

Box 1525
Dalhart, Texas 79022
806-249-4585

APPLICATION FOR EMPLOYMENT

Date: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone # _____ Cell # _____

Social Security # _____

In Case of Emergency Notify: Name _____

Address _____

Phone # Day _____ Night _____ Cell _____

Relationship _____

Give name, address and telephone number of three references who are not related to you:

1. _____

2. _____

3. _____

The job requires you to work late and on Saturdays. Does this create any problems? Yes No

The job requires you to lift materials weighing up to 100 lbs. Can you handle this? Yes No

Do you have any medical conditions? Yes No

If yes what _____

Special Skills and Qualifications: _____

The Job Requires a CDL Drivers License. The Following Are Pertinent in Fulfilling the Job Duties.

In the event you are hired without a CDL it is required you get one within 6 months.

Do you currently have a valid Drivers License? No Yes

Driver License: State _____ Type _____ Exp Date _____
License # _____

I Authorize D B & E to Run a Motor Vehicle Report. This authorization will be remain valid as long as I am employed for D B & E (If hired).

Signature _____ Date _____

Is your license currently revoked or suspended? No Yes

Have you ever been denied or had a drivers license revoked? No Yes

Why? _____

What type of equipment have you operated (such as forklifts, trucks, truck tractors, semis & etc?)

Accident Record

List all accidents in which you were involved as a driver during the past 3 years:

Date	Nature of accident
_____	_____
_____	_____
_____	_____

Traffic Violation Record for the past Three Years

Date	Type	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT FOR THE PAST 8 YEARS

(Beginning with the Most Recent)

Current Employer: _____

Address: _____

Position Held _____ From _____ To _____ Salary _____

Type of Work Performed _____

Reason for Leaving _____

Employers Name: _____

Address: _____

Position Held _____ From _____ To _____ Salary _____

Type of Work Performed _____

Reason for Leaving _____

Employers Name: _____

Address: _____

Position Held _____ From _____ To _____ Salary _____

Type of Work Performed _____

Reason for Leaving _____

Employers Name: _____

Address: _____

Position Held _____ From _____ To _____ Salary _____

Type of Work Performed _____

Reason for Leaving _____

Employers Name: _____

Address: _____

Position Held _____ From _____ To _____ Salary _____

Type of Work Performed _____

Reason for Leaving _____

VOLUNTARY INFORMATION

Birth Date: _____

Married _____ Divorced _____ Separated _____ Single _____ Common Law _____

Number of Dependents? _____

Dependents Names & Ages: (To be used for insurance purposes)

Name	Birth Date	Social Security #
(Spouse)		

Are you currently on probation for any reason. NO YES

Have you ever been convicted of, or have you pleaded guilty or no contest (nolo contendere) to a crime.

NO YES

(Answering "yes" will not automatically bar you from employment. However, we would appreciate an explanation.)

If yes please explain _____

Job Description for Roughneck

This person shall be totally responsible for his actions. Roughnecks will help carry out day to day operations of their assigned rig. A roughneck shall also be responsible for, but not limited to the following:

1. Perform duties and complete work with the highest "quality" in a timely manner.
2. Be able to carry out directions from supervisors of D B & E with due diligence.
3. Never be a hazard to the general public. (On highway and off)
4. Abide by all policies of D B & E.
5. Be honest and courteous to whomever you contact while representing D B & E.
6. Follow safety procedures and take an active part in the work of protecting himself, his fellow workers, equipment, and facilities.
7. Oversee the ongoing quality of his work.
8. Reporting to work free from effects of drugs or alcohol.
9. Attend safety training meetings.
10. See that his equipment is in good working order and all repairs to his equipment have been made.
11. Abide by all rules & regulations of governing agencies of the water well industry: local, state, and federal.
12. Abide by all maintenance programs and outlines furnished by D B & E.
13. Clocking in and out.
14. Reporting all accidents and illnesses, regardless of how slight, immediately to their supervisor.
15. Performing his duties in a safe and healthful manner.
16. Immediately reporting to the supervisor all unsafe conditions encountered.
17. Work overtime
18. Recognizing that proper observance of safety procedures is a condition of employment.
19. Employee must have a valid CDL Drivers License issued by the state of Texas.

MY PRESENT & PAST EMPLOYERS MAY BE CONTACTED. NO YES

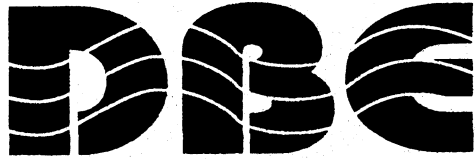
Sign and date page 6. (Page 7 & 8 will be sent to current & previous employers.)

I understand that the information in this application will be used and that prior employers will be contacted.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge and I am required to abide by all rules and regulations of the employer. I also understand that drug & alcohol testing will be done randomly and the results release to DB&E and held confidentially.

I certify that information in this application has been completed by me and the answers given herein are true and complete to the best of my knowledge.

SIGNATURE _____ DATE _____



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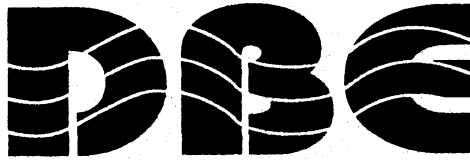
TO WHOM IT MAY CONCERN

You are hereby authorized to give D B & E all information regarding my services, character and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information.

Date

Signed

Witness



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**INQUIRY TO PAST
EMPLOYERS**

TO: _____ ,

_____ has made application to this company for employment and states that he/she was employed by you as _____ from _____ to _____

Will you kindly reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility.

For your convenience in replying by return mail, we enclose a stamped self-addressed envelope.

1. Is employment record with your company correct as stated above? _____

2. What kind of work did he/she do? _____

3. Any record of salary garnishments? _____

4. If employed as a driver, specify equipment driven. _____

5. Number of accidents _____ Number preventable _____

6. Was his/her driver's license ever suspended or revoked? _____

7. Reason for leaving your employ? Discharged _____ Laid off _____ Resigned _____

8. Was conduct satisfactory? _____

9. Would you re-employ? Yes No Other _____

10. Remarks _____

11. Drivers License # _____

Date: _____ By _____

D B & E use Only

INTERNAL USE

DATE OF INTERVIEW: _____ By _____

DATE EMPLOYED _____ PAY RATE _____

30 day training period

Evaluation in 60 days