

DAISEY'S WELL DRILLING

Application for Employment

Date _____

Full Name _____

Address _____

Phone # _____ Date of Birth _____ Social Security _____

What hours can you work? _____ Wage Desired _____

Married Single Drivers License No. _____ Do you have an automobile _____

In case of accident notify _____

Address _____ Phone _____

Education _____

EMPLOYMENT HISTORY

Give Name and Addresses of Previous Employers:

If you are now working, present employer and reason for desire to resign must be included.

Employers Name & Address	Kind of Work	Start - Left	Reason

MEDICAL: Are there any reason/problem that would hinder you from lifting 50lbs or more? Yes or NO If yes what?

Are there any medical problems we should be aware of, such as diabetes or asthma, etc.?

CRIMINALRECORD: Are there any issues we should be aware of
Yes No

If yes please explain:

[The following area contains faint, illegible text and a grid structure, likely representing a table or form for recording answers.]