



Date:

Well Drilling & Pump Service

878 El Centro Ave. Napa Ca, 94558

Office 707-255-6450

Fax 707-255-6489

sherry@mcleanandwilliams.com

Contractor licenses #396352

Application for Employment

Position Applying for Driller Pump Technician

Personal Information

Desired hourly income \$ _____

Social Security Number _____

First Name _____

Last Name _____

Middle Name _____

Current Address _____

Street Number

City

State

Zip

Contact () _____ () _____

Home Phone

Mobile Phone

Email _____

Preferred choice of contact

Phone Email

Are you legally able work in the Unites States? Yes No

Can you provide legal documentation of work eligibility? Yes No

How did you hear about us? Ad Website Referral Diamond Certified Other _____

Referred by _____

Have you ever been employed by McLean & Williams, Inc before? Yes No

If yes, indicate employment dates _____

Are you willing to work weekends? Yes No

What foreign languages do you speak fluently? _____

Why do you feel you are a good fit for this position?

Have you been convicted of a felony or released from prison for a felony within the last 7 years?

Yes No

If yes, please explain _____

Do not answer "Yes" if your conviction record has been annulled, expunged, sealed, statutorily eradicated, dismissed under a first offender's law, pardoned, erased or impounded. *Note - The existence of a criminal history will not automatically disqualify you from the job you are applying for, circumstances will be considered. California applicants/residents: Do not answer "Yes" to questions regarding criminal convictions if your conviction involved the possession of marijuana AND it is more than 2 years old. You need not disclose any referral to, and participation in, any pre-trial or post trial diversion program



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Education

	School Name	Major Subject	If graduated, give degree
High School			
College			
Grad School			
Other			

Skills/Training

What machinery or equipment can you operate?

- Forklift
 Manual vehicles
 Class A vehicles
 Towing trailers
 Power tools
 Welders
 Torches

Other _____

Current state occupational license _____

Work History

	Present or last employer	Next to last employer
Company name		
Address		
Phone Number	()	()
Job Title		
Date started		
Date left		
Supervisor Name		
Reason for leaving		

By signing this application, I the applicant, agree that all information provided is accurate to the best of my knowledge.

Signature _____

Date _____



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Please provide a list references that we may contact.

Reference #1

Name: _____

Phone: _____

Email: _____

Relationship: _____

Reference #2

Name: _____

Phone: _____

Email: _____

Relationship: _____

Reference #3

Name: _____

Phone: _____

Email: _____

Relationship: _____

Reference #4

Name: _____

Phone: _____

Email: _____

Relationship: _____