

WELL DRILLING  
PUMP \* CONTROLS  
SALES & SERVICE

ST. PAUL, OR  
(503) 633-2666



21881 River Rd N.E., St, Paul, OR 97137

[www.schneiderwater.com](http://www.schneiderwater.com)

SINCE 1945  
OR CCB: 39265  
WA UBI: 600202757

RICHLAND, WA  
(509) 943-0331

*EMPLOYMENT APPLICATION PREREQUISITE*

**PRE-EMPLOYMENT CONSENT**

I, \_\_\_\_\_,  
authorize **SCHNEIDER EQUIPMENT, INC (dba Schneider Water Services)** to conduct through its designated physician or a laboratory testing facility a drug screening test as a requirement of employment. I understand that a urine screening test to determine the presence of one or more of those drugs may cause my rejection from further consideration for employment.

In applying for employment, I understand that I have agreed to undergo a physical examination if it may be required for the position I am applying for.

I understand that refusal to submit to the drug screening test or the physical examination will constitute voluntary withdrawal of my application for employment.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

I am applying for: \_\_\_\_\_ *(position description)*

PART-TIME: \_\_\_\_\_  
*(Describe days/hours available etc.)*

SEASONAL: From: \_\_\_\_\_ To: \_\_\_\_\_

FULL TIME

# APPLICATION FOR EMPLOYMENT

## SCHNEIDER WATER SERVICES

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of non-job related medical condition or handicap.

***DO NOT LEAVE ANY QUESTIONS UNANSWERED ON THIS OR THE FOLLOWING PAGES***

**PERSONAL INFORMATION**

DATE:

NAME:

PRESENT ADDRESS:

PERMANENT ADDRESS: *STREET* *CITY* *STATE* *ZIP CODE*

*STREET* *CITY* *STATE* *ZIP CODE*

OTHER ADDRESSES  
FOR PAST THREE  
YEARS:

PHONE NO(s):

SOCIAL SECURITY NO.:

REFERRED BY:

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. of YEARS ATTENDED	MONTH & YEAR GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

LIST PROFESSIONAL LICENSE(S) BY STATE BY STATE & NO. (e.g. Driller, pump installer)

DO YOU HAVE A CURRENT CPR/FIRST AID CARD? **Yes** **No** DATE OF ISSUE:

US MILITARY SERVICE?: RANK: CURRENTLY IN NAT'L GUARD OR RESERVES?

ACTIVITIES OTHER THAN RELIGIOUS (CIVIC, ATHLETIC, FRATERNAL, ETC.):

*Exclude organizations the name or character of which indicates the race, creed, color or national origin of its members.*

**SCHNEIDER WATER SERVICES****EMPLOYMENT APPLICATION**

Name \_\_\_\_\_

Date \_\_\_\_\_

POSITION APPLYING FOR:

DATE YOU CAN START:

SALARY DESIRED:

ARE YOU EMPLOYED NOW? **Yes No**IF SO, MAY WE INQUIRE OF  
YOUR PRESENT EMPLOYER?

APPLIED TO THIS COMPANY BEFORE?

WHERE

WHEN

LIST ANY HANDICAP THAT PREVENTS YOU FROM DOING CERTAIN KINDS OF WORK:

ARE YOU PHYSICALLY CAPABLE OF HEAVY MANUAL WORK FOR EXTENDED PERIODS?: **Yes No**  
IF NOT, WHY?:

TIME LOST FROM WORK IN THE PAST THREE YEARS FOR ILLNESS &amp; EXPLANATION:

WHAT IS YOUR HEIGHT?:

WHAT IS YOUR WEIGHT?:

DEFECTS IN HEARING?: **Yes No**IN SPEECH?: **Yes No**IN VISION?: **Yes No**GLASSES OR CONTACTS REQ'D FOR DRIVING?: **Yes No**FOR READING?: **Yes No**DO YOU MIND PERIODIC WORK AWAY FROM HOME?: **Yes No**DO YOU MIND OVERTIME WORK CONCENTRATED DURING THE PERIOD MAY 1<sup>ST</sup> TO SEPT. 1<sup>ST</sup>?: **Yes No**DO YOU MIND WORKING OCCASIONAL SATURDAYS OR SUNDAYS?: **Yes No**HAVE YOU WORKED UNDER LITTLE OR NO SUPERVISION ELSEWHERE?: **Yes No**

