



WELL

1660 Old Airport Rd.
Auburn, CA 95602
530.823.0354

EMPLOYMENT APPLICATION

Date: _____

APPLICATION FAX (530) 823-2377

NAME: _____ Social Security Number _____ - _____ - _____
Last First MI

ADDRESS: _____
(physical) Street City State Zip

ADDRESS: _____
(permanent-mailing) Street City State Zip

HOME PHONE: (____) _____ - _____ MESSAGE PHONE: (____) _____ - _____

POSITION DATE YOU SALARY
APPLIED FOR: _____ CAN START _____ DESIRED _____

Are you presently employed? _____ If so, can we inquire of your present employer? _____

*Have you ever been convicted of a felony or misdemeanor within the last 12 years? YES ____ NO ____
If so, please explain _____

*You will not be denied employment solely because of a conviction record unless the offense is related to the job for which you have applied.

**The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Are you a citizen of the United States? YES ____ NO ____ **Date of Birth ____/____/____ (optional)

NOTE: Please fill out ALL sections completely – even if you are submitting a Resume

FORMER EMPLOYERS (list last three employers, starting with the most recent and INCLUDE PHONE NUMBERS): If still employed and you do not want us to contact your current employer, please indicate this (current job only). We do need phone numbers for past employers.

Employed from ____/____/____ to ____/____/____ Salary: Start \$ _____ Ending \$ _____

Supervisor's Name _____ Title/Department _____

Name of Company _____ Phone Number (____) _____ - _____ Ext # _____

Address _____ City/State/Zip _____

Position and duties _____

Reason for leaving _____

Employed from ___/___/___ to ___/___/___ Salary: Start \$_____ Ending \$_____

Supervisor's Name _____ Title/Department _____

Name of Company _____ PHONE NUMBER (____) _____ - _____ Ext # _____

Address _____ City/State/Zip _____

Position and duties _____

Reason for leaving _____

Employed from ___/___/___ to ___/___/___ Salary: Start \$_____ Ending \$_____

Supervisor's Name _____ Title/Department _____

Name of Company _____ PHONE NUMBER (____) _____ - _____ Ext # _____

Address _____ City/State/Zip _____

Position and duties _____

Reason for leaving _____

Subjects of Special Study or Interest _____

Volunteer Work, Clubs or Organizations _____

Hobbies _____

Whom do we contact if there is an emergency while you are employed at Diamond Well Drilling?

Name _____ Phone _____ Alternate Phone _____

Address _____

<u>EDUCATION:</u>	NAME & LOCATION OF SCHOOL ATTENDED	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
	High School			
	College			
	Trade School			
	Other			

U.S. MILITARY SERVICE: Branch Service /Date(s) of Service: _____

Type of Discharge: _____

Are you presently serving with the Reserves or National Guard? YES _____ NO _____

SPECIAL DRIVER'S SECTION – Please fill out this section if you are applying for any of the positions that involve driving, Pump Technician, Driller, Driller’s Helper, Laborer, Mechanic, etc.

Name _____ Date _____

Last First MI

*Date of Birth ____/____/____ (optional) DMV PRINT-OUT: Please provide a copy of your current DMV print-out _____ (attached) or will provide one _____

DRIVER'S LICENSES (please list all Driver’s Licenses you have held in all states over the last 3 years):

# _____	STATE _____	Class/Type _____	Exp. Date _____
# _____	STATE _____	Class/Type _____	Exp. Date _____
# _____	STATE _____	Class/Type _____	Exp. Date _____
# _____	STATE _____	Class/Type _____	Exp. Date _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

Has any license, permit, or privilege ever been suspended, restricted or revoked? Yes _____ No _____

Have you ever been disqualified for violating any of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

If you answered “Yes” to any of the above questions, please attach a statement giving details/explanation.

DRIVING EXPERIENCE: Please describe all commercial driving experience for the past 10 years

Please list any experience you have driving two-ton trucks or heavy equipment. Please describe type of truck or equipment used, length of time operated and total miles or hours operated.

ACCIDENT HISTORY: List most recent accident first (attach a separate sheet of paper if necessary)

Date	Type (head-on, rear-end, etc.)	Injuries/Fatalities
_____	_____	_____
_____	_____	_____

I understand that I will be required to obtain or show a valid Department of Transportation Physical Examination Certificate (*Driller, Pump Techs and Helpers only*). Expiration date of current certificate ____/____/____ as a condition of employment.

I also understand that I may be required to undergo one or more of the following:

- 1) Pre-employment drug screening,
- 2) Periodic and/or Random drug testing,
- 3) Drug testing for reasonable cause,
- 4) Accident/Injury/Incident drug testing.

EMPLOYMENT RELATED REFERENCES: Please give the names of three people (**not related** to you nor friends of yours) whom you have known for at least one year. These people should be either former employers/supervisors or people who are familiar with your work.

1)NAME _____ BUSINESS _____

Home Telephone Number (_____) _____ - _____ Business Telephone Number (_____) _____ - _____

Address _____ City/State/Zip _____

Years acquainted _____ Relationship _____

2)NAME _____ BUSINESS _____

Home Telephone Number (_____) _____ - _____ Business Telephone Number (_____) _____ - _____

Address _____ City/State/Zip _____

Years acquainted _____ Relationship _____

3)NAME _____ BUSINESS _____

Home Telephone Number (_____) _____ - _____ Business Telephone Number (_____) _____ - _____

Address _____ City/State/Zip _____

Years acquainted _____ Relationship _____

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I also authorize investigation of my credit history.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."

Applicant's Signature

Date

For Employer's Use only

Hired: _____ YES _____ NO U.S. Citizenship Verified: _____ YES _____ NO By: _____

Position: _____ Date Reporting to work: _____

SIGNATURE (indicates acceptance of above) _____

DATE _____