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MOSES DRILLING COMPANY

Gray, Ky.

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MosesDrilling.com



Moses Drilling Company
 153 Booger Hollow Road
 Gray, KY 40734
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IGSHPA Certified
NATE Certified
Water Furnace GSC
Kentucky Water Well Certified

GEOTHERMAL LOOP CONTRACTORS
Water Well Drilling & Other Specialty Services

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Application for Employment

Applicants Must be Tested for Illegal Drugs Before Being Hired and are Subject to Random Drug Testing
Applicant is to complete application!

Personal Information:

Date: _____

Last		First		Middle		Date of Birth	
Street				City/State		Zip	
Telephone – Home/Cell		E-Mail Address				Social Security Number	
Do you have a drivers license? _____ Yes _____ No		Operator Only: _____ CDL-Class A or B: _____ Any Restictions and/or Endorsements:				State of Issue	
Drivers License Number						Exp. Date	
Any moving violations in past 3 years? ____ Yes ____ No (Explain if yes.)				Any traffic accidents in past 3 years? ____ Yes ____ No (Explain if yes.)			
Emergency Contact		Relation		Telephone Number(s)			
Have you ever been convicted of a crime? ____ Yes ____ No If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.							
Desired Pay Range: _____ Hourly (and/or) _____ Salary							

Military: Complete this section only if you have served in the U.S. Armed Forces

Branch of Service		Period of Active Duty	
		Honorable Discharge ____ Yes ____ No (Explain if no.)	
Describe your duties and any special training		Rank at Discharge	

Education:

High School	Graduate with Diploma: _____ Yes _____ No If no, have you obtained a GED? _____ Yes _____ No Date Attended: _____ - _____	
College	Number of Years Completed	Major/Degree Obtained
Trade School	Number of Years Completed	Major/Degree Obtained

Employment History: Start with present or most recent employer. Please attach additional sheets if required.

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. Please include any special skills you have (e.g.: welding, fabricating, equipment operating experience, mechanic, etc.) and any special abilities you possess:

J O B # 1	Company Name		Telephone #	Your Job Title
	Start Date	End Date	Hourly Rate of Pay	Salary Pay
	List the jobs you held, duties performed, skills used or learned, and any advancements or promotions while you worked at this company:			
	Reason for Leaving:			

J O B # 2	Company Name		Telephone #	Your Job Title
	Start Date	End Date	Hourly Rate of Pay	Salary Pay
	List the jobs you held, duties performed, skills used or learned, and any advancements or promotions while you worked at this company:			
	Reason for Leaving:			

J O B # 3	Company Name		Telephone #	Your Job Title
	Start Date	End Date	Hourly Rate of Pay	Salary Pay
	List the jobs you held, duties performed, skills used or learned, and any advancements or promotions while you worked at this company:			
	Reason for Leaving:			

J O B # 4	Company Name		Telephone #	Your Job Title
	Start Date	End Date	Hourly Rate of Pay	Salary Pay
	List the jobs you held, duties performed, skills used or learned, and any advancements or promotions while you worked at this company:			
	Reason for Leaving:			

J O B # 5	Company Name		Telephone #	Your Job Title
	Start Date	End Date	Hourly Rate of Pay	Salary Pay
	List the jobs you held, duties performed, skills used or learned, and any advancements or promotions while you worked at this company:			
	Reason for Leaving:			

Please list any additional volunteer jobs, duties performed and positions held that you have worked at in the past that would not ordinarily be on a job application (e.g.: volunteer fire fighter, cub scout leader, community volunteer, etc.):

References: Give the names of three persons not related to you, whom you have known at least one year:

1	Name	Address	Phone Number	Years Acquanted
2	Name	Address	Phone Number	Years Acquanted
3	Name	Address	Phone Number	Years Acquanted

I certify the information contained in this applications is true, correct and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal. I understand that drug testing is required before being hired and that I may be randomly screened for illegal drug use.

Signature of Applicant

Date of Application

Did you complete this application yourself? _____ Yes _____ No

If not, who did? _____

Please complete and mail or fax a copy of this form to:

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Fax: 866-896-0184

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