



ATS DRILLING, L.P.

PROSPECTIVE EMPLOYEES WILL RECEIVE CONSIDERATION WITHOUT DISCRIMINATION BECAUSE OF RACE CREED, COLOR, SEX, AGE, NATIONAL ORIGIN, DISABILITY OR VETERAN STATUS.

APPLICATION FOR EMPLOYMENT - C.D.L.

How did you hear about ATS Drilling? (Check One)

Today's Date: _____

Walk in _____ Referral _____ Newspaper _____ Texas Workforce Commission _____ Other _____

*

Last Name First Middle Date of Birth

*

Street Address Home Phone
()

*

City State Zip Business Phone
()

Have you ever applied for employment with us?

Social Security Number

(Circle One) Yes No If Yes: Month and Year

Have you ever worked for ATSD?

(Circle One) Yes No Position Desired

Are you available for full-time work? (Circle One) Yes No

Only U.S. Citizens or Aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment provide genuine documentation establishing your identity and eligibility to be legally employed in the United States?

(Circle One) Yes No

Have you ever been convicted of a crime, felony or misdemeanor, other than a minor traffic violation? (Circle One) Yes No
If your answer is "Yes", explain in detail on a separate sheet of paper. Please give dates and nature of the offense. (Any false statement regarding a felony or misdemeanor conviction will be an automatic bar from employment.)

Do you have any family members or relatives who work for ATS Drilling? (Circle One) Yes No

Address For

Past Three Yrs: _____ How Long? _____
(Street) (City) (State & Zip Code)

(Street) (City) (State & Zip Code) How Long? _____

(Street) (City) (State & Zip Code) How Long? _____

Check Skills or Special Training you have --

___ Drill Rig

___ Crane

Other special training or skills

___ Front End Loader

___ Welding

___ Languages spoken other than English

EDUCATION

Name/Location

Course of Study

Years Completed

Graduate Y or N

Degree or Diploma

COLLEGE

HIGH

OTHER

EMPLOYMENT HISTORY

NOTE: DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown

Please give accurate, complete full-time part-time employment record. Start with present or most recent employer.

1 First Most Recent: Company Name

Telephone
()

Address

Employed (State Month and Year)

Name of Supervisor

Pay Rate

State Job Title and Describe Your Work

Reason For Leaving

2 Second Most Recent: Company Name

Telephone
()

Address

Employed (State Month and Year)

Name of Supervisor

Pay Rate

State Job Title and Describe Your Work

Reason for Leaving

3 Third Most Recent: Company Name

Telephone
()

Address

Employed (State Month and Year)

Name of Supervisor

Pay Rate

State Job Title and Describe Your Work

Reason for Leaving

Can we contact your previous employers? _____ Yes _____ No

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	From	Dates To	Approx. No. of Miles (Total)
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Straight Truck _____

Tractor and Semi-Trailer _____

Tractor - Two Trailers _____

Other _____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

Dates	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries
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Last Accident: _____

Next Previous: _____

Next Previous: _____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Location	Date	Charge	Penalty
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(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY PRIOR TO SIGNING THIS APPLICATION

I, _____, hereby apply for employment with ATS Drilling, L. P. (hereinafter referred to as ATSD). I specifically verify that all the information provided in this APPLICATION FOR EMPLOYMENT is true, complete and correct.

I understand and agree that the omission or misrepresentation of any fact in the APPLICATION FOR EMPLOYMENT will be sufficient reason for ATSD, to deny me employment. I also understand and agree that should I become employed by ATSD and it is later discovered I have omitted or misrepresented any fact in this APPLICATION FOR EMPLOYMENT, in any supplement thereto, or any other corporate record, ATSD may immediately terminate my employment upon discovery of such omission or misrepresentation.

I understand that ATS Drilling L.P. is an "at will" employer. No part of this application for employment creates a contract of employment. "At will" means ATSD or ATSD employees can terminate employment at any time, with or without cause or advanced notice as long as it does not violate any applicable federal or state laws.

ATS Drilling L.P. is an Equal Employment Opportunity employer. All prospective employees will receive consideration without regard to race, creed, age, gender, national origin, color, disability, or veteran status.

I will abide by the safety rules of this company. If injured, I authorize my employer to use best judgment for treatment unless I instruct otherwise.

I authorize ATSD to obtain information about me from my previous employers and conduct reference checks pertaining to my previous employment from any company or person I have listed on this application. I also authorize ATSD to conduct a Motor Vehicle Records (MVR) check and a criminal background check.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education or any other information they might have, personal or otherwise. I release all such parties from all liability from any damages which may result from furnishing such information to you.

I understand that any job offers are contingent upon my ability to legally work in the United States, pass a drug test and pre-employment physical. I consent to the release of the test results to ATSC for its use.

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.

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

Applicant's Signature _____ Date _____

THIS APPLICATION EXPIRES IN 30 DAYS FROM THIS DATE

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential file and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

(Please Print)

Date: _____

Government agencies at times require periodic reports on the sex, ethnicity, disability, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action Program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

* _____

Name

* _____

Address

* _____

City

State

Zip

* _____

Social Security Number

* _____

Current Job

Check One

_____ Male _____ Female

Ethnic Origin (Check One)

_____ White _____ Hispanic _____ American Indian/Alaskan Native

_____ Black _____ Other _____ Asian/Pacific Islander

* _____

Birthdate