

EMPLOYMENT APPLICATION

PANTHER PRESSURE TESTERS, INC.

PO BOX 1109

WATFORD CITY, ND 58854

PHONE: 701-842-2578 FAX: 701-842-2528

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

APPLICANT INFORMATION

NAME:

LAST

FIRST

M.I.

PRESENT ADDRESS:

STREET OR PO BOX

CITY

STATE

ZIP

TELEPHONE:

HOME

CELL

E-MAIL ADDRESS:

SOCIAL SECURITY NUMBER:

BIRTHDATE:

DO YOU HAVE A DRIVER'S LICENSE?

CLASS: A B D ENDORSEMENTS:

DRIVER'S LICENSE NUMBER:

STATE OF ISSUE:

EXPIRATION DATE:

WHAT IS YOUR MEANS OF TRANSPORTATION TO WORK?

IS THE ABOVE VEHICLE WITH YOU IN OR NEAR WATFORD CITY?

DO YOU HAVE A PLACE TO LIVE IN OR NEAR WATFORD CITY?

ADDRESS:

DO YOU REQUIRE HOUSING FOR SELF? YES NO

FOR FAMILY OR ANOTHER PERSON? YES NO

HAVE YOU HAD ANY ACCIDENTS DURING THE PAST THREE YEARS?

HAVE YOU HAD ANY MOVING VIOLATIONS DURING THE PAST THREE YEARS?

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

IF YES, WHEN & EXPLAIN:

POSITION APPLYING FOR:

DESCRIBE YOUR SPECIFIC WORK EXPERIENCE AND/OR WORK SKILLS AS RELATED TO THE POSITION YOU ARE APPLYING FOR: (MECHANIC, ROUSTABOUT, RIG HAND, TESTER, ETC.) ATTACH ADDITIONAL SHEETS AS NEEDED

PLEASE CONTINUE TO PAGE 2

EDUCATION

HIGH SCHOOL:		ADDRESS:
	FROM:	TO:
	DID YOU GRADUATE?	DEGREE:
COLLEGE:		ADDRESS:
	FROM:	TO:
	DID YOU GRADUATE?	DEGREE:
BUSINESS OR TRADE SCHOOL:		ADDRESS:
	FROM:	TO:
	DID YOU GRADUATE?	DEGREE:

PREVIOUS EMPLOYMENT

COMPANY:	PHONE:
ADDRESS:	FROM: TO:
SUPERVISOR:	PHONE:
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE?	YES NO
RESPONSIBILITIES:	
REASON FOR LEAVING:	

COMPANY:	PHONE:
ADDRESS:	FROM: TO:
SUPERVISOR:	PHONE:
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE?	YES NO
RESPONSIBILITIES:	
REASON FOR LEAVING:	

DID YOU COMPLETE THIS APPLICATION YOURSELF?	YES	NO
IF NOT, WHO DID?		

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
 IF THIS APPLICATION LEADS TO EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING
 INFORMATION IN MY APPLICATION OR INTERVIEW MAY RESULT IN MY RELEASE.

SIGNATURE	DATE
-----------	------

**COMPLETE ALL SECTIONS OF APPLICATION.
 APPLICATION WITH MISSING OR INCOMPLETE INFORMATION WILL NOT BE CONSIDERED**