

Box 1525 Dalhart, Texas 79022 806-249-4585

# APPLICATION FOR EMPLOYMENT

Date:	<u> </u>			
Name:				
	Cell #			
Social Security #				
In Case of Emergency N	lotify: Name			
Address				
	Night			
Relationship				
1	telephone number of three refo			
The job requires you to	work late and on Saturdays. Do	oes this create any problems?	□ Yes	□ No
The job requires you to	lift materials weighing up to 10	00 lbs. Can you handle this?	□ Yes	□ No
Do you have any medicated If yes what	al conditions?		□ Yes	□ No
Special Skills and Quali	fications:			

### The Job Requires a CDL Drivers License. The Following Are Pertinent in Fulfilling the Job Duties.

In the event you are hired without a Cl	DL it is requi	ired you get	one within 6 mont	hs.	
Do you currently have a valid Drivers	License?	$\square$ No	□ Yes		
Driver License: State License #			Exp Date		
I Authorize D B & E to Run a Motor	Vehicle Rej	<b>port.</b> This a	uthorization will b	e remain valid as lo	ong as I am
employed for D B & E (If hired).					
Signature			I	Date	
Is your license currently revoked or sus	spended?		$\square$ No	□ Yes	
Have you ever been denied or had a dri	ivers license	revoked?	□ No	□ Yes	
Why?					
	Acci	ident Recor	d		
Tink all and dense in additional accompany in		ident Recor			
List all accidents in which you were in Date Nature of accident	volved as a d	iriver during	the past 3 years:		
Traffic V	iolation Rec	cord for the	past Three Years	S	
Date Type Loc	cation				

### EMPLOYMENT FOR THE PAST 8 YEARS

(Beginning with the Most Recent)

Current Employer:		
Address:		
Position Held		Salary
Type of Work Performed		
Reason for Leaving		
Employers Name:		
Address:		
Position Held		
Type of Work Performed		
Reason for Leaving		
Employers Name:		
Address:		
Position Held		Salary
Type of Work Performed		
Reason for Leaving		
Employers Name:		
Address:		
Position Held		Salary
Type of Work Performed		
Reason for Leaving		
Employers Name:		
Address:		
Position Held		
Type of Work Performed		
Reason for Leaving		

## **VOLUNTARY INFORMATION**

Birth Date:			
Married Divorced	Separated	Single	Common Law
Number of Dependents?			
Dependents Names & Ages: (To be used	d for insurance pur	poses)	
Name	Birtl	n Date	Social Security #
(Spouse)			
Are you currently on probation for any r	reason. $\square$ NO	o □ YES	
Have you ever been convicted of, or have	e you pleaded guil	ty or no contest (no	olo contendere) to a crime.
□ NO □ YES			
(Answering "yes" will not automatically b	oar you from employ	yment. However, w	e would appreciate an explanation.)
If ves please explain			

### Job Description for Roughneck

This person shall be totally responsible for his actions. Roughnecks will help carry out day to day operations of their assigned rig. A roughneck shall also be responsible for, but not limited to the following:

- 1. Preform duties and complete work with the highest "quality" in a timely manner.
- 2. Be able to carry out directions from supervisors of D B & E with due diligence.
- 3. Never be a hazard to the general public. (On highway and off)
- 4. Abide by all policies of D B & E.
- 5. Be honest and courteous to whomever you contact while representing D B & E.
- 6. Follow safety procedures and take an active part in the work of protecting himself, his fellow workers, equipment, and facilities.
- 7. Oversee the ongoing quality of his work.
- 8. Reporting to work free from effects of drugs or alcohol.
- 9. Attend safety training meetings.
- 10. See that his equipment is in good working order and all repairs to his equipment have been made.
- 11. Abide by all rules & regulations of governing agencies of the water well industry: local, state, and federal.
- 12. Abide by all maintenance programs and outlines furnished by D B & E.
- 13. Clocking in and out.
- 14. Reporting all accidents and illnesses, regardless of how slight, immediately to their supervisor.
- 15. Performing his duties in a safe and healthful manner.
- 16. Immediately reporting to the supervisor all unsafe conditions encountered.
- 17. Work overtime
- 18. Recognizing that proper observance of safety procedures is a condition of employment.
- 19. Employee must have a valid CDL Drivers License issued by the state of Texas.

MY PRESENT & PAST EMPLOYERS MAY BE CONTACTED.	□ NO	□ YES	
Sign and date page 6. (Page 7 & 8 will be sent to current & previous	employers.)		
I understand that the information in this application will be used and that	prior employer	rs will be contacted.	
In the event of employment, I understand that false or misleading informat	tion given in my	application or interview	
may result in discharge and I am required to abide by all rules and regulations of the employer. I also understand			
that drug & alcohol testing will be done randomly and the results release to DB&E and held confidentially.			
I certify that information in this application has been completed by me are	nd the answers g	given herein are true and	
complete to the best of my knowledge.			

SIGNATURE \_\_\_\_\_DATE \_\_\_\_



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#### TO WHOM IT MAY CONCERN

You are hereby authorized to give D B & E all information regarding my services, character and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information.			
Date	Signed		
	Witness		



#### Dalhart, Texas 79022 806-249-4585 Fax 806-249-4151

Email prissy@dbe-1.com

#### INQUIRY TO PAST EMPLOYERS

TO				
	has made application to this company for employment and states that			
he/s	she was employed by you as from to			
Wil	ll you kindly reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and			
wil	l in no way involve you in any responsibility.			
For	your convenience in replying by return mail, we enclose a stamped self-addressed envelope.			
1.	Is employment record with your company correct as stated above?			
2.	What kind of work did he/she do?			
3.				
4.				
5.	Number of accidents Number preventable			
6.	Was his/her driver's license ever suspended or revoked?			
7.	Reason for leaving your employ? Discharged Laid off Resigned			
8.	Was conduct satisfactory?			
9.	Would you re-employ? ☐ Yes ☐ No Other			
10.	Remarks			
11.	Drivers License #			
Dat	R <sub>V</sub>			

## DB&E use Only

### **INTERNAL USE**

DATE OF INTERVIEW:	By
DATE EMPLOYED	DAMPATE
DATE EMPLOYED	PAY RATE
30 day training period , insurance & uniforms	
Evaluation in 30 days	
60 day IRA	