

BOB'S OILFIELD SERVICE

Employment Application



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	Prov.	Postal Code	
Phone	Social Security Number:		
Date Available	Position Applied for? Commercial/Crew Foreman/General Labor		
Previous Roustabout Experience?			
Are you a US Citizen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to Work in the US? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you 18 years of age or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date of Birth:
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

ROUTINE QUESTION	
Do you have Any Physical Limitations that may effect the ability to perform the Job you applied for? Yes <input type="checkbox"/> No <input type="checkbox"/> Explain:	
Have you Ever filed a workers compensation claim? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:	
Have you ever had restricted duty or lost time from work related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes? How long? Restricted Duty?	
Are you willing to work Nights? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you willing to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EXPERIENCE AND QUALIFICATIONS			
Driver's License Number:	State Issued:	Type:	Expiration Date:
Has any permit, license, or privilege to operate a motor vehicle ever been suspended, revoked or denied? <input type="checkbox"/> Yes <input type="checkbox"/> no			
If Yes please explain:			
DRIVING EXPERIENCE: (if none enter none)			
Class of Equipment:	Type (van, tanker, flat, etc..)	How long?	
Straight Truck			
Tractor and Semi-Trailer			
Tractor-two trailers			
Other			

Please list any Special qualifications, trainings, or skills that you feel would help with this job:

H2S Training OSHA 10 hour CPR/FA Others please list:

EXPERIENCE AND QUALIFICATIONS CONT.			
Accident Record (past 3 years) "If none enter none"			
Dates:	Nature of Accident:	Fatalities:	Injuries:
Last Acc:			
Next Prev:			
Next Prev:			
Traffic Convictions and Forfeitures for the past 3 years (other than Parking) "if clear enter Clear"			
Location (state/county):	Date:	Charge:	

EDUCATION				
High School			Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Diploma
College/ University			Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other			Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

Have you ever tested positive, or refused to test, on any drug or alcohol test administered by an employer in which, safety-sensitive transportation work cover by DOT agency drug and alcohol testing rules during the past 3 years? yes no If yes answer the rest of the questions if no skip to previous employment.

Have you successfully completed the return to duty process? yes no

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past 3 years? yes no



PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date
AGREE TO DRUG CHECK AND LICENSE CHECK	
I am aware that Bob's Oilfield Service will do a pre-employment drug test, I am also aware that by signing below I am agreeing to random drug tests as needed or required by the company. I am also aware that Bob's Oilfield Service will be checking my driver's License whenever needed.	
Signature	Date