

POSITION APPLYING FOR: LABOR / HELPER CDL- DRIVER EQUIPMENT OPERATOR **DATE OF APPLICATION:** _____

PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME / INITIAL	
PHONE NUMBER	BUSINESS PHONE	SOCIAL SECURITY NUMBER		DATE OF BIRTH	
STREET ADDRESS					
CITY		STATE	ZIP CODE		
EMERGENCY CONTACT NAME AND PHONE NUMBER					
ARE YOU LEGALLY ELLIGIBLE TO WORK IN THE UNITED STATES			DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED CERTIFICATE?		
CIRCLE ONE: YES NO			CIRCLE ONE: YES NO		

EDUCATION AND TRAINING

COLLEGE , VOCATIONAL OR TECHNICAL SCHOOLS	ADDRESS	DEGREE OR CERTIFICATE	DATE

DESCRIPTION OF TRAINING	ISSUED BY	I.D. #	EXPIRATION DATE

PERTINENT SPECIAL SKILLS

PLEASE LIST ANY SKILL OR EXPERIENCE YOU MIGHT HAVE THAT IS PERTINENT TO THE POSITION FOR WHICH YOU ARE APPLYING

EXPERIENCE AND QUALIFICATIONS

	STATE	LICENSE NUMBER	CDL Y / N	LICENSE CLASS	ENDORSEMENTS	EXPIRATION DATE
DRIVERS LICENSES						

	CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	FROM DATE	TO DATE	APPROXIMATE NUMBER OF TOTAL MILES
IF APPLICABLE CDL DRIVING EXPERIENCE	STRAIGHT TRUCK				
	TRACTOR & SEMI TRAILER				
	TRACTOR & DBLS / TRIPS				
	OTHER				

	DATE	NATURE OF ACCIDENT (HEAD ON, REAR, END, UPSET, ETC.)	DESCRIBE ANY INJURIES	LIST ANY FATALITIES
ACCIDENTS FOR LAST 3 YEARS				

HAVE YOU EVER HAD YOUR DRIVING PRIVILEDGES: CHECK ONE: REVOKED / SUSPENDED WITHHELD / DENIED NONE OF THESE-N/A

	DATE	LOCATION	CHARGE	PENALTY
TRAFFIC CONVICTIONS				

PLEASE LIST AT LEAST 3 NON-FAMILY REFERENCES

NAME	RELATIONSHIP	YEARS KNOWN	ADDRESS & PHONE NUMBER

PLEASE ANSWER ALL QUESTIONS BELOW

- I UNDERSTAND THAT THERE IS OVERNIGHT AND EXTENDED PERIODS OF TRAVEL REQUIRED FOR THIS JOB. YES NO
- I UNDERSTAND THAT A CRIMINAL HISTORY MAY BE UTILIZED TO DETERMINE FITNESS FOR A POSITION. YES NO
- I UNDERSTAND THAT A DRIVERS LICENSE CHECK WILL BE PERFORMED, AND I MAY BE DENIED EMPLOYMENT FOR EXCESSIVE NUMBERS OF TRAFFIC VIOLATIONS AS WELL AS CERTAIN TYPES OF VIOLATIONS. I.E. DWI, DUI. YES NO
- I UNDERSTAND THAT PRE-EMPLOYMENT IN ADDITION TO RANDOM DRUG TESTS ARE PERFORMED. YES NO
- I UNDERSTAND THAT JOB TASKS ARE "AS ASSIGNED" AND NOT NEGOTIABLE. YES NO
- I UNDERSTAND THAT SAFETY IS A PRIORITY AND I AGREE TO FOLLOW ALL SAFE PRACTICES. YES NO

PLEASE PROVIDE A SHORT EXPLANATION OF WHY YOU WOULD LIKE TO WORK AT BATTEN DRILLING

HOW DID YOU HEAR ABOUT BATTEN DRILLING, PLEASE CHECK ALL THAT MAY APPLY.

FRIEND CURRENT EMPLOYEE OF BDI FORMER EMPLOYEE OF BDI

NEWSPAPER AD WHICH ONE? _____ EMPLOYMENT AGENCY? _____

OTHER EXPLAIN: _____

APPLICANT CERTIFICATION AND AGREEMENT

I CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED HEREIN MAY RESULT IN MY DISQUALIFICATION FOR CONSIDERATION OF EMPLOYMENT, OR, IF ALREADY EMPLOYED MY IMMEDIATE TERMINATION. I GIVE BATTEN DRILLING, INC. PERMISSION TO OBTAIN AND REVIEW COPIES OF MY MOTOR VEHICLE RECORDS, CRIMINAL HISTORY, AND PREVIOUS EMPLOYER INFORMATION.

YOU WILL BE REQUIRED TO TAKE A PRE-EMPLOYMENT DRUG AND OR ALCOHOL TEST PRIOR TO EMPLOYEMENT AND THAT THE DRUG OR ALCOHOL TEST MUST HAVE A NEGATIVE (CLEAN) FINDING TO BE CONSIDERED FOR EMPLOYMENT AT BATTEN DRILLING. BATTEN DRILLING ALSO CONDUCTS RANDOM DRUG AND ALCOHOL TESTING WHICH IS ADMINISTERED VIA A THIRD PARTY. BATTEN DRILLING, INC. IS A DRUG AND ALCOHOL FREE WORK PLACE.

MEDICAL EXAMS, PHYSICALS, ARE REQUIRED FOR CERTAIN JOBS AT BATTEN DRILLING. EMPLOYEES ARE REQUIRED TO PROVE FITNESS FOR DUTY AS RELATED TO CERTAIN ESSENTIAL OR REGULATED JOB DUTIES. A PHYSICAL MAY BE ORDERED PRIOR TO REPORTING FOR WORK OR IN THE COURSE OF EMPLOYMENT WITH BATTEN DRILLING, INC.

YOUR SIGNATURE AND DATE BELOW CERTIFY THAT YOU UNDERSTAND THIS INFORMATION AND AGREE TO IT'S TERMS

SIGNATURE OF APPLICANT _____ DATE OF SIGNATURE _____