

Clarke Well & Equipment, Inc.
8822 3rd Street
Great Bend, KS 67530
Phone 620-793-8493

Application For Employment
(Equal Opportunity Employer)

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal opportunity laws. This company will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of the job.

To be Read and Signed by Applicant

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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 Clarke Well & Equipment, Inc.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

Signature _____ Date _____

General

Name _____

Address _____

Telephone _____ Social Security # _____

Date available for employment _____

If at the above address for less than 3 years, list all previous residences for the past 3 years.

If employed and under 18, can you furnish a work permit? Yes No

Have you ever been employed by this company? Yes No

Are you employed now? Yes No

May we contact your present employer? Yes No

If yes, give name: _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No

Type of work desired: _____

Can you perform the essential functions of the job(s) for which you are applying:

Yes No

Are you available to work

Full-Time Part-Time Over-Time

Have you been convicted of a felony?

Yes No

(Please note that a "Yes" answer will not bar you from consideration for employment.)

If yes, please explain: _____

Education

School Name & Address	Elementary	Secondary	College	Graduate
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Course of Study				

References:

List three (3) non-relatives who are familiar with your qualifications, work history, and ability.

Name	Occupation/Relationship	Years Known	Telephone

Employment History - Any gaps in employment must be explained

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. You must give the same information for all employers for whom you have driven a commercial vehicle 7 years prior to the initial 3 years (total of ten year employment record). You are required to list the complete mailing address: street name & number, city, state, and zip code.

Employer _____ Supervisor's Name _____
 Address _____ Your Job Position _____
 _____ Employed from _____ (mo/yr) to _____
 Telephone Number _____ (mo/yr) _____
 Your Salary: Starting/Ending _____ Duties _____
 What did you like most about your job? _____

Reason for Leaving _____

Employer _____ Supervisor's Name _____
Address _____ Your Job Position _____
_____ Employed from _____ (mo/yr) to _____
Telephone Number _____ (mo/yr)
Your Salary: Starting/Ending _____ Duties _____
What did you like most about your job? _____

Reason for Leaving _____

Employer _____ Supervisor's Name _____
Address _____ Your Job Position _____
_____ Employed from _____ (mo/yr) to _____
Telephone Number _____ (mo/yr)
Your Salary: Starting/Ending _____ Duties _____
What did you like most about your job? _____

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Your Salary: Starting/Ending _____ Duties _____
What did you like most about your job? _____

Reason for Leaving _____

Employer _____ Supervisor's Name _____
Address _____ Your Job Position _____
_____ Employed from _____ (mo/yr) to _____
Telephone Number _____ (mo/yr)
Your Salary: Starting/Ending _____ Duties _____
What did you like most about your job? _____

Reason for Leaving _____

The U.S. Department of Transportation requires that driver applicants state their date of birth (391.21(b)(2)).

Date of Birth _____

If applying for a position where driving is required, do you have a valid driver's license in this state?

Yes No

License # _____

Issuing State _____

Expiration Date _____

Is this a CDL?

Yes No

List all endorsements _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes No

Has any license, permit or privilege ever been suspended or revoked?

Yes No

If the answer is "yes" to either of the two previous questions, attach a statement giving details.

Accident History for the Past 3 Years

Check here if no accidents within the past 3 years

Date	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Fatality	Injury	Non-Injury

Traffic Convictions and Forfeitures for the past 3 years

Check here if no traffic convictions and/or forfeitures in the past 3 years

Date Convicted	Violation (Other than violations involving parking only)	Location of Violation (City, State)	Penalty

Driving Experience

Check here if no driving experience within the past 3 years

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date From	Date To	Approximate Number of Miles
Straight Truck				
Tractor & Semi Trailer				
Other				

Special Skills, Qualifications and Considerations:

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

Please read the following statements carefully before signing this application. Only those applications that are signed and dated are considered valid. If you have any questions regarding this statement, please ask them before signing.

I certify that all answers and statements I have made on this application (and resumé or other supplementary materials) are true and complete without omissions. By signing below, I authorize Clarke Well & Equipment, Inc. to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

If hired I will be responsible for familiarizing myself with all rules and regulations of Clarke Well & Equipment, Inc. as they presently exist or are later modified. *If hired, I understand my employment can be terminated, at the discretion of Clarke Well & Equipment, Inc. or at my option, without notice, at any time and for any reason.*

I also understand that no representative of Clarke Well & Equipment, Inc. has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the president of Clarke Well & Equipment, Inc.

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

I have read, understand, and agree with the above.

Signature of Applicant

Date

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.

Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Printed Name

Social Security Number