



SSS Position applied for: Wtr Driver Wtr Gauger RigUp Driver RigUp Swamper Mechanic Escort Driver

Interviewed by: _____ Date of application: _____

PERSONAL

PLEASE PRINT YOUR NAME LEGIBLY AND AS IT APPEARS ON YOUR SOCIAL SECURITY CARD

Name: _____
Last First Middle

Social Security Number: _____ Birth Date: _____

Have you been employed or educated under any other name? Yes No

If yes, what name? _____

Present Address: _____
Number Street City State Zip

Mailing address, if different from above: _____
P.O. Box City State Zip

Home Phone: () _____ Message Phone: () _____

Do you have a valid driver's license? Yes No **** DOT applicants must supply current MVR

Issuing state and number: _____ Class _____

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

Have you previously been employed by Triple S Trucking Co.? Yes No When _____

Have you ever failed a controlled substance test? Yes No

List names and addresses of two different people to be notified in case of emergency.

Name Address Phone

Name Address Phone

EDUCATION

Circle highest level of education: 8 9 10 11 12 13 14 15 16

List any vocational or trade schools attended, and give dates of attendance and any diplomas or certificates awarded:

OFFICE USE ONLY

Thank you for applying for a position as a Team Member of **The Aztec Well Family**



Family-owned, founded in 1963 with Aztec Well Servicing Co.



Recommended for Rehire

Not Recommended for Rehire

EMPLOYMENT EXPERIENCE

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT BEGINNING WITH YOUR MOST RECENT. IF YOU HELD MORE THAN ONE POSITION WITH THE SAME EMPLOYER, PLEASE LIST EACH POSITION SEPARATELY.

1	Employer	From Month/Year	To Month/Year	Work Performed
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
Reason for Leaving				

2	Employer	From Month/Year	To Month/Year	Work Performed
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
Reason for Leaving				

3	Employer	From Month/Year	To Month/Year	Work Performed
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
Reason for Leaving				

If you need additional space, please continue on separate sheet of paper.

In the space below indicate any previous or current employer you do not wish us to contact.

Summarize any special skills or qualifications you have acquired relative to the position for which you are applying. Please state where and when these skills were obtained. (Be specific)

Signature: _____

Date: _____

Thank you for applying for a position as a Team Member of **The Aztec Well Family**

Phone 505-334-6191
Fax 505-334-7235



PO Box 100
Aztec, NM 87410

DRIVING HISTORY RECORDS AUTHORIZATION

I hereby authorize Aztec Well Servicing Co. and its subsidiaries (hereafter “Aztec Well Family”), or any other agent or representative directed by the Aztec Well Family, to complete an investigation of my driving history and records for the purpose of determining my eligibility for employment with the Aztec Well Family. I authorize that a photocopy of this document shall have the same force and effect as the original, and I specifically waive any written notice from any person or entity, which may be contacted by the Aztec Well Family, or its agent or representative.

This authorization shall remain in force and effect throughout my employment with the Aztec Well Family and may be used for future employment decisions by the Aztec Well Family, which may include termination from employment.

PRINTED NAME

DATE

SIGNATURE

STATE ISSUING LICENSE

DRIVER LICENSE #

SOCIAL SECURITY NUMBER

____/____/_____
DATE OF BIRTH



Applicant's Data Record

Last Name _____ First Name _____ Middle Name _____

Position(s) Interested in _____ City _____ Social Security Number _____

SEX Female Male

APPLICANT SOURCE OF RECRUITMENT (check one)

- | | |
|--|--|
| <input type="checkbox"/> Newspaper Advertising | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Internal: _____ |
| <input type="checkbox"/> Employee Referral | <input type="checkbox"/> Website: _____ |

RACE/NATIONAL ORIGIN (check one)

- American Indian or Alaskan Native – Origins in any of the original peoples of North America, Central America, or South America
- Asian – Origins in any of the peoples of the Far East, Southeast Asia, or the Indian Subcontinent
- Black or African American – A person having origins in any of the Black racial groups of Africa
- Hispanic or Latino (Other than White race) –A person a race other than White and of Mexican, Puerto Rican, Cuban, Central America, South America or other Spanish culture.
- Native Hawaiian or Other Pacific Islander – Origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White – Origins in any of the original peoples of Europe, North Africa, or Middle East
- Two or more races

VETERANS / U.S. MILITARY STATUS

- | | |
|---|--|
| <input type="checkbox"/> Non-Veteran | <input type="checkbox"/> Armed Forces Service Metal Veterans |
| <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Recently Separated Veteran (within three years of separation) |
| <input type="checkbox"/> Other Veteran | |

ACTIVE NATIONAL GUARD OR RESERVIST: Yes No

DISABILITY STATUS: No Disability

- Disability
- Accommodation Requested (Please attach statement)

Aztec Well Family and its affiliates provide equal employment opportunities (EEO) to all qualified employees and applicants for employment without regard to race, color, creed, religion, national origin, age, sex, disability, or veteran status in accordance with applicable federal, state and local laws. To further the principle of equal employment opportunity for all, the Company has developed affirmative action plans for minorities and women, the disabled, Vietnam-era veterans and all other eligible veterans. Your assistance in voluntarily answering the questions above will provide the information needed for us to comply with federal recordkeeping and reporting requirements. This information will only be used for the purpose of affirmative action and will be kept in a confidential file.

Signature of Applicant _____ Date _____

Thank you for applying for a position as a Team Member of **The Aztec Well Family**