



Casedhole Solutions, Inc.

4700 Commerce, Weatherford, OK 73096 * (580)774-1800 Fax (580)774-1804

APPLICATION FOR EMPLOYMENT

Applicant Name: _____

Applicant Phone: _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital status, veteran status, non-job related disability, genetic information or any other protected group status.

I authorize you to make such investigations and inquiries of my personal, employment or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

I understand that my employment with Casedhole Solutions, Inc. is contingent upon meeting ATF licensing requirements.

I certify 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.

BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

In the interest of maintaining the safety and security of our customers, employees and property, Casedhole Solutions, Inc. will order a "consumer report" (**a background report**) on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes.

The background check company, ADP Screening and Selection Services, will prepare the background report for the Company. ADP Screening and Selection Services is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached at 800-367-5933.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; and drug testing results. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by ADP Screening and Selection Services or another outside organization.

You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form.

AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of my personal information on this form is *true and correct* and understand that dishonesty will disqualify me from consideration for employment with the Company, or if I am hired or already work for the Company, that my employment may be terminated.

Applicant Signature _____

Date _____

If you live or work for the Company in California, Minnesota or Oklahoma: check this box if you would like a free copy of your background check report.

STATE SPECIFIC NOTICES

If you live or work for the Company in the states listed below, please note the following:

CALIFORNIA: You may view the file that ADP Screening and Selection Services has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by coming to their offices, during normal business hours and on reasonable notice, or by mail. You may also ask for a file-summary by telephone. ADP Screening and Selection Services can answer questions about information in your file, including any coded information. If you come in person, another person can come with you, so long as that person can show proper identification.

MAINE: If you ask us, you have the right to know whether the Company ordered an investigative consumer report on you. You may request the name, address, and telephone number of the nearest office for ADP Screening and Selection Services. You will get this information within 5 business days of our receipt of your request. You have the right to ask ADP Screening and Selection Services for a free copy of the report.

MARYLAND: If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

MASSACHUSETTS/NEW JERSEY: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from ADP Screening and Selection Services. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

MINNESOTA: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any.

NEW YORK: If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from ADP Screening and Selection Services, and you will be provided with the name and address of ADP Screening and Selection Services. You may inspect and order a free copy of the reports by contacting ADP Screening and Selection Services. A copy of Article 23A of the New York Correction Law is being provided with this form.

OREGON: If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

WASHINGTON STATE: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report we ordered, if any. You also have the right to ask ADP Screening and Selection Services for a written summary of your rights under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

Applicant to Complete
Answer all questions. Please print.

Position(s) Applied for: _____ Rate of Pay Expected: _____

Name: _____ Maiden/Other Names: _____

Social Security Number: _____ Date of Birth: _____

Do you have the legal right to work in the United States? yes no

Can you provide proof of age? yes no

Have you ever been convicted of a felony? yes no

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar of employment- all circumstances will be considered.

Have you worked for this company before? yes no

If yes, location worked? _____ Position: _____ Dates: _____

Referred by: _____

Do you have any family members currently employed by Casedhole Solutions, Inc.? yes no

If yes, name: _____ Location: _____

Is there any reason you might be unable to perform the functions of the job for which you are applying? Job

Description is available upon request. yes no

If yes, explain if you wish:

List your addresses of residency for the past 7 years.

Current Address

Street _____

City, State, Zip Code _____ How Long? _____

Previous Addresses:

Street _____

City, State, Zip Code _____ How Long? _____

Street _____

City, State, Zip Code _____ How Long? _____

Education

Highest Level of Education Completed: _____

Last School Attended: _____ City, State _____

Employment History

Please list all employers for the past 7 years starting with the most recent.

Employer Name _____ Dates Worked _____
Address _____ Position Held _____
City, State, Zip Code _____ Salary/Wage _____
Contact Person _____ Reason for Leaving _____

Employer Name _____ Dates Worked _____
Address _____ Position Held _____
City, State, Zip Code _____ Salary/Wage _____
Contact Person _____ Reason for Leaving _____

Employer Name _____ Dates Worked _____
Address _____ Position Held _____
City, State, Zip Code _____ Salary/Wage _____
Contact Person _____ Reason for Leaving _____

Employer Name _____ Dates Worked _____
Address _____ Position Held _____
City, State, Zip Code _____ Salary/Wage _____
Contact Person _____ Reason for Leaving _____

Employer Name _____ Dates Worked _____
Address _____ Position Held _____
City, State, Zip Code _____ Salary/Wage _____
Contact Person _____ Reason for Leaving _____

Driving History

List all driver licenses or permits held in the past 3 years.

State	License Number	Type	Expiration Date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? yes no

If yes, explain: _____

Has any license, permit, or privilege ever been suspended or revoked? yes no

If yes, explain: _____

List accident record for the past 3 years.

Dates	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Fatalities	Injuries	Hazardous Material Spill

List all traffic convictions and forfeitures for the past 3 years.

