

# Employment Application

## Personal Information

Name (Last, First, Middle)

Street Address

City, State, Zip

Home/Mobile Number

Email Address

Social Security Number

Driver's License Number

## Employment Desired

Position Applying for

How did you hear about this position?

Date available for work

Desired hours (full time, part time, etc.)

## Education

	Name and Address of School	Course of Study	Total Years of Study	Degree/ Diploma
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

List any seminars, classes or other education not listed above which may help qualify you for this position (if you need additional space, please use page 2):


## References - List a person NOT related to you who has knowledge of you or your work performance within the last 5 years

Name		Occupation	
Company Name		Address	
Telephone	Email	Relationship & years acquainted	

## Employment History

List below all present and past employers over the past ten years, starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer? ☐ YES ☐ NO

Employer (current <input type="checkbox"/> YES <input type="checkbox"/> NO)	Start Date	End Date	Essential job functions of final position
Address			1.
City, State, Zip	Phone number		2.
Job Positions	Name/Email of Supervisor		3.
Reason(s) for leaving			4.
What Value did you add to this company or its customers?			

Employer (current <input type="checkbox"/> YES <input type="checkbox"/> NO)	Start Date	End Date	Essential job functions of final position
Address			1.
City, State, Zip	Phone number		2.
Job Positions	Name/Email of Supervisor		3.
Reason(s) for leaving			4.
What Value did you add to this company or its customers?			

## Additional Space

Additional space provided to expand on any points or questions asked previously in this application


**PLEASE USE ADDITIONAL PAPER IF NECESSARY**

# Employment Application

## Additional Information

List any professional, trade, business or civic activities and offices held.

You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability or any other protected status.

List any languages other than English that you can speak, read or write that could be of benefit to the position applied for:

	Fluent	Good	Fair
Speak			
Read			
Write			

Identify formal job training that relates to this position:

Identify what skills or certification you possess related to this position:

If you are hired, what value would you add to our company?:

Describe what you believe are the most unique features of your work history:

## Additional Information

Have you ever been employed with this Company Before?

☐ YES

☐ NO

If Yes, when?

Do you have any friends or relatives employed by this company?

☐ YES

☐ NO

If Yes, please provide their names and relationship to you:

Are you currently employed?

☐ YES

☐ NO

May we contact your employer?

☐ YES

☐ NO

Are you currently on "lay off" status and subject to recall?

☐ YES

☐ NO

If you are under 18 years of age, can you provide proof of your eligibility to work?

☐ YES

☐ NO

If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.?

☐ YES

☐ NO

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation?

☐ YES

☐ NO

If hired, are there any accommodations the company would need to provide so that you can perform all those essential functions and duties of the position being applied for?

☐ YES

☐ NO

If Yes, please explain:

If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence ("DUI")?

☐ YES

☐ NO

☐ N/A

If hired, do you have a reliable means of transportation to and from work?

☐ YES

☐ NO

If hired, would you be able to travel or work overtime as needed?

☐ YES

☐ NO

Have you ever been convicted of a felony or misdemeanor?

☐ YES

☐ NO

If Yes, please explain:

# Employment Application

*Please read each statement closely and initial each acknowledging your understanding*

## **Equal Employment Opportunity Statement**

\_\_\_\_\_ This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and Local Laws providing for equal employment opportunities, as well as all Laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or Local Laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

## **Discrimination and Sexual Harassment Policy Statement**

\_\_\_\_\_ This company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating and intimidating, hostile or offensive work environment.

## **Disclosure to Applicants Concerning Drug/Alcohol Testing**

\_\_\_\_\_ If you are offered a position with the Company, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

## **Complete and Accurate Information**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

**At-Will Employment**

\_\_\_\_\_ I understand and agree that if I am employed, my employment will be “at-will”, which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company’s President.

**Testing Authorization**

\_\_\_\_\_ If offered a position with the Company, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment.

**Investigation Authorization**

\_\_\_\_\_ I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job, I also authorize post-hire investigation into my credit, driving and criminal background.

**Investigation Authorization**

\_\_\_\_\_ I understand and agree that the Company’s acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application.

