

**SENENIG & WEAVER WELL DRILLING, INC.**  
**1439 DRY TAVERN RD, DENVER, PA 17517**  
**APPLICATION FOR EMPLOYMENT**

*An Equal Opportunity Employer*

**PLEASE READ CAREFULLY BEFORE COMPLETING AND PRINT ALL INFORMATION**

POSITION APPLIED FOR:				<input type="checkbox"/> WELL DRILLING <input type="checkbox"/> PUMP	
LAST NAME		FIRST		MIDDLE	
STREET ADDRESS		CITY		STATE	
				ZIP CODE	
				TELEPHONE NO.	
(CIRCLE HIGHEST GRADE OR SCHOOL COMPLETED)					
JUNIOR/SENIOR HIGH SCHOOL		COLLEGE, TECHNICAL OR TRADE SCHOOL		OTHER	
7 8 9 10 11 12		1 2 3 4		1 2 3 4	
TYPE OF SCHOOL	NAME	ADDRESS [CITY, STATE]	COURSE	DEGREE	
HIGH SCHOOL					
COLLEGE					
TECHNICAL OR TRADE SCHOOL					
CDL CLASSIFICATION				A B	
DESIRED SALARY	WERE YOU PREVIOUSLY EMPLOYED AT THIS COMPANY? <input type="checkbox"/> NO <input type="checkbox"/> YES      IF YES, WHEN?				
HAVE YOU EVER BEEN CONVICTED OF OR DID YOU PLEAD GUILTY TO ANY CRIMES DURING THE PAST FIVE YEARS FOR OTHER THAN MINOR TRAFFIC VIOLATIONS? <input type="checkbox"/> NO <input type="checkbox"/> YES      IF YES, EXPLAIN					
DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD DETRACT FROM YOUR PERFORMANCE OF THIS POSITION? <input type="checkbox"/> NO <input type="checkbox"/> YES      IF YES, EXPLAIN					
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTY? <input type="checkbox"/> NO <input type="checkbox"/> YES <small>(Proof of U.S. Citizenship or immigration status will be required upon employment)</small>					
ARE YOU ON LAYOFF AND SUBJECT TO RECALL? <input type="checkbox"/> NO <input type="checkbox"/> YES					
WILL YOU WORK OVERTIME IF REQUIRED? <input type="checkbox"/> NO <input type="checkbox"/> YES					

APPLICANTS ACCEPTED FOR EMPLOYMENT MAY BE REQUIRED TO PASS A COMPANY PAID PRE-EMPLOYMENT PHYSICAL EXAMINATION

TO BE COMPLETED BY APPLICANT FOR OFFICE WORK		TO BE COMPLETED BY APPLICANT FOR SHOP WORK	
TYPE OF SKILL	YRS. EXPERIENCE	TYPE OF MACHINES OPERATED	YRS. EXPERIENCE

PRESENT/MOST RECENT COMPANY		ADDRESS AND TELEPHONE NUMBER	
TITLE OR JOB CLASSIFICATION		BASE WAGE	DATES WORKED FROM   TO
BRIEF DESCRIPTION OF JOB DUTIES		REASON FOR LEAVING	
		SUPERVISORS NAME	
NAME OF PREVIOUS COMPANY		ADDRESS AND TELEPHONE NUMBER	
TITLE OR JOB CLASSIFICATION		BASE WAGE	DATES WORKED FROM   TO
BRIEF DESCRIPTION OF JOB DUTIES		REASON FOR LEAVING	
		SUPERVISORS NAME	
NAME OF PREVIOUS COMPANY		ADDRESS AND TELEPHONE NUMBER	
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		SUPERVISORS NAME	
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TITLE OR JOB CLASSIFICATION		BASE WAGE	DATES WORKED FROM   TO
BRIEF DESCRIPTION OF JOB DUTIES		REASON FOR LEAVING	
		SUPERVISORS NAME	
DO NOT LIST RELATIVES			
REFERENCES	NAME	ADDRESS	TELEPHONE NO.
EMERGENCY	PERSON TO CONTACT INCASE OF EMERGENCY		
	NAME	ADDRESS	TELEPHONE NO.
<p>I hereby certify that the answers on this application are true and correct and that any misrepresentation or omission of facts on my part will be justification for separation from the Company's service, if employed. I understand that my employment will be on a probationary basis until I prove my qualifications.</p>			
DATE		SIGNATURE	

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If you have any hobbies or interests (i.e. body work, mechanical...) , please list them below.