



APPLICATION FOR EMPLOYMENT

3709 S Hwy 349, PO Box 10494
Midland, TX 79702
432-686-0475 (main)
432-685-1745 (fax)

A subsidiary of Beckman Production Services, Inc.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, disability, genetic information or any other protected status.

PERSONAL

Name _____ Date of Application _____

Have you ever been known by or used another name for work, school, or any other purpose? Please list other name(s). _____

Address _____ Telephone Number _____

_____ Email Address _____

If applying for driver position please list all residences for the past three years if different than above. Attach a separate sheet if necessary.

Street _____ City _____ State _____ Zip Code _____

Street _____ City _____ State _____ Zip Code _____

Are you 21 years or older? Yes [] No []

Are you authorized to work in the United States? Yes [] No []

Do you have reliable transportation? Yes [] No []

Do you have any relatives that work here? Yes [] No [] If yes who _____

Have you been previously employed here? Yes [] No [] If yes give date(s) _____

Supervisor Name(s) _____ Division _____

Have you filed an application with this company before? Yes [] No [] If yes give date(s) _____

EMPLOYMENT DESIRED

Position(s) applying for (if a driver position please complete pages 4 & 5 of the application):

[] Rig Hand (Rig Hand positions are driver positions) [] Other: _____

Kind of work sought: Full time [] Part time [] [] Other: _____

If part time, please specify hours and days desired _____

How did you hear about this position? _____

Wage desired _____ Date available to start _____

Please complete all areas of application in full, even when attaching a resume. List current or most recent job first. (Use a separate sheet of paper if necessary) If applying for a driver position, the Department of Transportation requires that driver applications show all employment for the past three years and any commercial driver employment for an additional seven years. Section 391.21 (B) (10), (1)

EMPLOYMENT EXPERIENCE:

1	Employer	Date		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Phone ()			Reason for Leaving
2	Employer	Date		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Phone ()			Reason for Leaving
3	Employer	Date		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Phone ()			Reason for Leaving
4	Employer	Date		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Phone ()			Reason for Leaving

EDUCATION AND SKILLS: Give record of all High School, Colleges, Universities, and Trade Schools you have attended.

Name of School	Address of School	Grade Completed or Degree(s)	Subject Studied or Major

Describe any other training, apprenticeships, skills, licenses, certifications, or registrations that you feel pertinent to consideration for employment. _____

REFERENCES: (Do not include relatives or former supervisors):

Name	Address	Phone Number	Years Acquainted

MILITARY SERVICE RECORD:

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes No

If yes, what branch? _____ Rank at discharge: _____ Date of discharge: _____

Describe duties and special training: _____

ADDITIONAL INFORMATION:

Have you been convicted of, plead guilty or no contest to, a felony offense? Note: Answering yes to this question will not necessarily disqualify you from employment unless applicable law requires such action. Yes No

If yes, state where, when and nature of offense: _____

Please list any restrictions that would prevent you from traveling, including travel out of state, to perform your regular job duties: _____

Give any other information you feel may be helpful to us in considering your application. _____

AUTHORIZATION AND UNDERSTANDING:

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my background, including but not limited to, my employment, driving record, education, criminal history, or medical history (post-offer only), with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures and this release from liability does not waive or prohibit an individual from filing a charge of discrimination under the laws enforced by the EEOC. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the president of the firm. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the firm as they are from time to time changed, and no additional obligations can be imposed on the firm except those which have been acknowledged in writing, by the president or his designated representatives.

I further agree that my employment is conditional until such time as the results of my post-offer physical (if such physical is required) are known.

Signature

Date

If applying for a Driver position, be sure to complete pages 4 & 5

Answer the questions in this section only if you are applying for a position that requires CDL License. If not applying for such a position, skip this page.

DRIVER EXPERIENCE & QUALIFICATION

Date of birth _____ The US Department of Transportation requires that driver applicants state their date of birth (section 391.21(b)(2).
mo/dd/year

LICENSES

List each unexpired commercial motor vehicle operators license or permit that has been issued to you.

State	License Number	Class	Endorsement(s)	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

If yes, please explain. _____

B. Has any license, permit or privilege ever been revoked? Yes No

If yes, please explain. _____

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No

If yes, please explain. _____

D. Have you been subject to the FMCSRs* while employed? Yes No

If yes, please list what employers: _____

E. Were any of your jobs designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? Yes No

If yes, please list what employers: _____

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates From - To	Approximate Total Miles

* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on the highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designated or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

List states operated in during the last five years _____

List special courses or training that will help you as a driver. _____

List driving awards held and the organization(s) which awarded them _____

ACCIDENT REVIEW FOR PAST THREE YEARS (attach a separate sheet of paper if more space is needed)

Dates	Nature of Accident (Head-On, Rear-End, Overturn, etc.)	Fatalities	Injuries

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST THREE YEARS OTHER THAN PARKING VIOLATIONS

Location	Date	Charge	Penalty

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature

Date