IF YES, DESCRIBE:

ARE YOU SELF MOTIVATED?: **Yes No**

WHAT ARE YOUR SHORT-TERM CAREER GOALS?:

WHAT ARE YOUR LONG-TERM CAREER GOALS?:

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**PERSONAL REFERENCES** (List two people, unrelated, whom you have known at least one year):Name  
Phone

Address

Business  
years acquaintedName  
Phone

Address

Business  
years acquainted

**SCHNEIDER WATER SERVICES**

EMPLOYMENT APPLICATION

Name \_\_\_\_\_

Date \_\_\_\_\_

**ATTACH A LEGIBLE COPY OF YOUR CURRENT DRIVER'S LICENSE. Copy both the front & back of the license.**

DATE OF BIRTH (required for all commercial motor vehicle drivers): \_\_\_\_/\_\_\_\_/\_\_\_\_.

Can you provide proof of your age? \_\_\_\_\_ Are you a citizen of the United States? \_\_\_\_\_

Can you read, speak & write the English Language fluently for daily reports, records, & communication? \_\_\_\_\_

DRIVER LICENSE(S)	STATE	LICENSE NO.	TYPE	EXP. DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? **Yes No**

B. Has any license, permit, or privilege ever been suspended or revoked? **Yes No**

**If the answer to either A or B is yes, give or attach a statement with details.**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (van, tank, flat, etc)	DATES		APPROX NO OF MILES (total)
		From	To	
Straight Truck				
Tractor and Semi trailer				
Tractor-two trailers				
Other				

List States operated in for last (5) five years:

Describe special courses or training that will help you as a driver:

**ACCIDENT RECORD** for the past (3) three years or more (attach sheet if more space is needed)

DATES	NATURE OF ACCIDENT (head-on, rear end, upset, etc.)	FATALITIES	INJURIES

**TRAFFIC CONVICTIONS** and forfeitures for the past (3) three years (other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

**VOLUNTARY:**

Have you ever been convicted of a criminal offense (felony or misdemeanor)? **Yes No**

If yes, please explain: \_\_\_\_\_

*(Note: A conviction will not necessarily bar you from employment).*

**SCHNEIDER WATER SERVICES**

EMPLOYMENT APPLICATION

Name \_\_\_\_\_

Date \_\_\_\_\_

All applicants must be qualified to drive in interstate commerce with vehicle GVW's over 10,000 pounds. The job covered by this employment application may also involve driving vehicles with a GVW of over 26,000 pounds, which requires a Commercial Driver's License (CDL).

**All applicants must provide the following information on all employers that you worked for during at least the preceding 10 years (more is better).**

(NOTE: List employers in reverse order starting with the most recent.)

**EMPLOYMENT HISTORY—MUST BE COMPLETELY FILLED OUT**

EMPLOYER	FROM (date)	TO (date)	POSITION HELD	SALARY
NAME				
MAILING ADDRESS	SUPERVISOR		PHONE NO.	
CITY & STATE	ZIP	REASON FOR LEAVING		

EMPLOYER	FROM (date)	TO (date)	POSITION HELD	SALARY
NAME				
MAILING ADDRESS	SUPERVISOR		PHONE NO.	
CITY & STATE	ZIP	REASON FOR LEAVING		

EMPLOYER	FROM (date)	TO (date)	POSITION HELD	SALARY
NAME				
MAILING ADDRESS	SUPERVISOR		PHONE NO.	
CITY & STATE	ZIP	REASON FOR LEAVING		

**SCHNEIDER WATER SERVICES**  
**EMPLOYMENT APPLICATION**

Name \_\_\_\_\_

Date \_\_\_\_\_

EMPLOYER	FROM (date)	TO (date)	POSITION HELD	SALARY
NAME				
MAILING ADDRESS	SUPERVISOR		PHONE NO.	
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NAME				
MAILING ADDRESS	SUPERVISOR		PHONE NO.	
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NAME				
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NAME				
MAILING ADDRESS	SUPERVISOR		PHONE NO.	
CITY & STATE	ZIP	REASON FOR LEAVING		

