



Application for Employment

J&S Water Wells is An Equal Opportunity Employer

Full Name: _____ Today's Date _____

Address: _____ City _____ TX Zip _____

Date of Birth: _____ Do you have a valid TX Driver's License: _____

Phone: _____ Cell _____ email: _____

Date Available to Start: _____ Salary Requirements: _____

Is there a Maximum Weight you are restricted to lifting during work hours? ☐ Yes ☐ No

If yes, explain the maximum weight/time frame of restriction _____

Are you legally allowed to work in the United States? ☐ Yes ☐ No

Can you provide a work permit or work visa/resident card? ☐ Yes ☐ No

Have you worked for this company in the past? ☐ Yes ☐ No If yes, when? _____

Type of employment desired: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal

Languages: ☐ English ☐ Spanish ☐ Other ☐ Speak ☐ Read ☐ Comprehend

Have you ever pleaded guilty, no contest or been convicted of a felony? ☐ Yes ☐ No

If yes, give dates and details: _____

Please note: Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into consideration.

Education History

Name & Location of High School: _____ Did you Graduate? ☐ Yes ☐ No

Name & Location of College: _____ Years attended _____

Degrees completed: _____ Other subjects studied _____

Trade or Business School: _____ Years attended _____

Subjects Studied: _____ Did you Graduate? ☐ Yes ☐ No

Summarize Your Special Skills or Qualifications

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Water Well Experience | <input type="checkbox"/> CDL | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Forklift | <input type="checkbox"/> Mechanic | <input type="checkbox"/> General Office Equipment |
| <input type="checkbox"/> Inventory (Shipping/Receiving) | <input type="checkbox"/> Welding | <input type="checkbox"/> Other Qualifications (list below) |

Previous Employment (begin with most recent position)

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? ☐ Yes ☐ No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? ☐ Yes ☐ No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? ☐ Yes ☐ No

"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 shall be grounds for dismissal. I authorize investigation of all statements contained herein 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 foregoing, unless it is in writing and signed by an 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."

Signature of Applicant: _____ Date: _____

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