

APPLICATION FOR EMPLOYMENT



HS Field Services, Inc.
397781 W 1400 Rd
P O Box 605
Dewey OK 74029
Fax: 918-534-9124
Email: hsfieldservices@sbcglobal.net

In compliance with Federal and State Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color religion, sex, national origin, age, marital status, or non-job related disability.

Please print unless required to sign. Thank you.

Date of Application: _____

Position(s) applied for: _____

Name: _____ Social Security Number: _____
Last First Middle

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Do you have the legal right to work in the United States? YES NO

Date of Birth: _____ Can you provide proof of age? YES NO

Have you worked for this company previously? YES NO If YES, when: _____

Are you now employed? YES NO If NO, what date did you leave last employment? _____

Were you referred to this job? YES NO By: _____

Rate of pay expected for primary position applied for: _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4

Name of last school attended: _____ City, State: _____

EMPLOYMENT HISTORY

PLEASE PROVIDE YOUR PREVIOUS 5 YEARS OF EMPLOYMENT EXPERIENCE, listing the most current employer first. Please use additional blank sheets if needed. Thank you.

Employer Name: _____	Date Hired: _____
Employer Address: _____ _____	Date Left: _____
Contact/Supervisor: _____	Position: _____
Phone Number: _____	Salary/Wage: _____
Reason Left: _____	
Employer Name: _____	Date Hired: _____
Employer Address: _____ _____	Date Left: _____
Contact/Supervisor: _____	Position: _____
Phone Number: _____	Salary/Wage: _____
Reason Left: _____	
Employer Name: _____	Date Hired: _____
Employer Address: _____ _____	Date Left: _____
Contact/Supervisor: _____	Position: _____
Phone Number: _____	Salary/Wage: _____
Reason Left: _____	
Employer Name: _____	Date Hired: _____
Employer Address: _____ _____	Date Left: _____
Contact/Supervisor: _____	Position: _____
Phone Number: _____	Salary/Wage: _____
Reason Left: _____	

REFERENCES

NAME	ADDRESS	BUSINESS	Years Known

GENERAL INFORMATION

Subjects of special study/research Work or special training/skills

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application will be grounds for dismissal.

I authorize investigation of all statements contained in this application and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the above, unless it is in writing and signed by a n authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

DATE _____ Signature _____

Print Name _____