**SCHNEIDER WATER SERVICES**

**EMPLOYMENT APPLICATION**

Name \_\_\_\_\_

Date \_\_\_\_\_

Fill out the columns for “Formal Training”, “Experience”, and “Capability” after each type of work activity listed using the following key:

For training & experience

0 = none

1= little (less than 6 months)

2 =some (6 months to 3 years)

3 = lots (at least 3 years)

For Capability

P= Poor

F = Fair

A = Average

AA = Above Average

Type of Work	Formal Training	Experience	Capability
Computer, Spreadsheets			
Computer, Word Processing			
Computer, Graphing			
Computer, Cad			
Computer, Database			
Computer, Scheduling			
Computer, Contact Management			
PLC's			
Construction, concrete, rebar placement			
Construction, concrete, forming			
Construction, concrete, finishing			
Construction, masonry, block			
Construction, masonry, brick			
Construction, carpentry, framing			
Construction, carpentry, finishing			
Construction, carpentry, roofing			
Construction, surveying			
Electrical, House wiring			
Electrical, Electro-mechanical controls			
Electrical, solid state			
Electrical, Liquid level controls			
Electrical, Telemetry			
Electrical, D. C. circuits			
Electrical, motors, submersible, trouble shooting			
Electrical, motors, single phase, trouble shooting & repair			
Electrical, motors, three phase, trouble shooting & repair			
Electrical, VFD operation & troubleshooting			
Electrical, soft start troubleshooting & repair			

For training & experience

0 = none

1= little (less than 6 months)

2 =some (6 months to 3 years)

3 = lots (at least 3 years)

For Capability

P= Poor

F = Fair

A = Average

AA = Above Average

Type of Work	Formal Training	Experience	Capability
Equipment operation, crane truck, Size:			
Equipment operation, backhoe			
Equipment operation, trackhoe			
Equipment operation, bobcat			
Equipment operation, crawler/dozer			
Equipment operation, forklift			
Equipment operation, pump hoist			
Equipment operation, drill rig, cable			
Equipment operation, drill rig, rotary, mud			
Equipment operation, drill rig, rotary, air			
Equipment operation, drill rig, reverse circulation rotary			
Machinist, drill press			
Machinist, lathe			
Machinist, shaper			
Machinist, mill			
Mechanic, Diesel engine			
Mechanic, Gas engine			
Mechanic, Hydraulic			
Mechanic, Pump			
Mechanic, Other:			
Pilot operated control valves (water), troubleshooting & repair			
Pipeline installation, PVC			
Pipeline installation, concrete			
Pipeline installation, cast/ductile iron			
Plumbing, domestic water systems			
Plumbing, fabricated steel			
Plumbing, cast/ductile iron			
Plumbing, copper			
Plumbing, PVC			
Plumbing, drainage			



Type of Work	Formal Training	Experience	Capability
Pump Installation, Jet			
Pump Installation, Submersible up to 5HP			
Pump Installation, Submersible over 5HP			
Pump Installation, Vertical Turbine			
Plasma cutter			
Torch, oxy-acetylene			
Welding, arc, stick			
Welding, wire feed			
Welding, gas, brazing			
Welding, gas, soldering			
Welding, gas, aluminum			

**TO BE READ AND SIGNED BY APPLICANT:**

This certifies that I personally completed this application, and that all entries on it and information in it are true, complete and correct to the best of my knowledge.

I authorize **SCHNEIDER WATER SERVICES** to make any investigations and inquiries of my personal, criminal, employment, financial, driving or medical history and other related matters as may be necessary in arriving at an employment decision. I therefore release any past and present employers, schools, or persons from all liability in responding to inquiries in connection with this application.

I understand that reports verifying my previous employment, my previous drug and alcohol test results, and my driving record may be obtained by **SCHNEIDER WATER SERVICES** for employment purposes. These reports are required by Sections 382.413, 391.23, 391.25 and 40.25 of the Federal Motor Carrier Safety Regulations.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in disciplinary action, up to and including discharge, regardless of how much time has elapsed since the date I was employed.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

**FOR SCHNEIDER WATER SERVICES USE**

Interview by:	Drug tested:
Date interviewed:	Employment begins:
Driving record:	Division:
Hired by:	Position:
Date hired:	Wage: