

L & L Oilfield Services, INC,
 Employment Application
 Phone: 307-738-2491 Fax: 307-738-2493
 Email: lloil@rtconnect.net

Note: Please type or print your answers. If you print, please use blue or black ink and write neatly. An illegible application may preclude you from consideration.

Position you are applying for _____ Desired Salary _____

Date Available for Work _____ Today's Date _____

PERSONAL INFORMATION

First Name	Middle Initial	Last Name	
Address ()	City ()	State	Zip Code
Home Phone	Cell Phone	Email	
_____-_____-_____ Social Security Number	_____ Drivers License Number		_____ State

Date of Birth

Are you a citizen of the U.S. or authorized to work in the United States on an unrestricted basis? yes no

If applicable, please list your visa type, visa number and expiration _____

Have you ever been convicted of a felony? yes no

Are you a veteran? yes no If yes, branch of service _____
 What type of discharge did you receive? _____

EDUCATION

School Name	Location	Years Attended	Degree Received	Major

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Other training, certifications or licenses held: _____

EMPLOYMENT (begin with most recent position first)

Employer: _____ Dates Employed: _____ to _____
 Pay Rate: \$ _____ Position(s) Held: _____
 Supervisor's Name, Title and Phone: _____

 Reason for leaving: _____
 May we contact them? yes no

Employer: _____ Dates Employed: _____ to _____
 Pay Rate: \$ _____ Position(s) Held: _____
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 Reason for leaving: _____
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Employer: _____ Dates Employed: _____ to _____
 Pay Rate: \$ _____ Position(s) Held: _____
 Supervisor's Name, Title and Phone: _____

 Reason for leaving: _____
 May we contact them? yes no

REFERENCES (do not include relatives)

Name	Title	Company	Phone

Friends or relatives that have worked for L & L or LO-gear

Name	Title	Company	Phone

MICELANEOUS INFORMATION AND AUTHORIZATION

How did you hear about the job opening? _____
Did someone refer you to us (who)? _____

Summarize your special skills or qualifications:

I certify that my answers are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date



For Department Use Only

Comments: