

Page 1 of 2

## EMPLOYMENT APPLICATION

## PLEASE COMPLETE IN LEGIBLE HANDWRITING

	PLEASE CONTPLETE IN LEGIDLE HAND	טאוווואטט	
APPLICANT INFORMATI	ON		
LAST NAME:	FIRST:	MI:	DATE:
CITY:	STATE: Z	ZIP:	_
PHONE:	EMAIL:		
DATE AVAILABLE:	POSITION APPLIED FOR:	DESIRED S	SALARY:
HAVE YOU EVER WORKED	IF NO, ARE YOU AUTHORIZED TO WORK IN THE FOR BESTWAY OILFIELD? YES \( \Backslash NO \( \Backslash IF YES, EXF	IF YES, WHEN?	
EDUCATION			
HIGH SCHOOL:	CITY:		STATE:
FROM:TO:	DID YOU GRADUATE? YES □ NO □		
COLLEGE	CITY:		STATE:
	DID YOU GRADUATE? YES □ NO □ DE		
	CITY:		
	DID YOU GRADUATE? YES \( \Bar{\text{NO}} \\ \Bar{\text{D}} \		
REFERENCES PLEASE LIST TWO PERSON	VAL REFERENCES		
FULL NAME:		PHONE:	
RELATIONSHIP:		_	
COMPANY:			
ADDRESS:	CITY	ST.	ATEZIP
		PHONE:	
RELATIONSHIP:			
COMPANY:			
ADDRESS:	CITY	S1.	ATEZIP



## **EMPLOYMENT APPLICATION PAGE 2 OF 2**

COMPANY:  ADDRESS:  JOB TITLE:  STARTIN	PHONE:STATEZIP		
JOB TITLE:STARTIN	CITYSTATEZIP		
JOB TITLE:STARTIN			
	NG PAY: ENDING PAY:		
RESPONSIBILITIES:			
FROMTOREASON FOR LEAVING:			
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERE			
COMPANY:	PHONE:		
COMPANY:ADDRESS:	CITYSTATEZIP		
JOB TITLE: STARTIN	NG PAY:ENDING PAY:		
RESPONSIBILITIES:			
FROMTOREASON FOR LEAVING:			
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERE	NCE? YES \( \text{NO} \( \text{NO} \)		
COMPANY:	PHONE:		
ADDRESS:			
JOB TITLE:STARTIN	NG PAY:ENDING PAY:		
RESPONSIBILITIES:			
FROMTOREASON FOR LEAVING:			
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERE	NCE? YES   NO		
MILITARY SERVICE			
BRANCH	FROM: TO:		
RANK AT DISCHARGE			
TYPE OF DISCHARGE:			
IF OTHER THAN HONARABLE, EXPLAIN:			
DISCLAIMER AND SIGNATURE			
I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE	BEST OF MY KNOWLEDGE.		
IF THIS APPLICATION LEADS TO EMPLOYMENT, I UNDERSTAND T			
APPLICATION OR INTERVIEW MAY RESULT IN MY RELEASE.			
SIGNATURE:	DATE:		