

SB WEED CONTROL, LLC
d.b.a. SB OILFIELD, LLC
P.O. Box 1502
Carlsbad, NM 88220

**Instructions: Print clearly in blue or black ink. Answer ALL questions.
Sign and date the form.**

Personal Information:

First Name: _____

Middle Name: _____

Last Name: _____

Street Address:

City, State, Zip Code:

Phone Number: (____) _____

Are you eligible to work in the United States?

Yes _____ No _____

If you are under age 18, do you have an employment/age certificate?

Yes _____ No _____

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes _____ No _____

If yes, state the nature of the crime(s), when and where convicted:

Have you been involuntarily discharged by an employer in the last five years?

Yes _____ No _____

If yes, please explain:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

POSITION/AVAILABILITY:

Position Applied For:

Days/Hours Available

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Hours available: from _____ to _____

What date are you available to start work?

If considered for hire, are you willing to submit and pass a controlled substance test?

Yes _____ No _____

Are you able to meet the company's attendance requirements?

Yes _____ No _____

Do you have any objection to working overtime if necessary?

Yes _____ No _____

Are you able to travel if necessary?

Yes _____ No _____

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

Yes _____ No _____

(Note: Company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

EDUCATION:

Name of High School – Degree/Diploma – Graduation Date

Skills and Qualifications: Licenses, Skills, Training, Awards

EMPLOYMENT HISTORY:

Present or Last Position:

Employer: _____

Address: _____

Supervisor: _____

Phone #: _____

Position Title: _____

From: _____ to: _____

Responsibilities:

Salary: _____

Reason for Leaving: _____

May we contact this employer? Yes _____ No _____

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position Title: _____

From: _____ to: _____

Responsibilities:

Salary: _____

Reason for Leaving: _____

May we contact this employer? Yes _____ No _____

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position Title: _____

From: _____ To: _____

Responsibilities:

Salary: _____

Reason for Leaving: _____

May we contact this employer? Yes _____ No _____

REFERENCES:

Name/Title Address Phone:

1. _____
2. _____
3. _____

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature: _____

Date: _____