



3510 East Highway 158
Midland, Texas 79706
(432) 687-0515
(432) 687-2077 Fax

Attention: Applicants

I am aware that consumer and motor vehicle reports may be obtained as part of J&W's evaluation of my job application for employment. These reports may be procured by J&W or its insurance company representative. Personal information from state motor vehicle departments and state agencies including but not limited to driving and criminal records may be obtained. J&W will assess my insurability from its insurance program.

By signing this letter, I hereby provide my authorization for J&W or their insurance company representative to produce such information and reports as well as additional reports about me from time-to-time as deemed appropriate and necessary to evaluate my insurability or for other permissible purposes for employment.

Applicant:

Today's date: _____

Print full name: _____

Signature: _____

Print name as it appears on Driver's License:

Driver's License Number and State of Issuance:

Date of Birth:

Social Security Number:

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

