



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 Applng 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 posttrial 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

PLEASE LIST YOUR EMPLOYERS

Please provide us with the following information regarding your previous jobs starting with the most recent.

Please list all full and part-time employment, including selfemployment. You may exclude any information which suggests or discloses race, color, religion/creed, sex, national origin, ancestry, age, disability, veteran status or any other legally protected status.

	Present or last employer	Next to last employer	Second from last employer	Third from last employer
Company name				
Address				
Phone Number	()	()	()	()
Job Title				
Date started				
Date left				
Wage – start/last				
Supervisor Name				
Reason for leaving				

May we contact your current employer? Yes No

You may also be asked to provide additional work history.

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: