



P.O. Box 10716
Bakersfield CA 93389
Phone: 661-765-4444
Fax: 661-765-4471

Email Application to JoinUs@DeltaPump1.com

EMPLOYMENT APPLICATION

Today's Date _____ Date you can start _____

Position Applying for _____

Employment Desired 30+ hours 20-30 hours Temporary - Dates _____

Full Name _____

Address _____

Phone _____ Cell _____

Email Address _____

Are you at least 18 years old? Yes No U.S. Veteran? Yes No

Do you have a valid California Driver's License? Yes No
(If you become employed through Energy Link, you must provide a current DMV printout.)

Have you ever worked for this company? Yes No If yes, dates _____

Are you able to perform the essential job-related functions of the position applied for with or without accommodation? Yes No

References

Name _____ Occupation _____

Phone _____ Years Known _____

Name _____ Occupation _____

Phone _____ Years Known _____

Name _____ Occupation _____

Phone _____ Years Known _____

Education *(Subject to verification)*

High School Graduate/G.E.D. Yes No School Name _____

School Name _____

Course of Study _____

#Years _____ Graduate/Certificate Yes No

School Name _____

Course of Study _____

#Years _____ Graduate/Certificate Yes No

(Continued)

School Name _____

Course of Study _____

#Years _____ Graduate/Certificate Yes No

Skills (list any special skills or experience pertaining to the position applying for.)

Employment History (Subject to verification)

Employer _____ Phone _____
Supervisor _____ Job Title _____
Address _____ City/State _____
Date Employed (Mo/Yr) Start _____ End _____
Duties/Responsibilities _____
Reason for leaving _____
May we contact? Yes No

Employer _____ Phone _____
Supervisor _____ Job Title _____
Address _____ City/State _____
Date Employed (Mo/Yr) Start _____ End _____
Duties/Responsibilities _____
Reason for leaving _____
May we contact? Yes No

Employer _____ Phone _____
Supervisor _____ Job Title _____
Address _____ City/State _____
Date Employed (Mo/Yr) Start _____ End _____
Duties/Responsibilities _____
Reason for leaving _____
May we contact? Yes No

Please **initial** each statement to indicate agreement to the following policies:

_____ I declare that the information contained above is true and correct to the best of my knowledge.
_____ I understand that all information is subject to verification and that giving false or fraudulent information will be cause for denial of employment or immediate dismissal upon discovery.

_____ I understand that employment is voluntary and may be terminated at any time by either the Employer or Employee.

_____ I understand that the company may my review public records, including social media, when making hiring decisions.

_____ I understand the this company participates in E-Verify and will provide the federal government with my Form I-9 information to confirm that I am authorized to work in the U.S.

Signature of Applicant _____ Dated _____