

A-OK Well Service

Employment Application

		Applicant	Informa	ition			
Full Name:				Date:			
	Last	First			M.I.		
Address:	Street Address					Apartment/Unit #	
	City				State	ZIP Code	
Phone:			Email				
Date Availa	ble: S	ocial Security No.:_			Desired	Salary:\$	
Position Applied for:							
YES NO YES NO Are you a citizen of the United States? □ □ If no, are you authorized to work in the U.S.? □ □						-	
Have you ever worked for this company? YES NO If yes, when?							
Have you ever been convicted of a felony? YES NO □ □							
If yes, expla	ain:	and the second s					
		Edu	ıcation				¥ Y
High School	ol:	Addres	ss:				
From:	To:	_ Did you graduate	YES	NO	Diploma::		
College:		Addres	ss:				
From:	To:	_ Did you graduate	YES e? [NO	Degree:		
Other:		Addres	SS:				
From:	To:	_ Did you graduat	YES e?	NO	Degree:		and the second section of the section of t
References							
Please list three professional references.							
Full Name:						ıship:	
Company:					Pł	none:	
Address:							

				Relationship: Phone:
Full Name: Company:				Relationship:Phone:
	Previous E			
A dalagas				Phone:Supervisor:
Job Title:	Starting S	Starting Salary:\$		
Responsibilities:				
From:	To:	Reason for Leaving:		
May we contact yo	our previous supervisor for a reference?	YES	NO	
				Phone:Supervisor:
Job Title:	Starting Salary:			Ending Salary:\$
Responsibilities:				
From:	To:	Reason for Leaving:_		
May we contact yo	our previous supervisor for a reference?	YES		
				Phone: Supervisor:
Job Title:	Starting Salary:		Ending Salary:\$	
Responsibilities:				
	To:			
May we contact ye	our previous supervisor for a reference?	YES	NO	

DRIVING EXPERIENCE

Class of Equipment	From	То	Approximate Numb	er of Miles
Straight Truck	× 1			
Tractor & Semi-				
trailer				
Tractor & two				
trailers				
Tractor & triple trailers				0
		 		
Other		1		
List states operated in, fe	or the last five (5) years:			
List special courses/train	ning completed (PTD/DDC, HA	AZMAT, ETC)		
List any Safe Driving A	wards you hold and from whon	n:		
Accident Record for pa	ast three (3) years: (attach she			
Data of A. 115 of	Nature of Assistants	Location of	# of	# of Doonla Injura-
Date of Accident	Nature of Accidents	Accident	Fatalities	# of People Injured
	(Head on, rear end, etc)			
	1			
Traffic Convictions an	d Forfeitures for the last thre	e (3) years (other tha	an parking violations):	
Date	Location	Charge	Penalty	
Driver's License (list e	each driver's license held in the License	Type	Endorsements	Expiration Date
Oldio	Liconic	.,,,,,		
	nied a license, permit or privile		vehicle?Yes	No
Has any license, permit	or privilege ever been suspend	ed or revoked?	Yes	
	might be unable to perform the	indictions of the job	for which you have appli Yes	
the job description)?			1 68	110
Have you ever been con	nvicted of a felony?		Yes	No
	uestions listed above are "yes",	give details		The state of the s

	Military Service	
Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		
	Disclaimer and Signature	
I certify that my answers are true and comp	plete to the best of my knowledge.	
If this application leads to employment, I un interview may result in my release.	nderstand that false or misleading information	on in my application or
Cignoturo	Dr	ate: