

Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Personal		
Date:		
Last Name:	First Name:	Middle Initial:
Street Address:		
City:	State: Zip:	
Telephone:	Social Secur	rity #:
Driver's License #:	Issuing State:	Exp. Date
Have you had any accidents of	luring the past three years? Yes	No
If yes, please explain	1	
How long have you been at you	our current address?	_
Previous Address:		
How long at previous address	?	
If under 18, please list age: _		
How did you hear about Drill	ing World?	
Are you legally eligible for en	mployment in the United States?Y	esNo
If no, when will you	be able to work?	
Are you currently employed?	Yes No	
If yes, may we conta	ct your current employer?	
When can you start?	Desired Wag	e \$
Position applying for:		
Employment desired: Fu	ıll-time Part-timeFull or Part ti	me

Have you ever applied for work at DrillingWorld before today?	Yes	No
Have you ever been convicted of a crime? Yes No		
If yes, please explain in full detail.		
Education		
School Name and Location	Year	Graduate
High School:		
College:	·	
Business/Trade School:		
Other Training:		
Military		
Have you ever served in the armed forces? Yes No		
Are you now a member of the National Guard? Yes	_ No	
Specialty Date Entered D	Date Discharged	d
Employment History ~ Start with most recent		
Company Name:		
Address:		
Telephone: Supervisor's Nam		
May we contact? Yes No		
Date Started: Date Ended:		
Starting Wage: \$ Ending Wage: \$		
Starting Position: Ending Position:		
Please list your duties performed, skills used, advancements, or prom		
,		

Reason for leaving:

Company Name:		
Address:		
Telephone:	Supervisor's Name:	
May we contact? Yes	No	
Date Started:	Date Ended:	
Starting Wage: \$	Ending Wage: \$	
Starting Position:	Ending Position:	
Please list your duties performe	ed, skills used, advancements, or promotions	at this company:
P C L		
Reason for leaving:		
G N		
Telephone:	Supervisor's Name:	
May we contact? Yes	No	
Date Started:	Date Ended:	
Starting Wage: \$	Ending Wage: \$	
Starting Position:	Ending Position:	
Please list your duties performe	ed, skills used, advancements, or promotions	at this company:
Reason for leaving:		

References	
Name:	
Address:	
Telephone #:	Years Known:
How do you know this person?	
Name:	
Address:	
Telephone #:	Years Known:
How do you know this person?	
Name:	
Address:	
Telephone #:	Years Known:
How do you know this person?	
Attach additional information if necessary.	
List any special skills you have that would help in the	position you are applying for:
I certify that the information listed in this application fam employed, false statements on this application can	for employment is true and complete to best of my knowledge. I understand that if I result in my immediate dismissal.
Signature:	
Date	