

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer (M / F / H / V)
Rev 03/28/13

Please Print and Fill Out Completely Using Ink. Do not use "Refer to Resume"
A Resume may be attached to supplement this application.

It is the continuing policy of the Company to provide equal opportunity to each individual in all aspects of employment or the provision of services without regard to any status protected by law, including race, color, religion, age, sex, national origin, disability, veteran status or any other non-job related factor.

PERSONAL INFORMATION

Name:			Today's Date:	
LAST	FIRST	MIDDLE		
Present Address:			STATE	ZIP
STREET		CITY		
AREA CODE	AREA CODE	Social Security Number:		
Day phone: ()	Cell phone: ()	E mail:		
Are you legally authorized to work in the U.S.? Yes No		Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status?) Yes No		Are you age 18 or over Yes No

Please Indicate Name, Relationship, Company & Location of Relatives Employed by any Williams entities:

Have you ever been employed by any of the Williams companies? Yes No If Yes, Where: Dates:

Have you previously applied at any of the Williams companies? Yes No If Yes, Where: Dates:

Are you a current or former government employee? YES NO Date Available For Employment:

Position(s) Applied For: 1) 2)

Employment Interests: Full Time Part Time Temporary Are you available for shift work? Yes No

EDUCATION AND TRAINING

Circle Highest Grade Completed	HIGH SCHOOL				COLLEGE				GRADUATE SCHOOL				Did you graduate?	Number of hours completed	Type of Degree or Certificate Received	Grade GPA	
	GED	1	2	3	4	1	2	3	4	1	2	3					4
Name of School/ Location / Include City and State													Yes No	Major Minor			
High School or GED													Yes No				
Jr. College													Yes No				
College / University													Yes No				
College/ University													Yes No				
Business													Yes No				
Tech/Trade/ Military/ Other													Yes No				

E-Verify Notice

Williams participates in E-Verify in accordance with federal and applicable state laws. Williams participa en una verificacion electronica E-Verify, de acuerdo con las leyes federales y estatales aplicables.

EMPLOYMENT HISTORY

List Present or Most Recent Employer FIRST. *(This Section Must Be Completed)*

Name of Employer		Dates of Employment (Month/Date/Year) From To		Name/Title of Immediate Supervisor	
Address of Employer					
Street		City	State	Zip	
Phone Number of Employer		Salary Starting per Current/Final per		Reason For Leaving	
Job Title and Description of Duties					
				May we contact YES this employer? NO	
Name of Employer		Dates of Employment (Month/Date/Year) From To		Name/Title of Immediate Supervisor	
Address of Employer					
Street		City	State	Zip	
Phone Number of Employer		Salary Starting per /Final per		Reason For Leaving	
Job Title and Description of Duties					
Name of Employer		Dates of Employment (Month/Date/Year) From To		Name/Title of Immediate Supervisor	
Address of Employer					
Street		City	State	Zip	
Phone Number of Employer		Salary Starting per /Final per		Reason For Leaving	
Job Title and Description of Duties					
Name of Employer		Dates of Employment (Month/Date/Year) From To		Name/Title of Immediate Supervisor	
Address of Employer					
Street		City	State	Zip	
Phone Number of Employer		Salary Starting per /Final per		Reason For Leaving	
Job Title and Description of Duties					
Please account for any periods of unemployment within the last 10 years				Dates of Unemployment (Month/Date/Year)	
				From To	

Referral Source – How did you find out about this position?

If Employee Referral (employee name referring you to this position) _____
(Circle) Williams Website, Advertisement, LinkedIn, Facebook, Employee Referral, Career Fair, College/University, Military, Leased Worker, Recruiting Agency, or other please list here. _____

Peer References

Name _____ Organization _____ Email Address _____

Occupation _____ Address _____ Zip _____ Phone _____

Name _____ Organization _____ Email Address _____

Occupation _____ Address _____ Zip _____ Phone _____

Name _____ Organization _____ Email Address _____

Occupation _____ Address _____ Zip _____ Phone _____

Name _____ Organization _____ Email Address _____

Occupation _____ Address _____ Zip _____ Phone _____

OTHER INFORMATION

Do you have a valid drivers license? _____

(Only required if duties require driving.) YES NO _____

Have you ever been convicted of a crime?
If Yes, please give details of each crime: (What, where, when, and disposition)
YES NO _____

(A conviction will not necessarily disqualify applicant from consideration)

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? YES NO

I certify that the information provided on this application for employment is true and complete to the best of my knowledge and understand that false information or significant omission of facts may disqualify me from further consideration for employment or may result in termination if discovered at a later date. I hereby give my permission to the Company, or its agent, to verify, at any time, information pertaining to my application for employment, including, but not limited to, criminal, credit, and driving records, and authorize persons, schools, current and previous employers and organizations to confidentially provide pertinent information which may be requested. In the event of my employment, I acknowledge that it may be necessary for the Company to conduct workplace investigations and obtain consumer reports or investigative consumer reports during my employment, and I hereby consent to the same. I agree in the event and in consideration of my employment, to conform to all procedures and policies of the Company. I understand that in the event I am employed by Company, any employment is at will and can be terminated for any or no reason at any time at the discretion of either the Company or myself. I understand that no express or implied promise or guarantee to the contrary with regard to duration or terms of employment, wages or benefits is binding upon the Company unless made in writing and duly executed by the Company's President and is clearly and specifically identified as an employment contract or employment agreement.

I fully understand that my refusal to either sign this form or submit to and cooperate in any drug testing shall eliminate me from consideration for employment with Company.

Signature of Applicant _____ Date _____

In accordance with the Immigration Reform and Control Act of 1986, the Company hires only United States Citizens and aliens lawfully authorized to work in the United States.
All new employees hired after June 1, 1987 are required to complete and sign any forms designated by the Immigration Naturalization Service and to provide supporting documentation to certify eligibility for employment.

