



# Pumping Services, Inc.

## Application For Employment

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

<b>Position Desired:</b>	<b>Desired Start Date:</b>	<b>Desired Pay:</b> 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:		
Salary	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:		
Salary	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:		
Salary	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:		
Salary	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

**Equal Opportunity Employer**  
Pumping Services, Inc. does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services