# Please read this entire application and then complete the questions and application blanks. Please complete this application utilizing a pen containing either blue or black ink.

## Equal Opportunity Employer

BASIN & RANGE HYDROGEOLOGISTS, INC. is an equal opportunity employer, and does not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will be maintained in a confidential manner and will not be used for any discriminatory purpose.

| Last Name                     | First                  | Mi            | ddle       |                      |      | Date of Application     |
|-------------------------------|------------------------|---------------|------------|----------------------|------|-------------------------|
|                               |                        |               |            |                      |      |                         |
|                               |                        |               |            |                      |      |                         |
| Address of Legal Residence    |                        |               |            | Position Applying Fo | r    | Social Security Number  |
| 8                             |                        |               |            | 11.5 8               |      | 5                       |
|                               |                        |               |            |                      |      |                         |
| City                          | State                  |               | Zip Code   | Home Telephone       |      | Work Telephone          |
| J                             |                        |               | r          |                      |      |                         |
|                               |                        |               |            |                      |      |                         |
| Mailing Address (If Different | From Legal Residence)  |               |            |                      |      | May we contact you at   |
|                               | Trom Zogai Trostatico) |               |            |                      |      | work?                   |
|                               |                        |               |            |                      |      | WOIK!                   |
| City                          | State                  |               | Zip Code   |                      |      |                         |
| enj                           | Diato                  |               | Lip couc   |                      |      |                         |
|                               |                        |               |            |                      |      |                         |
| How were you A                | В                      | С             | D          | E                    | F    |                         |
| referred to BASIN Walk-i      |                        | Advertisement | Employment | By an Employee       | Othe | er (Add comments below) |
|                               | by rour conege         | Auvenusement  |            |                      | Ould | (Add comments below)    |
| & RANGE?                      |                        |               | Agency     | (if so, Give Name)   |      |                         |
| (Circle the                   |                        |               |            |                      |      |                         |
| appropriate letters.)         |                        |               |            |                      |      |                         |
|                               |                        |               |            |                      |      |                         |
| Additional Comments           |                        |               |            |                      |      |                         |

# **Employment Record**

Starting with your present or most recent job, list the names of your three previous employers. Include self-employment, summer, and part-time jobs. If additional space is needed, please document that information on separate sheets. Also, please attach a copy of your current résumé.

| Last or Present Company     |                | Type of Business   | Type or Classification of Job   |
|-----------------------------|----------------|--------------------|---------------------------------|
| Street Address              |                | Phone Number       | Brief Description of Job Duties |
| City                        | State          | Zip Code           |                                 |
| Immediate Supervisor        |                | Phone Number       |                                 |
| Salary                      | Dates Employed | (month, day, year) |                                 |
| Starting \$ per             | From           | То                 |                                 |
| Ending \$ per               | 1.0            |                    |                                 |
| Reasons for Leaving         |                |                    |                                 |
| Last or Present Company     |                | Type of Business   | Type or Classification of Job   |
| Street Address              |                | Phone Number       | Brief Description of Job Duties |
| City                        | State          | Zip Code           |                                 |
| Immediate Supervisor        |                | Phone Number       |                                 |
| Salary                      | Dates Employed | (month, day, year) |                                 |
| Starting \$ per             | From           | То                 |                                 |
| Ending \$ per               |                |                    |                                 |
| Description from Local data |                |                    |                                 |
| Reasons for Leaving         |                |                    |                                 |

# APPLICATION FOR EMPLOYMENT, (Continued)

Page 2 of 3

Applicant's Name Date of Application

| Educational History |              |                |  |  |  |   |  |
|---------------------|--------------|----------------|--|--|--|---|--|
| Location            | Major Course | Dates Attended |  | Graduated  |  | Degree  |  |
| (city, state)       | or Subject   | From           | То   | Yes  | No   | _   |  |
|                     |              |                |  |  |  |   |  |
|                     |              |                |  |  |  |   |  |
|                     |              |                |  |  |  |   |  |
|                     |              |                |  |  |  |   |  |
|                     |              |                |  |  |  |   |  |
|                     |              |                |  |  |  |   |  |
|                     |              |                |  |  |  |   |  |
|                     |              |                |  |  |  |   |  |
|                     |              |                | Location<br>(city, state)     Major Course<br>or Subject     Dates A<br>From | Location<br>(city, state)     Major Course<br>or Subject     Dates Attended<br>From       Image: Course or Subject     From     To | Location<br>(city, state)       Major Course<br>or Subject       Dates Attended<br>From       Grad<br>Yes         Image: Course or Subject       Image: Course or Sub | Location<br>(city, state)Major Course<br>or SubjectDates Attended<br>FromGraduated<br>YesImage: NoImage: NoIm |  |

#### **Personal Declarations**

Please answer the following questions. If you answer "yes" to any question, please provide an explanation on separate sheet(s) of paper.

