I understand that I will not be eligible for employment with Hearthstone Utilities Inc. and subsidiary companies if I

refuse to proceed with the testing or if the results of my test are positive for one or more of the drugs indicated

5. I understand that if my test is positive for one or more of the drugs indicated above, I will not be eligible for a period of 6 (six) months to take the drug test again.

6. I recognize and acknowledge that if employed the above-referenced urinalysis or other drug and/or alcohol testing tests shall be performed (1) in association with “for cause” when the company has reasonable suspicion, and (2) in the course of “post-accident” investigations.

PLEASE PRINT INFORMATION

Name:	Date:
Address:	Home Phone:

Applicant's Signature