



APPLICATION FOR EMPLOYMENT

As part of the application process, Encore Oilfield Services, LLC may conduct background checks on applicants.

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all federal and state laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, or physical or mental disability, except where a reasonable, bona fide occupational qualification exists.

PLEASE TYPE OR PRINT IN INK --

			Today's Date	
Name			Social Security Number	
Address			How Long?	
City			State	Zip Code
Daytime Telephone	Home Telephone	Email Address		
Position for you which you are applying				
Check the following options you would consider __ Full Time __ Part Time __ Temporary			If part time, specify hours or days	
			What is your minimum salary requirement?	
Do you have commitments to another employer that might affect your employment with us?			Date available for work	

EDUCATION & TRAINING

	SCHOOL NAME	CITY AND STATE	DEGREE/DIPLOMA MAJOR COURSE OF STUDY	DEGREE RECEIVED?
High School/GED				__ Yes __ No
College				__ Yes __ No
Graduate School				__ Yes __ No
Trade School				__ Yes __ No

List any other education, training, special skills or certificates/licenses that you possess related to the job.

Professional License / Certification Type	Issuing Agency	St Issued	Exp Date
Professional License / Certification Type	Issuing Agency	St Issued	Exp Date
License/Certification #			
Professional License / Certification Type	Issuing Agency	St Issued	Exp Date
License/Certification #			

List any machines, equipment or software programs on which you are qualified and experienced in operating

List any languages that you speak fluently:	Read/write:
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Do you have a valid driver's license in this state? __ Yes __ No

Military Experience? __ Yes __ No	If yes, what branch?	Rank at separation:
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GENERAL INFORMATION

Can you, after employment, submit verification of your legal right to work in the United States?	__ Yes __ No
Are you 16 years old or over? If under 18, state age _____.	__ Yes __ No
Were you previously employed by Encore Oilfield Services? If Yes, give dates:	__ Yes __ No
List any relatives working for Encore Oilfield Services	
Can you perform the essential job functions?	__ Yes __ No
Do you require any accommodation to perform the essential functions of this job? If Yes, please explain:	__ Yes __ No

EMPLOYMENT HISTORY

Applicant Name: _____

List all work experience beginning with the present or most recent job
Name of Employer

MOST RECENT JOB HELD

Name of Employer		Type of Business	
Address	City	State	Zip Code
Dates Employed from (mo/year) - to (mo/year)		Title	
Name and Title of Supervisor		Telephone Number	
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Employment <input type="checkbox"/> Full Time or <input type="checkbox"/> Part Time	
Brief Description of Duties			
Reason for Leaving		Last Salary	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (mo/yr) and reason _____			

PREVIOUS EMPLOYMENT

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Brief Description of Duties			
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Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (mo/yr) and reason _____			

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Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (mo/yr) and reason _____			

List three individuals, in addition to listed employment references, known to you for at least three years.

NAME	OCCUPATION	TELEPHONE
1		
2		
3		

ADDITIONAL INFORMATION

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, article/books published, honors received, etc. (You may omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin, or disability.)

CRIMINAL RECORD INFORMATION

ALL APPLICANTS: Exclude any records expunged, annulled, sealed, or discharged under first-offender law.

During the past ten years, have you ever been convicted of, plead guilty to, or received probation, deferred adjudication, or any other type of alternative method of supervision or correction for a misdemeanor, having a penalty of imprisonment or a fine of more than \$500, or a felony? (Answering Yes is not an automatic bar to employment but will be considered in relation to specific job requirements.)	__ Yes __ No
Have you been convicted of a crime (exclude minor traffic cases; include DUIs)?	__ Yes __ No
Are criminal charges now pending against you? If Yes, describe:	__ Yes __ No

AGREEMENT (Please read the following statement carefully.)

Applicant Name: _____

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to be the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give Encore Oilfield Services any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and Encore Oilfield Services from liability for any damage that may result from furnishing same to Encore Oilfield Services.

I understand that Encore Oilfield Services will provide workers' compensation insurance coverage for its employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under Encore Oilfield Services's workers' compensation insurance policy.

If employed by Encore Oilfield Services, I agree to abide by the policies and procedures of Encore Oilfield Services which includes the Anti-Harassment Policy. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of Encore Oilfield Services or myself. I further understand that no manager or representative of Encore Oilfield Services other than the president of Encore Oilfield Services has any authority to enter into any agreement, oral or written, on behalf of Encore Oilfield Services for a term of employment or to make any assurance or promise of continued employment.

I understand that Encore Oilfield Services may obtain a consumer and/or investigative consumer report for employment purposes that may include information regarding prior employment, work experience and performance, reasons for employment termination, and information as to character, general reputation, personal characteristics, or mode of living. The report may also contain a records check of driving, criminal, credit, education, degrees, professional licenses and/or certification records depending on the position. By signing this application, I authorize the procurement of a consumer and/or investigative consumer report by Encore Oilfield Services as part of the pre-employment background investigation and if hired, at any time during my employment.

I understand and agree that I may be required to take a drug and alcohol screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test result to Encore Oilfield Services for its use. I understand that any positive drug or alcohol result may preclude my employment.

Signature

Date

Printed Name

**ACKNOWLEDGEMENT AND AUTHORIZATION
FOR CONSUMER REPORTS**

Encore Oilfield Services, LLC

In connection with your application for employment with Encore Oilfield Services, LLC you understand that consumer reports or investigative consumer reports may be requested about you including information about your character, general reputation, personal characteristics and mode of living, employment record, education, qualifications, criminal record, driving record, credentials and/or credit and indebtedness, and may involve personal interviews with sources such as supervisors, friends, neighbors, associates, public record or various Federal, State or Local agencies.

You hereby authorize the obtaining of such consumer reports and investigative consumer reports at any time after receipt of this authorization. By signing below, you hereby authorize without reservation, any party or agency contacted by this employer, or the consumer reporting agency acting on behalf of this company, to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment with this company. You also agree that a fax or photocopy of this authorization with your signature shall be accepted with the same authority as the original.

For California, Minnesota or Oklahoma applicants only: If you would like to receive a copy of the consumer report, if one is obtained, please check this box.

For California applicants only: If public record information is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information unless you check this box waiving your right to obtain a copy of the report.

Printed Name: _____

Signature: _____

Date: _____

Social Security #: _____

Current Address: _____

City State Zip

Other Names Used: _____
Include Maiden or Name Changes, No Direct Derivatives Ex: Susan vs. Sue

Date of Birth: _____

Drivers License Number: _____ State: _____

Education: _____
Name of School Highest Grade Completed or Degree

School Address City, State, Zip

School Phone Number Name While Attending

Did you graduate? (Yes or No) Dates of Attendance (From - To)