NOTICE-Our company has a drug-screening policy. All new employees will be tested.

# SNELL SERVICES, INC.

2220 West Front Street - P.O. Box 629 North Platte, NE 69101

\* Items are required

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. \* Position Applying For If applying for Field Position, also include Division either Contract or Service \* Date of Application How did you learn about us? Other|Friend's Name|Relative's Name Advertisement Walk-in Friend Employment Agency Web Site Relative \* Last Name \* First Name Middle Name \* State Zip Address \* City Telephone Number(s) Social Security Number \* Are you under 18 years of age? Yes No \*\* If yes, can you provide the required proof of your eligibility to work? Yes No \* Have you worked for us before? Yes No \*\* If yes, when? / / \* Have you been convicted of a felony within the last 7 years? 

Yes 

No \*\* If yes, when? \_\_\_\_/20\_\_\_ and explain: (Conviction of a felony may be relevant if job-related, but does not necessarily bar you from employment) \* Are you employed now? Yes No \* When would you be available for work? \_\_\_\_/\_ \* Can you travel if the job requires it? Yes No \*\* Travel Comment: \* Do you hold a current and valid driver's license? Yes \( \subseteq No \) \*\* If yes, list State and #: \* Are you eligible for standard-rate auto insurance? Yes No **EDUCATION** Type Name City State Yrs Grad? GPA Course or Major High School College Describe any specialized training, apprenticeship, skills and extra-curricular activities:

## **Employment Experience**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

* Employer		Phone Number	Dates Empl	oyed (m/d/y)	* Work Performed
			From	То	
Address	* City	* State Zip Code			
* Job Title	Supervisor		Pay Type: H	ourly   Salary	
* Reason for Leaving			Starting	Final	
Reason for Leaving					
* Employer		Phone Number	Dates Empl	oyed (m/d/y)	* Work Performed
			From	То	
Address	* City	* State Zip Code			
* Job Title	Supervisor		Pay Type: H	ourly   Salary	
			Starting	Final	
* Reason for Leaving					
* Employer		Phone Number	Dates Empl	oyed (m/d/y)	* Work Performed
			From	То	
Address	* City	* State Zip Code			
* Job Title	Supervisor		Pay Type: H	ourly   Salary	
			Starting	Final	
* Reason for Leaving					
* Employer		Phone Number	Dates Empl	oyed (m/d/y)	* Work Performed
			From	То	
Address	* City	* State Zip Code			
* Job Title	Supervisor		Pay Type: H	ourly   Salary	
			Starting	Final	
* Reason for Leaving					

List professional, trade, business or civic activities and offices held.
You may exclude memberships which reveal race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Туре	City or	County (if applical	ble) State			
RACTICAL ELECTRICAL	_ EXPERIE	NCE				
Category	Time in			OF EXPERIE		
	Months		the percentage of tin	ne spent in each	type of work	%
Apprentice		Comme	ntial (4 units or less)			
Journeyman						%
Job Foreman		Industria			100	%
^ Superintendent			Total (enter values t	o total 100)	100	%
Estimator			your experience in M	onths in:		
Other			ontrol Equipment			Months
			rm/ Sound / Nurse C			Months
			Refrigeration Equipm	ent		Months
		Service	Work			Months
THER EXPERIENCE						
	Benders Opera		ng Equipment:			
	/2 to 2"	Operate	ed ? Yes No			
	-1/2 to 4"					
EMT to "						
her Equipment:						
her Equipment:						
her Equipment:						
her Equipment:						
her Equipment:						
her Equipment: SUPERVISORY EXPERI	ENCE					
SUPERVISORY EXPERI		ecetion	Turns of Project /	or Position)	\$ Size	
		ocation	Type of Project (	or Position)	\$ Size (if applicable)	
SUPERVISORY EXPERI		ocation	Type of Project (	or Position)		
SUPERVISORY EXPERI		ocation	Type of Project (	or Position)		
SUPERVISORY EXPERI		ocation	Type of Project (	or Position)		
SUPERVISORY EXPERI		ocation	Type of Project (	or Position)		
SUPERVISORY EXPERI  Name of Project (or Employer)	L	ocation	Type of Project (	or Position)		
SUPERVISORY EXPERING Name of Project (or Employer)  THER QUALIFICATIONS	<u> </u>				(if applicable)	
SUPERVISORY EXPERI  Name of Project (or Employer)	<u> </u>				(if applicable)	
SUPERVISORY EXPERING Name of Project (or Employer)  THER QUALIFICATIONS	<u> </u>				(if applicable)	
SUPERVISORY EXPERING Name of Project (or Employer)  THER QUALIFICATIONS	<u> </u>				(if applicable)	# of Peopl Supervise