#### Have you ever been discharged from the Armed Forces under other than honorable conditions?

☐ Yes ☐ No

Have you ever been convicted of a criminal offense?

#### 🗌 Yes 🗌 No

Have you ever been charged with a felony?

# ☐ Yes ☐ No

## Have you ever been charged with a violation of any firearms or explosives laws?

🗌 Yes 🗌 No

Have you ever failed to meet a court-ordered child support payment?

## 🗌 Yes 🗌 No

Are you delinquent on any federal debt?

🗌 Yes 🗌 No

Have you ever been suspended, disciplined, or barred from any occupation or practice by any regulatory agency, professional association or organization because of your conduct?

🗌 Yes 🗌 No

# **Professional and Occupational Activities**

(Exclude those indicating race, color, religion, sex, national origin, age, or handicap.)

On a separate sheet of paper, write the heading "Professional and Occupational Activities" and *list* the major business and professional activities in which you have participated during the past ten years. Use the following guide:

- Name of organization
- City and state
- Purpose or objective of the organization
- Size of organization
- Your level of participation
- Dates of your participation
- Awards or recognition you received for participation

## Most Significant Achievement - Professional

On a separate sheet of paper, write your name and the heading, "Professional Achievement" and then describe in 200 words or fewer what you consider to be your most significant contribution to your professional field.

| APPLICATION FOR EMPLOYME | NT, (Continued) |
|--------------------------|-----------------|
|--------------------------|-----------------|

## BASIN & RANGE HYDROGEOLOGISTS, INC.

| Page | 3 | of | 3        |
|------|---|----|----------|
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Applicant's Name

Date of Application

#### Most Significant Achievement - Community Service

On a separate sheet of paper, write your name and the heading, "Community Service Achievement" and then describe in 200 words or fewer what you consider to be your most significant voluntary contribution to your community.

#### **Lifetime Goals**

On a separate sheet of paper, write your name and the heading, "Lifetime Goals" and then describe in 300 words or fewer what you hope to accomplish or achieve in your lifetime, and what position you hope to attain.

## Special Skills and Other Attributes Applicable to Career/Interests

 Military Record

 Branch of service
 From
 To

 Present military affiliation:
 None
 Reserve (active)
 Reserve (inactive)

 Special training and duties while in military service
 From
 To

## **Professional/Work References**

List the names of two past supervisors and one non-family member who have knowledge of your qualifications for the position for which you are applying.

| Name   | Title/Relationship | Address                         | Phone no.           | Occupation |  |  |  |
|--|--------------------|---------------------------------|---------------------|------------|--|--|--|
|  | -                  | (street, city, state, ZIP code) | (include area code) | -          |  |  |  |
|  |                    |                                 |                     |            |  |  |  |
|  |                    |                                 |                     |            |  |  |  |
|  |                    |                                 |                     |            |  |  |  |
|  |                    |                                 |                     |            |  |  |  |
|  |                    |                                 |                     |            |  |  |  |
|  |                    |                                 |                     |            |  |  |  |
| May we contact your present employer? 🗌 Yes 🗌 No |                    |                                 |                     |            |  |  |  |
|  |                    |                                 |                     |            |  |  |  |
| Wage or salary desired                           |                    |                                 |                     |            |  |  |  |
| , <u>,</u>                                       |                    |                                 |                     |            |  |  |  |
| Date available to begin work                     |                    |                                 |                     |            |  |  |  |
|  |                    |                                 |                     |            |  |  |  |

I hereby certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any misrepresentations or omissions of facts on my part will be justification for termination from the company's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of education of past work experience, and any other pertinent information bearing upon my employment. I know and understand that any or all items contained herein are subject to investigation or verification by duly accredited investigators.

Date

Signature

If any of your educational or employment records are filed under different names than shown above, please provide a list of other names.

Reminder: Please provide all of the information requested. If you do not have enough space, attach additional sheets of paper. Also, we request that your name and date of application be placed on all supplemental sheets.