**I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE  
TO BE BOUND BY THEM IF EMPLOYED BY THE COMPANY.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

# *Preferred Drilling Solutions, Inc*

8820 66<sup>th</sup> Street N  
Pinellas Park, FL 33782

## **DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

COMPANYNAME ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. These reports will include checks regarding your criminal history, social security trace, employment and education references, professional licenses and credentials. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. These reports may contain information regarding your use of social media, and other publicly accessible information. Social media includes, but is not limited to, social networking websites (i.e., Facebook and others), professional networking websites (i.e., LinkedIn and others), blogs, and other online media.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by Background Decision, (800) 813-4381, 155 Brookdale Drive, Springfield MA 01104, Backgrounddecision.com. To the extent permitted by law, the Company may obtain consumer reports from any outside organization throughout the course of your employment.

My signature below certifies that this acknowledgement and authorization was completed by myself and is complete and true to the best of my knowledge. Copies and facsimile copies of this document may be accepted in lieu of the original.

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Applicant Signature

---

Printed Name

---

Date

## ACKNOWLEDGMENT AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT. I certify that I have read and understand those documents. I hereby authorize the obtaining of "consumer reports" by the Company at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Background Decision, 155 Brookdale Dr, Springfield, MA 01104, Phone: 413-736-4511 / 800-813-4381, Fax: 413-733-2061 / 800-345-3392, <http://www.backgrounddecision.com>, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

My signature below certifies that this acknowledgement and authorization was completed by myself and is complete and true to the best of my knowledge. Copies and facsimile copies of this document may be accepted in lieu of the original.

\_\_\_\_\_  
Applicant Signature

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

\_\_\_\_\_  
Date

## APPLICANT INFORMATION

\_\_\_\_\_  
Social Security #\*

\_\_\_\_\_  
Date of Birth\*\*

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
State

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
*Residence Dates: (From – To)*

\_\_\_\_\_  
Previous Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
*Residence Dates: (From – To)*

\_\_\_\_\_  
Please list alias names you have used in the past seven years here. *(May include maiden names, former legal names, etc)*

\* *Date of Birth & Social Security Number are being requested in order to obtain accurate retrieval of records.*

For a copy of our privacy policy, please visit [http://www.strateginfo.com/pubs/sir\\_privacy\\_statement.pdf](http://www.strateginfo.com/pubs/sir_privacy_statement.pdf)



## *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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **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 identity 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, 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **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.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**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. For information about your federal rights, contact:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street SW Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20549
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

DATE	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries



## Moving Traffic Convictions and Forfeitures for the past 3 years.

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

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 revoked? ☐ Yes ☐ No

If yes attach statement giving details.

This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be controlled substances tested with a negative result prior to driving.

Do you consent to such Testing? ☐ Yes ☐ No

As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

Have you ever tested positive, or refused to test on any pre-employment drug or alcohol test? ☐ Yes ☐ No

If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section).

## EMPLOYMENT RECORD

All for past 3 years and Commercial Driving Experience for the past 10 years

Last Employer:			
Position held:	<i>See pages 2-4</i>	<input type="checkbox"/> CDL?	From: _____ To: _____
Address:		City:	ST: _____
Telephone #:		FAX:	
Reason For Leaving:			
Last Employer:			
Position held:		<input type="checkbox"/> CDL?	From: _____ To: _____
Address:		City:	ST: _____
Telephone #:		FAX:	
Reason For Leaving:			
Last Employer:			
Position held:		<input type="checkbox"/> CDL?	From: _____ To: _____
Address:		City:	ST: _____
Telephone #:		FAX:	
Reason For Leaving:			
Last Employer:			
Position held:		<input type="checkbox"/> CDL?	From: _____ To: _____
Address:		City:	ST: _____
Telephone #:		FAX:	
Reason For Leaving:			
Last Employer:			

Position held: _____	[ ] CDL? From: _____ To _____
Address: _____	City: _____ ST: _____
Telephone #: _____	FAX: _____
Reason For Leaving: _____	

This certifies that this application was completed by me, and that all entries on it and information in it are true to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
DATE



# Este Empleador Participa en E-Verify

## E-Verify™



Este empleador le proporcionará a la Administración del Seguro Social (SSA) y al Servicio de Inmigración y Control de Fronteras (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

**IMPORTANTE:** En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

### A V I S O

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial Ramada al 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification. Done.

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS Ramada al:

**1-888-464-4218**



E-Verify is a service of DHS and SSA

# This Employer Participates in E-Verify

## E-Verify™



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

**IMPORTANT:** If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match

the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

### N O T I C E

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification. Done.

For more information on E-Verify, please contact DHS at:

**1-888-464-4218**



E-Verify is a service of DHS and SSA