



GILFORD WELL COMPANY, INC.

Employment Application

APPLICANT INFORMATION

| | | | | | |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Date | | Name | | | |
| Street Address | | | | Apartment/Unit # | |
| City | | State | | ZIP | |
| Phone | | | E-mail Address | | |
| Date Available | | | Desired Salary | | |
| Position Applied for | | | | | |
| Have you worked for us before? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If Yes, when? | | |
| Are you currently employed? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, may we contact current employer? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | | |
| Are you 18 years or older? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | |

EDUCATION

| | | | | | |
|----------------------|------------------------------|-----------------------------|---------|--|--|
| High School | | | Address | | |
| Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | |
| College/Trade School | | | Address | | |
| Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | |
| Other | | | Address | | |
| Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | |

GENERAL

Special Skills/Licenses Held:

Armed Services/Military Service:

(OVER)

PREVIOUS EMPLOYMENT

| | | | | | |
|---|--|-----------------|----|---------------------|----|
| Company | | Phone | | | |
| Address | | Supervisor | | | |
| Job Title | | Starting Salary | \$ | Ending Salary | \$ |
| Responsibilities | | | | | |
| From | | To | | Reason for Leaving: | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | |

| | | | | | |
|---|--|-----------------|----|---------------------|----|
| Company | | Phone | | | |
| Address | | Supervisor | | | |
| Job Title | | Starting Salary | \$ | Ending Salary | \$ |
| Responsibilities | | | | | |
| From | | To | | Reason for Leaving: | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | |

| | | | | | |
|---|--|-----------------|----|---------------------|----|
| Company | | Phone | | | |
| Address | | Supervisor | | | |
| Job Title | | Starting Salary | \$ | Ending Salary | \$ |
| Responsibilities | | | | | |
| From | | To | | Reason for Leaving: | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | |

REFERENCES*Please list three professional references.*

| Name | Address | Phone Number/Email | Years Acquainted |
|------|---------|--------------------|------------------|
| | | | |
| | | | |
| | | | |

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview will be grounds for dismissal.

Signature

Date

FOR OFFICE USE ONLY

Interviewer Comments:

| |
|--|
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