

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 <small>If applying for Field Position, also include Division either Contract or Service</small>	* Date of Application
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How did you learn about us?

Advertisement
 Walk-in
 Friend
 Other|Friend's Name|Relative's Name
 Employment Agency
 Web Site
 Relative

* Last Name	* First Name	Middle Name
* Address	* City	* State Zip
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? ___/___/20___

* Can you travel if the job requires it? Yes No ** Travel Comment:

* Do you hold a current and valid driver's license? Yes 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 Employed (m/d/y)		* Work Performed
			From	To	
Address		* City	* State	Zip Code	
* Job Title	Supervisor		Pay Type: Hourly Salary		
			Starting	Final	
* Reason for Leaving					
* Employer		Phone Number	Dates Employed (m/d/y)		* Work Performed
			From	To	
Address		* City	* State	Zip Code	
* Job Title	Supervisor		Pay Type: Hourly Salary		
			Starting	Final	
* Reason for Leaving					
* Employer		Phone Number	Dates Employed (m/d/y)		* Work Performed
			From	To	
Address		* City	* State	Zip Code	
* Job Title	Supervisor		Pay Type: Hourly Salary		
			Starting	Final	
* Reason for Leaving					
* Employer		Phone Number	Dates Employed (m/d/y)		* Work Performed
			From	To	
Address		* City	* State	Zip Code	
* Job Title	Supervisor		Pay Type: Hourly 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.

APPLICATION FOR EMPLOYMENT - ELECTRICIAN

PROFESSIONAL TRADE LICENSES CURRENTLY HELD		
Type	City or County (if applicable)	State

PRACTICAL ELECTRICAL EXPERIENCE			
Category	Time in Months	TYPE OF EXPERIENCE	
Apprentice		Estimate the percentage of time spent in each type of work	
Journeyman		Residential (4 units or less)	%
Job Foreman		Commercial	%
^ Superintendent		Industrial	%
Estimator		Total (enter values to total 100)	100 %
Other		Estimate your experience in Months in:	
		Motor Control Equipment	Months
		Fire Alarm/ Sound / Nurse Call / Systems	Months
		HVAC/Refrigeration Equipment	Months
		Service Work	Months

OTHER EXPERIENCE		
Sizes of Conduit Run:	Power Benders Operated:	Wire Pulling Equipment:
PVC <input type="text"/> to <input type="text"/> "	<input type="checkbox"/> 1/2 to 2"	Operated ? <input type="checkbox"/> Yes <input type="checkbox"/> No
Rigid <input type="text"/> to <input type="text"/> "	<input type="checkbox"/> 2-1/2 to 4"	
EMT <input type="text"/> to <input type="text"/> "		
Other Equipment:		

^ SUPERVISORY EXPERIENCE				
Name of Project (or Employer)	Location	Type of Project (or Position)	\$ Size (if applicable)	# of People Supervised

OTHER QUALIFICATIONS

Summarize Special Job-related skills and qualifications acquired from employment and other experiences.

APPLICATION FOR EMPLOYMENT - HVAC/SHEET METAL

PROFESSIONAL TRADE LICENSES CURRENTLY HELD		
Type	City or County (if applicable)	State

PRACTICAL HVAC/SHEET METAL EXPERIENCE			
Category	Time in Months	TYPE OF EXPERIENCE	
		Estimate the percentage of time spent in each type of work	
Apprentice		Residential (4 units or less)	%
Technician / Installer		Commercial	%
Job Foreman		Industrial	%
^ Superintendent		Total (enter values to total 100)	100 %
Estimator		Estimate your experience in Months in:	
Other		Copper Piping	Months
		Steel Piping	Months
		Duct Fabrication	Months
		Duct Installation	Months
		Boilers & Chillers	Months
		Service Work	Months

OTHER EXPERIENCE
Reclaim <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Equipment:

^ SUPERVISORY EXPERIENCE				
Name of Project (or Employer)	Location	Type of Project (or Position)	\$ Size (if applicable)	# of People Supervised

OTHER QUALIFICATIONS
Summarize Special Job-related skills and qualifications acquired from employment and other experiences.

APPLICATION FOR EMPLOYMENT - PLUMBER

PROFESSIONAL TRADE LICENSES CURRENTLY HELD		
Type	City or County (if applicable)	State

PRACTICAL PLUMBING EXPERIENCE			
Category	Time in Months	TYPE OF EXPERIENCE	
		Estimate the percentage of time spent in each type of work	
Apprentice		Residential (4 units or less)	%
Journeyman		Commercial	%
Master		Industrial	%
Job Foreman		Total (enter values to total 100)	100 %
^ Superintendent		Estimate your experience in Months in:	
Estimator		Copper Piping	Months
Other		Steel Piping	Months
		Welded Piping	Months
		Waste & Vent	Months
		Boilers & Chillers	Months
		Service Work	Months

OTHER EXPERIENCE
Backhoe <input type="checkbox"/> Yes <input type="checkbox"/> No
Bobcat <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Equipment:

^ SUPERVISORY EXPERIENCE				
Name of Project (or Employer)	Location	Type of Project (or Position)	\$ Size (if applicable)	# of People Supervised

OTHER QUALIFICATIONS
Summarize Special Job-related skills and qualifications acquired from employment and other experiences.

APPLICATION FOR EMPLOYMENT - NON-TRADE

PROFESSIONAL TRADE LICENSES CURRENTLY HELD		
Type	City or County (if applicable)	State

EXPERIENCE

^ SUPERVISORY EXPERIENCE				
Name of Project (or Employer)	Location	Type of Project (or Position)	\$ Size (if applicable)	# of People Supervised

OTHER QUALIFICATIONS

Summarize Special Job-related skills and qualifications acquired from employment and other experiences.