### APPLICATION FOR EMPLOYMENT - HVAC/SHEET METAL

	City of	County (if applicable	e) State		
RACTICAL HVAC/SHEET	METAL E	XPERIENCE			
Category	Time in Months	=	TYPE OF EX		
Apprentice	MOTHE		<mark>e percentage of time spent</mark> al (4 units or less)	in each type of work	%
Technician / Installer		Commerci			%
Job Foreman		Industrial			%
^ Superintendent			otal (enter values to total 1	00) 100	%
Estimator				-	/0
			our experience in Months in	:	Month
Other		Copper P	<u> </u>		Months
		Steel Pipi			Months
		Duct Fabi			Months
		Duct Insta			Months
		Boilers &			Months
		Service V	/ork		Months
Reclaim Yes No					
Reclaim Yes No					
Reclaim Yes No	ENCE				
Reclaim Yes No ther Equipment:		ocation	Type of Project (or Positi	\$ Size on) (if applicable)	# of People Supervised
Reclaim Yes No ther Equipment:  SUPERVISORY EXPERI		ocation	Type of Project (or Positi		# of People Supervised
Reclaim Yes No ther Equipment:  SUPERVISORY EXPERI		ocation	Type of Project (or Positi		# of People Supervised
Reclaim Yes No ther Equipment:  SUPERVISORY EXPERI  Name of Project (or Employer)	l	ocation	Type of Project (or Positi		# of People Supervised
Reclaim Yes No ther Equipment:  SUPERVISORY EXPERI	ı			on) (if applicable)	# of People Supervised
Reclaim Yes No ther Equipment:  SUPERVISORY EXPERI  Name of Project (or Employer)	ı			on) (if applicable)	# of People Supervised

	City o	r County (if applica	able) State	•		
	V	<b>~</b>				
RACTICAL PLUMBING E	XPERIEN	SE				
Category	Time in Months	Estimato		TYPE OF EXPERI e of time spent in eac		
Apprentice	Wientine		ential (4 units o		Cit type of work	%
Journeyman		Comm	ercial	,		%
Master		Industr	ial			%
Job Foreman			Total (enter v	values to total 100)	100	%
^ Superintendent		Estimate	vour experien	ce in Months in:		
Estimator			r Piping	oc in Months in.		Months
Other		Steel F	Piping			Months
		Welde	d Piping			Months
		Waste	& Vent			Months
		Boilers	& Chillers			Months
		Service	e Work			Months
THER EXPERIENCE  Backhoe Yes No  Bobcat Yes No						
Backhoe Yes No						
Backhoe Yes No Bobcat Yes No	ENCE				\$ Size	# of Peop
Backhoe Yes No Bobcat Yes No her Equipment:		Location	Type of P	roject (or Position)	\$ Size	
Backhoe Yes No Bobcat Yes No her Equipment:  SUPERVISORY EXPERIE		Location	Type of P	roject (or Position)		
Backhoe Yes No Bobcat Yes No her Equipment:  SUPERVISORY EXPERIE		Location	Type of P	roject (or Position)		
Backhoe Yes No Bobcat Yes No her Equipment:  SUPERVISORY EXPERIE		Location	Type of P	roject (or Position)		
Backhoe Yes No Bobcat Yes No her Equipment:  SUPERVISORY EXPERIE		Location	Type of P	roject (or Position)		
Backhoe Yes No Bobcat Yes No her Equipment:  SUPERVISORY EXPERIE  Name of Project (or Employer)		Location	Type of P	roject (or Position)		# of Peop Supervise
Backhoe Yes No Bobcat Yes No her Equipment:  SUPERVISORY EXPERIE  Name of Project (or Employer)  THER QUALIFICATIONS					(if applicable)	
Backhoe Yes No Bobcat Yes No her Equipment:  SUPERVISORY EXPERIE  Name of Project (or Employer)					(if applicable)	
Backhoe Yes No Bobcat Yes No her Equipment:  SUPERVISORY EXPERIE  Name of Project (or Employer)  THER QUALIFICATIONS					(if applicable)	

## **APPLICATION FOR EMPLOYMENT - NON-TRADE**

Туре	City or County (if applicab	le) State			
XPERIENCE					
AFERIENCE					
					<del></del>
SUPERVISORY EXPERIEN	ICE				
				\$ Size	# of People
SUPERVISORY EXPERIEN  Name of Project (or Employer)	ICE Location	Type of Project (	or Position)	\$ Size (if applicable)	# of People Supervised
		Type of Project (	or Position)		
		Type of Project (	or Position)		
		Type of Project (	or Position)		
		Type of Project (	or Position)		
		Type of Project (	or Position)		
Name of Project (or Employer)		Type of Project (	or Position)		
Name of Project (or Employer)  THER QUALIFICATIONS	Location			(if applicable)	
Name of Project (or Employer)	Location			(if applicable)	
Name of Project (or Employer)  THER QUALIFICATIONS	Location			(if applicable)	
Name of Project (or Employer)  THER QUALIFICATIONS	Location			(if applicable)	
Name of Project (or Employer)  THER QUALIFICATIONS	Location			(if applicable)	

## **Applicant's Statement**

I certify that answers given herein are true and complete to the best of my know	
	ledge.
I authorize investigation of all statements contained in this application for emplarriving at an employment decision.	oyment as may be necessary in
This application for employment shall be considered active for a period of time applicant wishing to be considered for employment beyond this time period sho applications are being accepted at that time.	•
I hereby understand and acknowledge that, unless otherwise defined by applical relationship with this organization is of an "at will" nature, which means that the time and the Employer may discharge Employee at any time with or without care this "at will" employment relationship may not be changed by any written document to the specifically acknowledged in writing by an authorized executive of the	e Employee may resign at any use. It is further understood that ment or by conduct unless such
In the event of employment, I understand that false or misleading information g interview(s) may result in discharge. I understand, also, that I am required to ab of the employer.	
Signature of the Applicant	Date
FOR PERSONNEL DEPARTMENT USE ONLY	,
NOTES:	