Location	Date	Charge	Penalty

Experience and Qualifications

Class of Equipment	Circle Type of Equipment	Dates	Approx. No. of Miles
Straight Truck <input type="checkbox"/> yes <input type="checkbox"/> no	Van, Tank, Flat, Dump, Refer		
Tractor & Semi Trailer <input type="checkbox"/> yes <input type="checkbox"/> no	Van, Tank, Flat, Dump, Refer		
Tractor- Two Trailers <input type="checkbox"/> yes <input type="checkbox"/> no	Van, Tank, Flat, Dump, Refer		
Tractor- Three Trailers <input type="checkbox"/> yes <input type="checkbox"/> no	Van, Tank, Flat, Dump, Refer		
Other:			

List states operated in for the last 5 years: _____

List any training or special courses that will help you as a driver: _____

List any safe driving awards you have received: _____

List special equipment or technical materials you can work with: _____



FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)

Applicant Authorization to Release DOT Drug/Alcohol Test Results/Release Safety Performance History

(As required by 49 CFR Parts 40.25 and 391.23)

SECTION A - TO BE COMPLETED BY DRIVER APPLICANTS ONLY - PLEASE PRINT CLEARLY

Name of Applicant: _____ SS#: _____ Date of Birth: _____

I, as the Applicant named above, understand that as a condition of hire with Casedhole Solutions, Inc. and any of its subsidiaries, I must consent to a release to DISA, Inc. of the results of all DOT mandated drug and/or alcohol information from all of the employers for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous three (3) years for all DOT agencies.

Below, I have listed all of the employers for which I have worked during the past three (3) years. I hereby authorize my previous employers to furnish Casedhole Solutions, Inc. and any of its subsidiaries and DISA, Inc. the DOT information described below.

Previous Employer Name	Address	Phone Number	Fax Number	Dates of Employment

I have read and fully understand this authorization to release my previous drug and alcohol test information to DISA, Inc., identified by the check boxes below. In signing below, I certify that all of the information I have furnished on this form is true and complete, and that I have identified all of the employers for which I have worked in a DOT safety-sensitive position during the previous three (3) years. I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional assessment, recommendations, education and treatment, including costs involving return-to-duty and follow-up testing yet to be completed.

I do hereby authorize you to release the following information to DISA, Inc. on behalf of Casedhole Solutions, Inc. and any of its subsidiaries or agents, for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Check this box if you have NOT performed DOT functions in the past three years.

Check this box if you have tested positive, or refused to test, on any DOT pre-employment drug or alcohol test for an employer who did not hire you during the past three (3) years.

Signature of Applicant _____

Date _____

SECTION B - TO BE COMPLETED BY PROSPECTIVE EMPLOYER

FROM: PROSPECTIVE EMPLOYER

Company: _____
Contact: _____
Address: _____
City ST Zip: _____
Phone #: _____ Fax #: _____

TO: PREVIOUS EMPLOYER

Company: _____
Contact: _____
Address: _____
City ST Zip: _____
Phone #: _____ Fax #: _____

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding the date above. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). Please phone/fax/mail or email the following information to:

**DISA, Inc., Attn: Backgrounds, 12600 Northborough Drive, Houston, TX 77067
phone: 281-673-2433 fax: 713-972-3424 e-mail: Backgrounds@DISA.com**

SECTION C - TO BE COMPLETED BY PREVIOUS EMPLOYER

- Has this individual had an alcohol test with a result of 0.04 or higher alcohol concentration? Yes No
- Has this individual had verified positive drug tests? Yes No
- Has this individual refused to be tested (including verified adulterated or substituted drug test results)? Yes No
- Has this individual had other violations of DOT agency drug and alcohol testing regulations? Yes No
- Did a previous employer report a drug or alcohol rule violation to you? Yes No

If yes, you must provide previous employer's report even though it may be outside the three (3) year time period.

- If the answer is "yes" to any of the above items, did the employee complete the return-to-duty process? Yes No

If yes, you must also transmit the appropriate return-to-duty documentation (e.g., SAP reports, follow-up testing records, etc.).

- If you referred the individual to a Substance Abuse Professional, please supply the Name, Address and Phone # for the SAP below.

Name: _____ Address: _____ Phone#: _____

- Did the above named individual drive a commercial motor vehicle (CMV) for you? Yes No

If Yes, what type? Straight Truck Tractor-Semi trailer Bus Cargo Tank Doubles/Triples Other (specify) _____

- Are the listed employment dates for your company correct above? If no, please provide correct dates: _____ to _____

- Reason for leaving your company: Discharged Resignation Lay Off Military Duty Other (specify) _____

- While a CMV driver for you, was the individual involved in any accidents as defined in 390.5? Yes No

If yes, please supply the following information for any accident on your accident register (390.15(b)) that involved the above named individual for the three (3) years prior to the date next to their signature.

Date	Location	No. of injuries	No. of fatalities	Hazmat Spill?
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Enclosed is other accident information pursuant to the employer's internal policies, or reports required by state or other government entities or insurers, for retaining more detailed minor accident information (391.23(d)(2)(ii)).

Print Your Name and Title:

Signature: _____ Phone #: _____ Date: _____

NEW YORK CORRECTION LAW ARTICLE 23-A LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

Section 750. Definitions.

1. **Applicability.**
2. **Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.**
3. **Factors to be considered concerning a previous criminal conviction; presumption.**
4. **Written statement upon denial of license or employment.**
5. **Enforcement.**

§750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

- (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
- (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
- (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
- (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
- (e) The age of the person at the time of occurrence of the criminal offense or offenses.
- (f) The seriousness of the offense or offenses.
- (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
- (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

• **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identify theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051