

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.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of the Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

NOTES:
