



M.W. SEWALL

Employment Application



Explore Our Career Opportunities

We offer various positions including: Administrative Positions, Fuel Delivery, Burner Service Technicians.

M. W. Sewall considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, or sexual orientation.

Applicant Information:

Name: _____ Email Address: _____

Address: _____ City & Zip: _____

Date of Birth: _____ Telephone: _____ SSN #: _____

Position(s) Applied For: _____ Full Time Part-Time Desired Payrate: _____

Do you have reliable transportation? Yes No Do you have a valid driver's license? Yes No

Are you 21 years or older? Yes No If no, are you younger than 18? Yes No

Please indicate below the schedule you are able to work, including a.m. or p.m.

Day	Hours	Day	Hours
Sunday:	to	Monday:	to
Tuesday:	to	Wednesday:	to
Thursday:	to	Friday:	to
Saturday:	to		
Location(s):			

Background Information:

Have you ever been employed by us? _____ If yes, when & where: _____

Referred to M.W. Sewall by: _____

Have you ever been disciplined, discharged, or asked to resign from a prior position? Yes No

If yes, please explain: _____

Education Information:

	Name & Location of School	Dates Attended	Diploma/Degree
High School (GED)			
2 yr. College			
4 yr. College			
Certification/Licenses			
Specialized Skills/Training			

Employment History: Account for any gaps in the past ten years

1	Employer: _____ Job Title: _____ Address: _____ Phone #: _____ Dates Employed: _____ to _____ Rate of Pay: _____ May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> Supervisor's Name: _____ Reason for Leaving: _____
2	Employer: _____ Job Title: _____ Address: _____ Phone #: _____ Dates Employed: _____ to _____ Rate of Pay: _____ May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> Supervisor's Name: _____ Reason for Leaving: _____
3	Employer: _____ Job Title: _____ Address: _____ Phone #: _____ Dates Employed: _____ to _____ Rate of Pay: _____ May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> Supervisor's Name: _____ Reason for Leaving: _____
4	Employer: _____ Job Title: _____ Address: _____ Phone #: _____ Dates Employed: _____ to _____ Rate of Pay: _____ May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> Supervisor's Name: _____ Reason for Leaving: _____

References:

Please provide three professional references

1.) Name: _____ Relationship: _____ Phone #: _____

1.) Name: _____ Relationship: _____ Phone #: _____

1.) Name: _____ Relationship: _____ Phone #: _____

Applicants Certification and Agreement

I hereby authorize Colby & Gale, Inc dba M. W. Sewall, its agents, representatives or employees to make an inquiry of, investigate and verify any information contained above or accompanying documents. Including but limited to; individuals, present and former employers, schools and colleges, credit bureaus, criminal investigation bureaus where and to the extent permitted, motor vehicles bureaus, and any other entities that may possess information concerning me or that may be a custodian of records relating to me. I also authorize the above sources to release all information requested, including salary data and subjective evaluations, and I hereby release those sources from any liability for doing so.

I understand that any falsification of information or misleading information on this application (or any other accompanying or required documents) shall be fully sufficient grounds to refuse to employ or, having been employed, shall be immediate grounds for dismissal. I also understand that any offer of employment made to me is a "Conditional Offer" based on the outcome of a background check which may include; criminal and credit check and drug and physical screening process.

If employed I agree to conform to the rules and regulations of the Company. I understand that I am an "employee at will," and that my employment and compensation can be terminated, with or without cause and with or without notice, at any time at the option of the Company or myself. I understand that no employee or representative of M. W. Sewall has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Applicant's Signature _____ Date: _____

M.W. SEWALL OFFICE USE ONLY

Reviewed By: _____

Interviewed By

Position

Date

_____	_____	_____
_____	_____	_____
_____	_____	_____

Human Resources Use Only

Date Post Card Sent: _____ Date Post Letter Sent: _____