



EMPLOYMENT APPLICATION

An Equal Opportunity Employer – All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, natural origin, disability status, protected veteran status or any other characteristic protected by law.

Incomplete information could disqualify you from further consideration. Please complete all fields.

Date of Application _____

Position Applied For: _____

Phone # _____

PERSONAL

Last Name	First Name	Middle Name
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CURRENT ADDRESS INFORMATION

Street Address

City	State	Zip
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PREVIOUS ADDRESS INFORMATION (If less than 7 years at current address listed above)

Street Address

City	State	Zip
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Street Address

City	State	Zip
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Are you legally authorized to work in the U.S.? Yes___ No___

Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g., H-1B)?
(if hired, verification will be required consistent with federal law) Yes___ No___

Are you at least 18 years of old?
(if no you may be required to provide authorization to work) Yes___ No___

Have you ever been employed with us before? Yes___ No___

If yes, give date _____

Are you currently employed? Yes___ No___

May we contact your present employer? Yes___ No___

On what date would you be available for work? _____

Are you available to work: (Please Circle)
Full Time Part Time Temporary

Are you currently on "lay off" status and subject to recall? Yes___ No___

Can you travel if job requires it? Yes___ No___

Have you plead guilty/no contest, been convicted, or received deferred adjudication of a felony within the last Ten (10) years? Yes___ No___

(A Conviction will not necessarily disqualify you, but a false statement will)
If yes, please explain _____

Education:

High School Attended: _____

Diploma Received: Yes No (please circle one)

College Attended: _____

Degree Obtained: Yes No (please circle one)

Technical, Vocational or Business Schools (if any) attended and fields of study:

Date of Graduation: _____

Indicate any foreign languages you can speak, read, and/or write:

References:

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States military?

Yes _____ No _____

If yes, please describe: _____

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation?

Yes _____ No _____

Special Skills and Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

Employment Experience:

Start with your present or last job, going back at least 10 years (if applicable). Only complete information will be accepted. Resumes may not be substituted in lieu of completing the following employment information:

1. Employer _____

Address _____

Telephone Numbers _____

Job Title _____ Supervisor _____

Hourly Rate/Salary \$ _____ Start Date: _____ End Date: _____

2. Employer _____

Address _____

Telephone Numbers _____

Job Title _____ Supervisor _____

Hourly Rate/Salary \$ _____ Start Date: _____ End Date: _____

3. Employer _____
Address _____
Telephone Numbers _____
Job Title _____ Supervisor _____
Hourly Rate/Salary \$ _____ Start Date: _____ End Date: _____

4. Employer _____
Address _____
Telephone Numbers _____
Job Title _____ Supervisor _____
Hourly Rate/Salary \$ _____ Start Date: _____ End Date: _____

5. Employer _____
Address _____
Telephone Numbers _____
Job Title _____ Supervisor _____
Hourly Rate/Salary \$ _____ Start Date: _____ End Date: _____

Schwob Energy Services, LLC ("SES) is an equal opportunity employer. SES does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for SES to hire me. If I am hired, I understand that either SES or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of SES has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to SES true and complete information on this application. No requested information has been concealed. I authorize SES to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for denial of employment or immediate dismissal.

Sign Here: _____
Signature-Applicant Date

EMPLOYMENT DATA

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including affirmative action responsibilities where they apply.

The purpose for this data record is to comply with government record keeping, reporting, labor statistics, insurance, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this data record is optional. If you choose to volunteer the requested information, please note that all data records are kept confidential. Please note: **YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT AN EMPLOYMENT DECISION.**

I understand that submission of this information is voluntary.

Signed _____ Date _____

Please circle one:

Male Female

Date of Birth _____

Drivers License Number _____

Please circle on:

Ethnic origin: White Black Hispanic Other

Notify in case of emergency: _____

All employees according to length of employment will be eligible for company benefits. Benefit enrollment is an online process. Please provide an email address.

Corporate employees are eligible the first of the month following your date of hire. Field employees are eligible the first of the month following 60 days of continuous employment. You will receive an email when it is time to enroll in benefits.

Email address