



GENERAL DRILLING

**EMPLOYMENT APPLICATION**

*In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability.*

**TO BE READ AND SIGNED BY APPLICANT**

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) could be contacted, for the purpose of investigating my performance history.

I authorize General Drilling, Inc. to retrieve my driving record from the BMV and to make such inquiries and investigations of my personal, employment, financial or medical history and other matters as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

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.

**Applicant Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

CURRENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_ - \_\_\_\_ - \_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_



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## WORK EXPERIENCE & EDUCATION

CURRENT or LAST EMPLOYER COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ SUPERVISOR EMAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ JOB DESCRIPTION: \_\_\_\_\_

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\*\*Account for period between jobs—Include dates (month/year) and reason: \_\_\_\_\_

SECOND LAST EMPLOYER COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ SUPERVISOR EMAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ JOB DESCRIPTION: \_\_\_\_\_

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

THIRD LAST EMPLOYER COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ SUPERVISOR EMAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ JOB DESCRIPTION: \_\_\_\_\_

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MARK YOUR HIGHEST GRADE COMPLETED: 9 10 11 12 COLLEGE: 1 2 3 4 Other: \_\_\_\_\_

OTHER TRAINING or CERTIFICATION: \_\_\_\_\_

HAVE YOU RECEIVED ANY SAFETY AWARDS OR SPECIAL TRAINING? \_\_\_\_\_

\*IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU APPLIED? \_\_\_ Yes \_\_\_ No

\*HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_ Yes \_\_\_ No

\*If Yes, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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**DRIVER'S INFORMATION**

LICENSE #: \_\_\_\_\_ TYPE: \_\_\_\_\_ STATE: \_\_\_\_\_  
EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
CDL  YES  NO TYPE: \_\_\_\_\_  
A, B or C  
LIST ANY ADDITIONAL LICENSE(S) HELD IN THE PAST 3 YEARS:  
TYPE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_  
TYPE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_  
HAS YOUR PERMIT, CDL OR PRIVILEGE TO OPERATE MOTOR VEHICLE EVER BEEN DENIED, SUSPENDED, OR REVOKED?  
 Yes  No \*\*If Yes, Explain: \_\_\_\_\_  
DO YOU HAVE KNOWLEDGE OF FEDERAL MOTOR CARRIER SAFETY REGULATIONS?  YES  NO

PLEASE LIST ALL MOTOR VEHICLE ACCIDENTS IN WHICH YOU WERE INVOLVED (BOTH COMMERCIAL & PRIVATE) DURING THE PAST 3 YEARS: (if None, write "NONE")

DATE:	DESCRIPTION:	STATE:	# INJURED / FATALITIES	HAZ. MAT. SPILL
____/____/____	_____	_____	_____/____	____ YES
____/____/____	_____	_____	_____/____	____ YES
____/____/____	_____	_____	_____/____	____ YES

LIST ALL TRAFFIC CONVICTIONS OR LOSS OF DRIVING PRIVILEGES (BOTH COMMERCIAL AND PRIVATE) FOR PAST 3 YEARS: (if None, write "NONE")

DATE:	STATE:	CHARGE:	PENALTY:
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____

HAVE YOU EVER BEEN CONVICTED FOR DUI, DWI or OUI?  YES  NO

ANY ADDITIONAL CERTIFICATIONS OR TRAINING THAT WOULD PERTAIN TO YOUR APPLIED POSITION (ie MSHA, OSHA, CPR):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Disclosure under Fair Credit Reporting Act  
and  
Consent to Procurement of Motor Vehicle Report  
for  
Employment Purposes Form**

The undersigned hereby  
authorizes

**General Drilling Inc.**

\_\_\_\_\_  
Name of employer

or its insurance agency Tobias Insurance Group, or its assigns, to obtain copies of Motor Vehicle Reports, which may be classified as a consumer report, pertaining to me for employment purposes and for use in rating and/or underwriting insurance for which the above-named employer may apply and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

License number and State: \_\_\_\_\_



Employer should retain these records for a **MINIMUM** of **TWO** years after: 1) employment ends or 2) the last year in which a Motor Vehicle Record was ordered, as part of the record keeping requirements under the FCRA.



A copy of the "Summary of Consumer Rights" must be provided in the case of an adverse decision based on the report obtained.