

**SCFM Compression Systems, Inc.**  
**3701 S. Maybelle Ave. Tulsa, OK 74107**  
**www.scfm.com • 918-663-1309**



## Employment Application

### Personal Information

Name (Last, First, MI)	Social security number	Date of Birth
Street address	City, State, Zip	
Home phone number	Work phone number	E-mail address

### Employment Desired

Position applied for \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

Date available for work	Desired hours (full time, part time, etc.)
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List the days and hours you are available for work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Daytime						
Evening						
Overnight						

### Education

	Name & Address of School	Course of Study	Total Years of Study	Degree/ Diploma
High School				
Undergraduate College				
Graduate/ Professional				
Technical or Trade School				

List any seminars, classes or other education not listed above which may help qualify you for this position

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Have you ever been employed with this company before?  Yes  No  
 If Yes, when?

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Do you have any friends or relatives employed by this company?  Yes  No  
 If Yes, please provide their names and relationship to you:

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**Employment History** List below all present and past employers over the past ten years, starting with your most recent employer. Account for all periods of unemployment. Complete this section even if attaching a resume.

Employer (Current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Job functions of final position
Address	Starting Pay	Ending Pay	1. -----
City, State, Zip	Job position(s)		2. -----
Phone number	Fax number		3. -----
Supervisor(s)	E-mail address of supervisor(s)		4. -----
Reason(s) for leaving			
What value did you add to this company or its customers?			
Employer	Start Date	End Date	Job functions of final position
Address	Starting Pay	Ending Pay	1. -----
City, State, Zip	Job position(s)		2. -----
Phone number	Fax number		3. -----
Supervisor(s)	E-mail address of supervisor(s)		4. -----
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Address	Starting Pay	Ending Pay	1. -----
City, State, Zip	Job position(s)		2. -----
Phone number	Fax number		3. -----
Supervisor(s)	E-mail address of supervisor(s)		4. -----
Reason(s) for leaving			
What value did you add to this company or its customers?			

**Additional Information**

List any professional, trade, business or civic activities and offices held that are relevant to this position.

List any languages other than English that you can speak, read or write that could be of benefit for the position:

Identify formal job training that relates to this position:

Identify what skills or certification you possess related to this position:

If you are hired, what value would you add to our company?

Describe what you believe are the most unique features of your work history:

Are you currently employed?  Yes  No  
 May we contact your employer?  Yes  No  
 Are you currently on "lay off" status and subject to recall?  Yes  No  
 Are you at least 18 years of age?  Yes  No  
 If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.?  Yes  No  
 Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation? If no, please explain.  Yes  No

Have you ever been convicted of a felony or misdemeanor? If Yes, please explain:  Yes  No

**List 3 persons not related to you who have knowledge of your work performance within the last 5 years.**

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

Additional space provided to expand on any points or questions asked previously in this application.