

Position Applied For: _____ Date of Application: _____

PERSONAL INFORMATION

Last Name		First name		Middle	
Phone Number	Business Phone	Social Security Number	Date of Birth		
Address		Apt. #	P.O. Box		
City		State	Zip		
Emergency Contact Name and Phone Number:					
Are you legally eligible for employment in the USA?		Yes	No		
Do you have a high diploma or GED certificate?		Yes	No		

EDUCATION AND TRAINING

Colleges, Vocational or Technical Schools	Address	Degree or Certification	Date

Description / Training	Issued by	ID #	Expiration Date

PERTINENT SPECIAL SKILLS

Please list experience with machines or other special skills pertinent to the position for which you are applying.

EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSES	STATE	LICENSE NUMBER	CDL (Y/N)	CLASS (A/B/C)	ENDORSEMENTS	Expiration Date

DRIVING	CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN,TANK,FLAT,ETC.)	DATES FROM TO		APPROXIMATE NUMBER OF MILES (TOTAL)
	STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER					
TRACTOR AND MULTIPLE TRAILERS					
OTHER					

ACCIDENTS	DATES (LAST THREE YEARS) (LIST MOST RECENT FIRST)	NATURE OF ACCIDENT (HEAD-ON,REAR END,UPSET,ETC)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES	LOCATION	DATE	CHARGE	PENALTY

ADVERSE LICENSING ACTIONS

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Y/N ____
- B. Has any license, permit, or privilege to operate a motor vehicle been suspended or revoked? Y/N ____

Explain Below (or attach separate sheet if more space is needed):

ADDITIONAL INFORMATION

Have you ever been discharged from any position for misconduct or unsatisfactory service? Yes No

If yes, explain:

Have you ever been convicted of a criminal offense? Yes No

WORK EXPERIENCE

Current or Most Recent Employer:	Address:
Starting Date: Leaving Date:	Reason for Leaving:
Job Duties:	Job Title:
Supervisor and Phone #:	May we contact this employer? Yes No

Employer:	Address:
Starting Date: Leaving Date:	Reason for Leaving:
Job Duties:	Job Title:
Supervisor and Phone #:	May we contact this employer? Yes No

Employer:	Address:
Starting Date: Leaving Date:	Reason for Leaving:
Job Duties:	Job Title:
Supervisor and Phone #:	May we contact this employer? Yes No

REFERENCES

Name	Address/Phone	Years known
Name	Address/Phone	Years known
Name	Address/Phone	Years known

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that all the information provided on this application is true and complete to the best of my knowledge. I understand that misrepresentation or falsification of any of the above information may result in my disqualification for consideration for employment, or, if already employed, immediate termination.

I give Batten Drilling, Inc. permission to obtain copies of my Motor Vehicle Records from any state wherein I am or have been a licensed driver at any time.

DRUG SCREENING: You will be required to take a pre-employment drug test and will be subjected to random drug testing there after.

MEDICAL EXAMS: Certain job positions at Batten Drilling required employees to be fit to perform physical duties related to the essential functions of their jobs. A physical may be ordered before reporting to work or in the course of employment.

Signature of Applicant: _____

Date: _____