



APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer

(No Discrimination on the basis of age, race, color, religion, sex, national origin, disability, veteran or other protected status)

PERSONAL INFORMATION

Date: _____

NAME _____ SOCIAL SECURITY # _____
 Last First Middle

PRESENT ADDRESS _____
 Street City State Zip Code

PERMANENT ADDRESS _____
 Street City State Zip Code

TELEPHONE NUMBER _____ Are you 18 years or older? Yes () No ()
YOU ARE SUBJECT TO MEDICAL & DRUG TESTING AT ANY TIME WITH THIS COMPANY

DESIRED EMPLOYMENT

POSITION DESIRED _____ DATE YOU CAN START _____

ARE YOU EMPLOYED NOW? Yes () No () IF SO, MAY WE CONTACT YOUR EMPLOYER? Yes () No ()
 EVER APPLIED WITH THIS COMPANY BEFORE Yes () No () WHERE? WHEN?

EDUCATION

School Level	Name & Location of School	No. Years Attended	Did You Graduate	Subjects Studied
Grammar School				
High School				
College				
Trade, Business, or Correspondence				

LIST ANY JOB-RELATED MILITARY, EXPERIENCE, OR RELATED COURSES OF STUDY

Pratt Well Service, Inc. will do background checks, verify social security numbers,
 And report new employees to the Kansas Department of Human Resources



FORMER EMPLOYERS (List Below Your Last Four Employers With The Last One First)

Date: Month & Year	Company Name & Address	Phone No.	Salary	Position Held
From – To -				
From – To -				
From – To -				
From – To -				
From – To -				

REFERENCES (Names of Three Persons Not Related to You, Whom You Have Known At Least One Year)

Name	Address	Phone No.	Business	Yrs. Known

- I am familiar with the mental and physical requirements of the job for which I am applying.
- I certify that I am able to perform the tasks required (with or without accommodation) in the job for which I am applying.
- I request the following accommodation to explain, demonstrate, or continue the employment application process.

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified misleading statements or omission of facts on this application is cause for immediate dismissal.

I authorize investigation of all statements contained herein and the references listed above (as well as other sources at management’s discretion, including those related to character and credit records) to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that any job offer may be condition upon information obtained after the offer is made. I understand that employment with this company is “AT WILL”, which means that (if hired) my employment is for no definite period and may, regardless of the date of payment of my wages and /or salary, be terminated at any time without any prior notice, and with or without explanation or reason. Wages will cease immediate upon termination of employment. I will not rely on any oral or written statements to the contrary unless IN WRITING and signed by an authorized official of the Company. Any legal action I may bring against the company regarding terms and conditions of employments must be initiated and maintained in the court of jurisdiction nearest the home office of the company.”

APPLICANTS SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:
NOTES:

DATE:

HIRED? (Yes) (No) REPORT TO: DATE TO REPORT:
 APPROVED BY: 1. _____ 2. _____ 3. _____
 Employment Manager Department Head General Manager

This application will remain active for 45 days. If you desire continued Consideration for employments, you may reapply after that time.