

Gas Well Services 24/7
4459 N Route 220 Hwy
Linden, PA 17744
(570)-398-7879
www.gaswellsecurity.com

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle _____
Maiden or Former Last Names: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____ Home Phone: _____
Email: _____

FOR BACKGROUND CHECK

Date of Birth: _____ City of Birth: _____ Gender: _____
Driver's License #: _____ Expiration Date: _____ State: _____
Have you ever been convicted of a criminal offense (felony or misdemeanor)? _____
If yes, state date and nature of the offense: _____

EMPLOYMENT POSITION

Date available: _____ Position applying for: _____ Desired Salary: _____
Applying for: Part time _____ Full time _____ Available for overtime? _____
What days and hours are you available? _____
How did you hear about this job? _____

EDUCATION, TRAINING & EXPERIENCE

High School Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Number of years completed: _____ Did you graduate? Y ___ or N ___ Year: _____

College / Vocational School / Continuing Education Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Number of years completed: _____ Did you graduate: Y ___ or N ___ Year: _____

MILITARY

Branch: _____ Total years of service: From _____ to _____

Skills & duties: _____

Rank at discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

REFERENCES

(Please list three **professional** references (**non-family members**))

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Years Known: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Years Known: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Years Known: _____

PERSONAL INFORMATION

Have you ever applied or worked for GWS before? Y ___ N ___ When? _____

Do you have any friends or relatives working for GWS? Y ___ N ___

If yes, state name and relationship: _____

If hired, do you have evidence of US Citizenship/Proof of legal right to work in US? Y ___ N ___

If hired, are you willing to submit to and pass a controlled substance test? Y ___ N ___

PREVIOUS EMPLOYMENT

Please describe past and present employment positions, **dating back five years or four jobs (whichever is greater)**. Please account for all periods of employment. **Even if you are attaching a resume, this section must be completed!**

Name of Employer: _____

Address: _____

Supervisor's Name: _____ Phone: _____

Job Title: _____ Ending Salary: _____

Duties: _____

From: _____ to: _____ May we contact this employer for references? _____

Why did you leave? _____

Name of Employer: _____

Address: _____

Supervisor's Name: _____ Phone: _____

Job Title: _____ Ending Salary: _____

Duties: _____

From: _____ to: _____ May we contact this employer for references? _____

Why did you leave? _____

Name of Employer: _____

Address: _____

Supervisor's Name: _____ Phone: _____

Job Title: _____ Ending Salary: _____

Duties: _____

From: _____ to: _____ May we contact this employer for references? _____

Why did you leave? _____

Name of Employer: _____

Address: _____

Supervisor's Name: _____ Phone: _____

Job Title: _____ Ending Salary: _____

Duties: _____

From: _____ to: _____ May we contact this employer for references? _____

Why did you leave? _____

ADDITIONAL INFORMATION

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? _____

CPR Certified? Y____ or N____ Expiration date: _____

Safeland Certified? Y____ or N____ Expiration date: _____

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company. _____

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company. _____

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the reference I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation. _____

Applicant's Signature: _____ Date: _____

Please email application to:
Karen Pettingill @ karen.pettingill@gaswellsecurity.com
570-398-7879

GWS24-7 LLC does not discriminate on the basis of age, nationality, ethnic origin, race, color, religion, language, gender, sexual orientation or, marital status. All information collected on this application regarding gender, age, and place of birth are solely for the purpose of compliance with Pennsylvania law.