



IRRIGATION • ELECTRIC • WELL • TRAILER

Application for Employment

Date _____

Personal Information

Name (Last, First Middle)		Social Security No. - -	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone Number		Do You Have A Driver's License *Please Provide a Copy* <input type="checkbox"/> No <input type="checkbox"/> Yes – Operator <input type="checkbox"/> Yes – Commercial (CDL)	
Are You 18 Years of Age or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No	If NO Please State Your Age.	Date of Birth	

Employment Desired

Position	Date You Can Start	Salary Desired
Employment Desired <input type="checkbox"/> Full-Time Only <input type="checkbox"/> Part-Time Only <input type="checkbox"/> Full OR Part Time		
Are You Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If So, May We Inquire Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever Applied To This Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	Which Company Would You Like to Apply to?

Education History

Name & Location of School	Years Attended	Did You Graduate?	Subjects Studied
Grammar School			
High School			
College			
Trade, Business or Correspondence School			

Military

Have you ever been in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you now a member of the National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Specialty	Date Entered	Discharge Date

Former Employers (List Below Last Four Employers, Starting With Last One First)

Date (Month & Year)	Employer	Salary	Position	Reason for Leaving
From – To –	Name – Address – Phone No. – May We Contact Them? –			
From – To –	Name – Address – Phone No. – May We Contact Them? –			
From – To –	Name – Address – Phone No. – May We Contact Them? –			
From – To –	Name – Address – Phone No. – May We Contact Them? –			

Please List Three References Other Than Relatives or Previous Employers.

Name	Address	Business	Years Known

Authorization

“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 statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA)”

Signature _____ Date _____