LONE STAR ★ PEO
PAYROLL · INSURANCE · HR · SAFETY

STANDARD WELL SERVICE

Application for Co-Employment
This organization is a drug free workplace and an equal opportunity employer

Personal

Name:					Date:	
	First		Middle or M.I.	Last		

Address:						
	No. & Street		City		State	Zip

Telephone:		Email:	

List any other names used if different from name on this application:

Are you 18 years of age or older?	❑ Yes ❑ No	Are you authorized work in the United States?	❑ Yes ❑ No

Emergency Contact:		Contact Telephone:	

Position Desired

Position Applying for:		Date Available to Start:	

Were you previously employed by us?	❑ Yes ❑ No	If yes, when?	Reason for Leaving:	

Wage Rate Desired:		Work Status Preferred:	❑ Full-time ❑ Part-time	If Part-Time, Hours Per Week:

List any relatives that work for this company:

Are You Able to Work:	❑ Weekends ❑ Holidays ❑ Nights ❑ Overtime

Work Experience   [Please list previous employment, beginning with the most recent for the last 10 years]

Employer:		Address:	
From:	To:	Position Held:	Reason for Leaving:
Supervisor Name & Title:		Telephone/Email:	May we contact?
Description of Duties:			❑ Yes ❑ No
Starting Compensation:		Final Compensation:	

Employer:		Address:	
From:	To:	Position Held:	Reason for Leaving:
Supervisor Name & Title:		Telephone/Email:	May we contact?
Description of Duties:			❑ Yes ❑ No
Starting Compensation:		Final Compensation:	

References

Name:		Relationship:		Phone or Email:	
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Revised 08/23/2017