

### **Application for Employment**

Our policy is to provide equal employment opportunities to all qualified persons without regard to race, creed, religious belief, sex, age national origin, ancestry, physical or mental disability, or veteran status.

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.)  Yes  No

Are you looking for full-time employment  Yes  No

If no, what hours are you available \_\_\_\_\_

Have you ever been convicted of a felony? (This will not necessarily effect your application.)  
 Yes  No

If yes, please describe conditions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#### **Employment Desired**

Position applied for \_\_\_\_\_

How did you hear of this opening \_\_\_\_\_

Are you presently employed  Yes  No

May we contact your present employer  Yes  No



# CIRCLE SERVICES

*Fluid Services*

*Crane Services*

Are you available for full-time work \_\_\_ Yes \_\_\_ No

Are you willing to work 2-3 weeks away from home \_\_\_ Yes \_\_\_ No

Are you willing to work long hours for several days without time off \_\_\_ Yes \_\_\_ No

Date you can start \_\_\_\_\_

Desired position \_\_\_\_\_

Desired starting salary \_\_\_\_\_

## Education

	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Post-College	_____	_____	_____	_____
Other training	_____	_____	_____	_____

In addition to your work history, are there any other skills, qualifications, or experience that we should consider?

---



---



---

NCCCO Certified \_\_\_ Yes \_\_\_ No Date \_\_\_\_\_

Crane operating experience \_\_\_\_\_ Years \_\_\_\_\_ Months

Coil Tubing/Wireline experience \_\_\_ Yes \_\_\_ No

Type of cranes operated \_\_\_\_\_



CIRCLE

SERVICES

*Fluid Services*

*Crane Services*

**Employment History (start with most recent employer)**

Company name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date started \_\_\_\_\_ Starting wage \_\_\_\_\_ Starting position \_\_\_\_\_

Date ended \_\_\_\_\_ Ending wage \_\_\_\_\_ Ending position \_\_\_\_\_

Name of supervisor \_\_\_\_\_ May we contact \_\_\_ Yes \_\_\_ No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date started \_\_\_\_\_ Starting wage \_\_\_\_\_ Starting position \_\_\_\_\_

Date ended \_\_\_\_\_ Ending wage \_\_\_\_\_ Ending position \_\_\_\_\_

Name of supervisor \_\_\_\_\_ May we contact \_\_\_ Yes \_\_\_ No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date started \_\_\_\_\_ Starting wage \_\_\_\_\_ Starting position \_\_\_\_\_

Date ended \_\_\_\_\_ Ending wage \_\_\_\_\_ Ending position \_\_\_\_\_

Name of supervisor \_\_\_\_\_ May we contact \_\_\_ Yes \_\_\_ No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_



CIRCLE

SERVICES

Fluid Services

Crane Services

Company name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date started \_\_\_\_\_ Starting wage \_\_\_\_\_ Starting position \_\_\_\_\_

Date ended \_\_\_\_\_ Ending wage \_\_\_\_\_ Ending position \_\_\_\_\_

Name of supervisor \_\_\_\_\_ May we contact \_\_\_ Yes \_\_\_ No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date started \_\_\_\_\_ Starting wage \_\_\_\_\_ Starting position \_\_\_\_\_

Date ended \_\_\_\_\_ Ending wage \_\_\_\_\_ Ending position \_\_\_\_\_

Name of supervisor \_\_\_\_\_ May we contact \_\_\_ Yes \_\_\_ No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**References**

List three personal references, not related to you, who have known you for more than one year.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

**Emergency Contact**

In case of emergency please notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Do you have a valid driver's license \_\_\_\_\_ Yes \_\_\_\_\_ No

License number \_\_\_\_\_ State of issue \_\_\_\_\_

Expiration date \_\_\_\_\_ Commercial (CDL) \_\_\_\_\_ Yes \_\_\_\_\_ No

List any accidents you've had in the last 5 years – date and description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any moving violations during the last 5 years – date and violation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Circle 8 Services will check your driving record for employment purposes; please initial here to verify that you understand this \_\_\_\_\_

Will you abide by the safety rules and policies of the company \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you used any illegal drugs in the last twelve months \_\_\_\_\_ Yes \_\_\_\_\_ No



**Please read before signing:**

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on the application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will" which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by status. All employment is continued pm that basis. I hereby acknowledge that I have read and understand the above statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_