



Date: _____

Well Drilling & Pump Service
878 El Centro Ave. Napa Ca, 94558
Office 707-255-6450
Fax 707-255-6489
katie@mcleanandwilliams.com
Contractor licenses #396352

Application for Employment

Position Applying for [] Drilling Helper [] Pump Technician
Desired hourly income \$ _____

PERSONAL INFORMATION

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 United 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

If any, what foreign languages do you speak fluently? _____

Why do you feel you are a good fit for this position?



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EDUCATION

High School

School Name _____

Major Subject _____

If graduated, provide degree _____

College

School Name _____

Major Subject _____

If graduated, provide degree _____

Grad School

School Name _____

Major Subject _____

If graduated, provide degree _____

Other

School Name _____

Major Subject _____

If graduated, provide degree _____

SKILLS/TRAINING

What machinery or equipment can you operate?

- Forklift Manual vehicles Class A vehicles Towing trailers Power tools
 Welders Torches

Other _____



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WORK HISTORY

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 self employment. You may exclude any information which suggests or discloses race, color, religion, sex, national origin, ancestry, age, disability, veteran status, or any other legally protected status.

Present or Last Employer:

Company Name: _____
Company Address: _____
Supervisor Phone Number: _____
Supervisor Name: _____
Your Job Title: _____
Start & End Date: _____
Start & End Wage: _____
Reason for leaving: _____
May we contact your employer? Yes No

Next to Last Employer:

Company Name: _____
Company Address: _____
Supervisor Phone Number: _____
Supervisor Name: _____
Your Job Title: _____
Start & End Date: _____
Start & End Wage: _____
Reason for leaving: _____
May we contact your employer? Yes No



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Second From Last Employer:

Company Name: _____

Company Address: _____

Supervisor Phone Number: _____

Supervisor Name: _____

Your Job Title: _____

Start & End Date: _____

Start & End Wage: _____

Reason for leaving: _____

May we contact your employer? Yes No

Third From Last Employer:

Company Name: _____

Company Address: _____

Supervisor Phone Number: _____

Supervisor Name: _____

Your Job Title: _____

Start & End Date: _____

Start & End Wage: _____

Reason for leaving: _____

May we contact your employer? Yes No



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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:

By signing this application, I the applicant, agree that all information provided is accurate to the best of my knowledge.

Signature _____

Date _____