

Pumping Services, Inc.

Application For Employment



- Follow instructions carefully
- You may attach your resume to the application for reference

Position Desired:	Desired Start Date:	Desired Pay: per
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General Information

Name (Last, First, Middle Initial)		Social Security No.		Work Telephone No.
Mailing Address	City	State	Zip Code	Home Telephone No.
Driver's License State and Number:				
Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "No", how many hours per week can you work?		
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", indicate month and year:		
How did you learn about our organization?				
List any relatives or friends that work at this organization (other than your spouse):				
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you received and read the company/job description? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Can you perform the essential job tasks outlined in the job description without accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "No", what accommodations are necessary in order to complete these job tasks?				
Do you take any form of drugs or medication other than those prescribed by your physician? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes", please describe to what extent:				
Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Emergency Contact:

Name:	Phone #:	Relationship:
Address:		

References:

List names, addresses, phone numbers and relationships of three people not related to you who know your qualifications

Name	Address	Phone	Relationship

Employment History:

- Start with your current or last job - include armed forces service and self-employment.
- **ATTACH EXTRA SHEETS** using the same format if you have additional employment history.

May we contact your current employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
Employer	Telephone No.	Supervisor's Name
Type of Business	Address	
Your Job Title	Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:		
Reason for Leaving		
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
Employer	Telephone No.	Supervisor's Name
Type of Business	Address	
Your Job Title	Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:		
Reason for Leaving		
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
Employer	Telephone No.	Supervisor's Name
Type of Business	Address	
Your Job Title	Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:		
Reason for Leaving		
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
Employer	Telephone No.	Supervisor's Name
Type of Business	Address	
Your Job Title	Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:		
Reason for Leaving		

Education and/or Training

Did you graduate from high school or receive a GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No				
SCHOOL NAME AND LOCATION (college, business, nursing, vocational, or other)	Course of Study	Years Completed	Did you graduate?	Diploma or degree earned
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other education/training/skills/languages:

Computer skills (hardware & software):

Current professional license/certificate/registration:

Membership to professional or civic organizations (exclude those which may disclose race, color, religion or nationality):

Additional Information:

I certify that the information provided in this application is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Applicant's Signature

Date

I have applied to Pumping Services, Inc. for employment and I desire that they be fully advised of my record with former employers. I, therefore, respectfully request that you furnish the necessary information concerning my employment with your organization, and I hereby release you from any and all liability of damages for providing the information requested.

Applicant's Signature

Date

We are an "Equal Opportunity Employer" which means that all applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation or sex