

Cannon Oil & Gas

Working to stay incident Free and Goal Zero is the only Goal

This form can be completed on your computer and emailed to us with the Submit by Email button above, or you may fill it out on your computer, print a copy, and mail it to:

Cannon Oil & Gas Well Service
348 Turret Dr.
Rock Springs, WY 82901



Personal Information

Last Name: _____ First Name: _____ Date:

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____

Previous Address: _____ State: _____ Zip: _____

Email: _____

Social Security Number _____

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

State Issued: _____ Driver License # _____ Expiration date _____

Date available to start _____

Are you willing to work? Graveyards Overtime

Are you willing to relocate? Yes No

Have you tested positive to a drug screen? Yes No Alcohol screen? Yes No

If yes when? _____

If yes when? _____

You will be required upon employment, randomly, for cause and post accidents to be tested for drugs and alcohol. You will be required randomly to be searched for drugs or alcohol. Do you fully understand that you maybe required to any of the searches at any time? Yes No

Do you have any physical, mental or medical impairment, or any disabilities that would limit your job performance for a position within this company? Yes No

If yes, please describe

Have you ever had any type of surgery? Yes No

If yes, please describe conditions

Have you ever been convicted of a felony? (This will not necessarily affect your application.) Yes No

If yes, please describe conditions

Are you currently on probation or parole? (This will not necessarily affect your application.) Yes No

If yes, please describe conditions

Have you served in the military? Yes No

Do you have any Military obligations at this current time? Yes No

If yes, please describe

Education

School	Name and Location	Course of Study	Number of Years Completed	Did you Graduate?	Degree Or Diploma
College					
High					
Other					

Employment History

1. Company Name:	Phone Number:
Address:	Employed (Start Month and Year): From _____ to _____
Name of Supervisor:	Hourly Rate: Start _____ Last _____
Your Job Title and Description of Work you Performed:	Reason for Leaving:

2. Company Name:	Phone Number:
Address:	Employed (Start Month and Year): From _____ to _____
Name of Supervisor:	Hourly Rate: Start _____ Last _____
Your Job Title and Description of Work you Performed:	Reason for Leaving:

3. Company Name:	Phone Number:
Address:	Employed (Start Month and Year): From _____ to _____
Name of Supervisor:	Hourly Rate: Start _____ Last _____
Your Job Title and Description of Work you Performed:	Reason for Leaving:

We reserve the right to contact the employers listed above unless you indicate below those that you do not want us to contact.

DO NOT CONTACT: Employer Number(s) _____

Reason: _____

References :

Please provide the names of three people not related to you, and whom you have known at least one year.

Name _____			
Address _____	City _____	State _____	Zip _____
Phone _____	Relation _____	Years Acquainted _____	

Name _____			
Address _____	City _____	State _____	Zip _____
Phone _____	Relation _____	Years Acquainted _____	

Name _____			
Address _____	City _____	State _____	Zip _____
Phone _____	Relation _____	Years Acquainted _____	

Emergency contacts

Contact Name _____	Phone _____
Address _____	
Contact Name (Secondary) _____	Phone _____
Address _____	