

WELL DRILLING
PUMP · CONTROLS
SALES & SERVICE



SINCE 1945
OR CCB: 39265
WA UBI: 600202757

ST. PAUL, OR
(503) 633-2666

RICHLAND, WA
(509) 943-0331

21881 River Road NE, St. Paul, Oregon 97137
schneiderwater.com

APPLICATION FOR EMPLOYMENT
This is NOT an Offer of Employment
SCHNEIDER WATER SERVICES (SWS)

In compliance with Federal and State equal employment opportunity laws, SWS does not discriminate based upon race, religion, color, national origin, gender (including pregnancy, childbirth, or related medical conditions), sexual orientation, gender identity, gender expression, age, status as a protected veteran, status as an individual with a disability, or other applicable legally protected characteristics.

DO NOT LEAVE ANY QUESTIONS UNANSWERED ON THIS OR THE FOLLOWING PAGES

PERSONAL INFORMATION

DATE:

NAME:

PRESENT ADDRESS:

STREET

CITY

STATE

ZIP CODE

PERMANENT ADDRESS:

STREET

CITY

STATE

ZIP CODE

OTHER ADDRESSES
FOR PAST THREE
YEARS:

PHONE NO(s): Home:

Cell:

REFERRED BY:

I AM APPLYING FOR: _____ *(position description)*

PART-TIME:

(Describe days/hours available etc.)

SEASONAL:

From: _____

To: _____

FULL TIME

SCHNEIDER WATER SERVICES
EMPLOYMENT APPLICATION, CONT.

NAME: _____

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. of YEARS ATTENDED	DIPLOMAS, CERTIFICATES, DEGREES, STUDIES
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

LIST PROFESSIONAL LICENSE(S) BY STATE & NO. (e.g. Driller, Pump Installer, Electrician, Plumber, etc.)

DO YOU HAVE A CURRENT CPR/FIRST AID CARD? **YES** **NO** DATE OF ISSUE: _____

US MILITARY SERVICE: _____ RANK: _____ TYPE OF DISCHARGE: _____

ACTIVITIES OTHER THAN RELIGIOUS (CIVIC, ATHLETIC, FRATERNAL, ETC) _____

PERSONAL REFERENCES (List two people, unrelated, whom you have known at least one year):

NAME:	PHONE:	ADDRESS:	YEARS KNOWN:
NAME:	PHONE:	ADDRESS:	YEARS KNOWN:

DATE YOU CAN START: _____ SALARY DESIRED: _____

ARE YOU EMPLOYED NOW? **YES** **NO** IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? **YES** **NO**

APPLIED TO THIS COMPANY BEFORE? **YES** **NO** WHEN: _____

LIST ANY LIMITATIONS THAT MIGHT PREVENT YOU FROM PERFORMING JOB-RELATED FUNCTIONS:

SCHNEIDER WATER SERVICES
EMPLOYMENT APPLICATION, CONT.

NAME: _____

DO YOU MIND PERIODIC WORK AWAY FROM HOME?: YES NO
DO YOU MIND OVERTIME WORK?: YES NO
DO YOU MIND WORKING OCCASIONAL SATURDAYS OR SUNDAYS?: YES NO
HAVE YOU WORKED UNDER LITTLE OR NO SUPERVISION ELSEWHERE?: YES NO IF YES, DESCRIBE:
ARE YOU SELF MOTIVATED?: Yes No
WHAT ARE YOUR SHORT-TERM CAREER GOALS?:
WHAT ARE YOUR LONG-TERM CAREER GOALS?:

ARE YOU 18 OR OVER? **YES** **NO**

ARE YOU LAWFULLY AUTHORIZED TO WORK IN THE U.S? **YES** **NO**

CAN YOU READ, SPEAK & WRITE ENGLISH FLUENTLY FOR REPORTS, RECORDS & COMM? **YES** **NO**

DO YOU HAVE A CURRENT & VALID DRIVER'S LICENSE? **YES** **NO**

PLEASE CIRCLE TYPE: CDL A CDL B CLASS C

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (van, tank, flat, etc)	DATES		APPROX NO OF MILES (total)
		From	To	
Straight Truck				
Tractor and Semi trailer				
Tractor-two trailers				
Other				

DO YOU HAVE ANY COMMERCIAL DRIVERS TRAINING? **YES** **NO** **PLEASE DESCRIBE:**

DESCRIBE ANY EVENTS THAT MAY LIMIT YOUR ABILITY TO BE INSURED (eg. Convictions, DUIs, License Suspension, Warnings):

All applicants must be qualified to drive in interstate commerce with vehicle GVW's over 10,000 pounds. The job covered by this employment application may also involve driving vehicles with a GVW of over 26,000 pounds, which requires a Commercial Driver's License (CDL).

ALL APPLICANTS MUST PROVIDE THE FOLLOWING INFORMATION ON ALL EMPLOYERS THAT YOU WORKED FOR DURING AT LEAST THE PRECEDING 10 YEARS (MORE IS BETTER).

(NOTE: List employers in reverse order starting with the most recent.)

EMPLOYMENT HISTORY—MUST BE COMPLETELY FILLED OUT

EMPLOYER	FROM (date)	TO (date)	POSITION HELD
NAME			
MAILING ADDRESS	SUPERVISOR		PHONE NO.
CITY & STATE	ZIP	REASON FOR LEAVING	

EMPLOYER	FROM (date)	TO (date)	POSITION HELD
NAME			
MAILING ADDRESS	SUPERVISOR		PHONE NO.
CITY & STATE	ZIP	REASON FOR LEAVING	

EMPLOYER	FROM (date)	TO (date)	POSITION HELD
NAME			
MAILING ADDRESS	SUPERVISOR		PHONE NO.
CITY & STATE	ZIP	REASON FOR LEAVING	

**SCHNEIDER WATER SERVICES
EMPLOYMENT APPLICATION, CONT.**

NAME: _____

EMPLOYER	FROM (date)	TO (date)	POSITION HELD
NAME			
MAILING ADDRESS	SUPERVISOR		PHONE NO.
CITY & STATE	ZIP	REASON FOR LEAVING	

EMPLOYER	FROM (date)	TO (date)	POSITION HELD
NAME			
MAILING ADDRESS	SUPERVISOR		PHONE NO.
CITY & STATE	ZIP	REASON FOR LEAVING	

EMPLOYER	FROM (date)	TO (date)	POSITION HELD
NAME			
MAILING ADDRESS	SUPERVISOR		PHONE NO.
CITY & STATE	ZIP	REASON FOR LEAVING	

EMPLOYER	FROM (date)	TO (date)	POSITION HELD
NAME			
MAILING ADDRESS	SUPERVISOR		PHONE NO.
CITY & STATE	ZIP	REASON FOR LEAVING	

TO BE READ AND SIGNED BY APPLICANT:

This certifies that I personally completed this application, and that all entries on it and information in it are true, complete and correct to the best of my knowledge. I am also aware that I will be subject to drug testing & a background check as a condition of employment with Schneider Water Services.

Applicant's Signature

Date

Print Name

Social Security Number

FOR SCHNEIDER WATER SERVICES USE

Interview by:	Drug tested:
Date interviewed:	Employment begins:
Driving record:	Division:
Hired by:	Position:
Date hired:	Wage: