

Application for Employment

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

Date _____

Last Name _____ First Name _____ Middle Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Social Security # _____

Date of Birth _____ Email _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Are you looking for full-time employment Yes No

If no, what hours are you available _____

Have you ever been convicted of a felony? (This will not necessarily effect your application.)
 Yes No

If yes, please describe conditions _____

Employment Desired

Position applied for _____

How did you hear of this opening _____

Are you presently employed Yes No

May we contact your present employer Yes No



CIRCLE SERVICES

Fluid Services

Crane Services

Are you available for full-time work ___ Yes ___ No

Are you willing to work 2-3 weeks away from home ___ Yes ___ No

Are you willing to work long hours for several days without time off ___ Yes ___ No

Date you can start _____

Desired position _____

Desired starting salary _____

Education

	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Post-College	_____	_____	_____	_____
Other training	_____	_____	_____	_____

In addition to your work history, are there any other skills, qualifications, or experience that we should consider?

NCCCO Certified ___ Yes ___ No Date _____

Crane operating experience _____ Years _____ Months

Coil Tubing/Wireline experience ___ Yes ___ No

Type of cranes operated _____



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Employment History (start with most recent employer)

Company name _____

Address _____ Telephone _____

Date started _____ Starting wage _____ Starting position _____

Date ended _____ Ending wage _____ Ending position _____

Name of supervisor _____ May we contact ___ Yes ___ No

Responsibilities _____

Reason for leaving _____

Company name _____

Address _____ Telephone _____

Date started _____ Starting wage _____ Starting position _____

Date ended _____ Ending wage _____ Ending position _____

Name of supervisor _____ May we contact ___ Yes ___ No

Responsibilities _____

Reason for leaving _____

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Date started _____ Starting wage _____ Starting position _____

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Name of supervisor _____ May we contact ___ Yes ___ No

Responsibilities _____

Reason for leaving _____

References

List three personal references, not related to you, who have known you for more than one year.

Name _____ Phone _____ Years known _____

Address _____

Name _____ Phone _____ Years known _____

Address _____

Name _____ Phone _____ Years known _____

Address _____



Emergency Contact

In case of emergency please notify:

Name _____ Relationship _____ Phone _____

Address _____

Name _____ Relationship _____ Phone _____

Address _____

Do you have a valid driver's license ____ Yes ____ No

License number _____ State of issue _____

Expiration date _____ Commercial (CDL) ____ Yes ____ No

List any accidents you've had in the last 5 years – date and description _____

List any moving violations during the last 5 years – date and violation _____

Circle 8 Services will check your driving record for employment purposes; please initial here to verify that you understand this _____

Will you abide by the safety rules and policies of the company ____ Yes ____ No

Have you used any illegal drugs in the last twelve months ____ Yes ____ No



Please read before signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on the application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will" which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by status. All employment is continued pm that basis. I hereby acknowledge that I have read and understand the above statements.

Signature _____ Date _____