

Position Applied For				
Last Name		First Name		Middle Name
Permanent Address (Line 1) Do not use P.O. Box		Permanent Address (Line 2) Example: Apt.#		
City		State	Zip Code	Country
Mailing Address (Line 1) (If different from permanent)		Mailing Address (Line 2) Example: Apt.#		
City		State	Zip Code	Country
Home Phone		Other Phone		E-mail Address
Name of High School				Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED
Location of High School (City)			(State)	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of University, College, Technical or Trade School		Location City/State	Concentration of Study/Major	Degree Obtained (e.g., BS)
				Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Professional License, Technical License, or Certificate		License/Certificate No.	Issued By	Expiration Date

Describe your past 10 years of employment, beginning with present job. Attach additional sheets, as necessary.

1. Employer Name _____
 Employer Address (Street) _____ (City) _____ (State) _____ (Zip) _____
 Supervisor Name _____ Supervisor Phone _____ May we contact? Yes No
 From Date (MM/DD/YYYY) _____ To Date (MM/DD/YYYY) _____ Ending salary _____ Bonus/incentives _____
 Position and duties _____
 Reason for leaving _____

2. Employer Name _____
 Employer Address (Street) _____ (City) _____ (State) _____ (Zip) _____
 Supervisor Name _____ Supervisor Phone _____ May we contact? Yes No
 From Date (MM/DD/YYYY) _____ To Date (MM/DD/YYYY) _____ Ending salary _____ Bonus/incentives _____
 Position and duties _____
 Reason for leaving _____

3. Employer Name _____
 Employer Address (Street) _____ (City) _____ (State) _____ (Zip) _____
 Supervisor Name _____ Supervisor Phone _____ May we contact? Yes No
 From Date (MM/DD/YYYY) _____ To Date (MM/DD/YYYY) _____ Ending salary _____ Bonus/incentives _____
 Position and duties _____
 Reason for leaving _____

Describe any gap in employment greater than 30 days (attach additional sheets, as necessary).

Dates	Reason for Gap in Employment	Contact Name to Verify Gap	Phone No.
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Have you ever been employed by Peoples Natural Gas Company or its subsidiaries? Yes No

If Yes, when and where? _____

Do you have any relatives who are Peoples Natural Gas Company employees? Yes No

If Yes, list names _____

Have you used other names while employed, including maiden name? Yes No

If Yes, list all of them _____

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

If Yes, enter Driver's License Number: _____ Issuing State: _____

Have you ever been discharged from any employment, asked to resign or advised that, if you did not resign, your employment would be terminated? Yes No

If yes, explain in detail.

Have you ever been convicted of a felony? Yes No. If yes, give details.

(A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.)

Are you currently authorized to be lawfully employed in the United States? Yes No

If Yes, indicate the period of time for which you are presently authorized to work in the United States: _____

If No, when do you expect to receive such authorization? _____

(Lack of current, permanent, or long-term authorization will not necessarily be a bar to employment. This information may be considered to compare your availability with Company needs.)

What are your salary requirements? _____

Please Read Carefully and Sign Below

I hereby certify that the information contained in this application is complete and accurate to the best of my knowledge. I understand that any misrepresentation, omissions, false or inaccurate statements on this application, resume or any other materials or during any interview can be justification for refusal of employment, or, if employed, termination from PNG Companies employ. I hereby authorize all prior employers, schools, credit bureaus, Social Security Administration, law enforcement agencies and investigative agencies to give PNG Companies any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, concerning my qualifications for the applied for position. I release PNG Companies and all of its employees from all liability for any damage that may result from reliance on the information furnished. If employed by PNG Companies, I agree to abide by its policies, rules and regulations. I understand and agree that my employment is at-will, and therefore, my employment can terminate, with or without cause, at any time, at my option or the option of PNG Companies or any of its affiliated companies, unless it is modified by an express written employment agreement for a definite term which is signed by an executive of PNG Companies at the level of Vice President and me or my authorized representative. This at-will employment relationship may not be modified by any oral or implied agreement. I understand that this application is completed for the position indicated on page 1 of this application and that it will be necessary to reapply for other positions. I understand that this application is good for only ninety (90) days from today's date.

MARYLAND APPLICANTS ONLY: I ACKNOWLEDGE THAT I HAVE RECEIVED NOTIFICATION THAT UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.00.

Applicant's Signature	Date
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