



# Job Application

Name: \_\_\_\_\_

Position applying for: \_\_\_\_\_

## Please read before completing application

Wellflex is an equal opportunity employer. All applicants are considered for employment based upon their skills and abilities without regard to race, color, religion, gender, national origin, age, disability, marital status, sexual orientation, veteran status, genetics, or any other status protected by applicable federal, state or local law. Applications requiring reasonable accommodation to the application or interview process should notify a representative of the Human Resources Department. As required by the Immigration Reform and Control Act, in the event you are hired, you must establish proof of eligibility to work in the United States within three days of your start date.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Questions

How did you learn about us? \_\_\_\_\_

Have you ever filed an application with us before? \_\_\_\_\_

If yes, give date: \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_\_

If yes, give date: \_\_\_\_\_

Would you object to shift work? \_\_\_\_\_

Other names used in prior employment: \_\_\_\_\_

What are your salary expectations? \_\_\_\_\_

## Employment Questions

Have you ever been convicted of a felony or pled guilty or no contest? (a conviction will not necessarily bar you from employment) \_\_\_\_\_

If you answered yes above, give dates and circumstances: \_\_\_\_\_

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Are you eligible to work in the U.S.? (If you are hired, you will be required to furnish proof of your employment eligibility) \_\_\_\_\_

Have you ever been involuntarily discharged from a position? \_\_\_\_\_

If you answered yes above, give dates and circumstances: \_\_\_\_\_

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Would you agree to a pre-employment and/or post-employment drug screening by a physician, clinic or other health care provider selected by the company? \_\_\_\_\_

## Employment History

List all positions you have held, beginning with your most recent. Include self-employment and volunteer work.

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Your Title: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Ending Rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Your Title: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Ending Rate: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Your Title: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Ending Rate: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Your Title: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Ending Rate: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Questions:**

May we contact your current employer prior to any potential employment offer? \_\_\_\_\_

Please explain any gaps in your employment history. Attach an additional sheet if necessary. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Education Background

Type of Institute: \_\_\_\_\_  
Location: \_\_\_\_\_  
Dates: \_\_\_\_\_  
Type of Course or Major: \_\_\_\_\_  
Graduate? \_\_\_\_\_ Degree Received: \_\_\_\_\_

Type of Institute: \_\_\_\_\_  
Location: \_\_\_\_\_  
Dates: \_\_\_\_\_  
Type of Course or Major: \_\_\_\_\_  
Graduate? \_\_\_\_\_ Degree Received: \_\_\_\_\_

Type of Institute: \_\_\_\_\_  
Location: \_\_\_\_\_  
Dates: \_\_\_\_\_  
Type of Course or Major: \_\_\_\_\_  
Graduate? \_\_\_\_\_ Degree Received: \_\_\_\_\_

Type of Institute: \_\_\_\_\_  
Location: \_\_\_\_\_  
Dates: \_\_\_\_\_  
Type of Course or Major: \_\_\_\_\_  
Graduate? \_\_\_\_\_ Degree Received: \_\_\_\_\_

## Education Questions

Are you presently in school? \_\_\_\_\_

If yes to the above question, give expected completion date: \_\_\_\_\_

List courses you are taking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Special Skills

List applicable professional or technical licenses/certifications relative to your ability to perform the functions of the position for which you are applying

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List awards, honorary positions or volunteer work relative to your ability to perform the functions of the position for which you are applying.

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List equipment, machinery or special skills relative to your ability to perform the functions of the position for which you are applying. Include your skill level and years of experience.

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## References

Please list references that are not related to you or are previous supervisors.

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Years Known: \_\_\_\_\_ City/State \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Years Known: \_\_\_\_\_ City/State \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Years Known: \_\_\_\_\_ City/State \_\_\_\_\_

# Wellflex Energy Partners Fort Worth, LLC

## DISCLOSURE REGARDING BACKGROUND CHECK INVESTIGATION AND/OR MOTOR VEHICLE RECORD

The "Company" may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, social security number validation, motor vehicle records, verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **Compu-FACT Research, Inc. (CompuFACT) 1236 Jungermann Rd., Ste H1, St. Peters, MO 63376, (888) 258-0216**, or another outside organization. The scope of this disclosure and authorization is all-encompassing, however, allowing Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

## ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I'm hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested, by Compu-FACT Research, Inc. or another outside organization. I agree that a facsimile ("fax"), electronic or photocopy of this Authorization shall be as valid as the original.

**New York & Maine applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

**Minnesota or Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of any consumer report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under state law.

**California applicants or employees only:** Under section 1786.22 of the California Civil Code, you may view the file maintained on you by CompuFACT during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at Compu-FACT's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. Compu-FACT has trained personnel available to explain your file to you, including any coded information. If you appear in person you may be accompanied by one other person, provided that person furnishes proper identification.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

Applicant's Name	First	Middle	Last	
Other Names(s) Used	First	Middle	Last	Dates You Stopped Using Other Name(s)
Current Address	City	State	Zip Code	
Previous Address	City	State	Zip Code	
Previous Address	City	State	Zip Code	
Social Security Number		Date of Birth	Drivers License Number	State Issued
Signature	Today's Date			