

POSITION APPLYING FOR:  LABOR / HELPER  CDL- DRIVER  EQUIPMENT OPERATOR **DATE OF APPLICATION:** \_\_\_\_\_

**PERSONAL INFORMATION**

LAST NAME		LAST NAME		MIDDLE NAME / INITIAL	
PHONE NUMBER	BUSINESS PHONE	SOCIAL SECURITY NUMBER		DATE OF BIRTH	
STREET ADDRESS					
CITY		STATE	ZIP CODE		
EMERGENCY CONTACT NAME AND PHONE NUMBER					
ARE YOU LEGALLY ELLIGIBLE TO WORK IN THE UNITED STATES			DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED CERTIFICATE?		
CIRCLE ONE: <b>YES</b> <b>NO</b>			CIRCLE ONE: <b>YES</b> <b>NO</b>		

**EDUCATION AND TRAINING**

COLLEGE , VOCATIONAL OR TECHNICAL SCHOOLS	ADDRESS	DEGREE OR CERTIFICATE	DATE

DESCRIPTION OF TRAINING	ISSUED BY	I.D. #	EXPIRATION DATE

**PERTINENT SPECIAL SKILLS**

PLEASE LIST ANY SKILL OR EXPERIENCE YOU MIGHT HAVE THAT IS PERTINENT TO THE POSITION FOR WHICH YOU ARE APPLYING


**EXPERIENCE AND QUALIFICATIONS**

DRIVERS LICENSES	STATE	LICENSE NUMBER	CDL Y / N	LICENSE CLASS	ENDORSEMENTS	EXPIRATION DATE

IF APPLICABLE CDL DRIVING EXPERIENCE	CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	FROM DATE	TO DATE	APPROXIMATE NUMBER OF TOTAL MILES
	STRAIGHT TRUCK				
	TRACTOR & SEMI TRAILER				
	TRACTOR & DBLS / TRIPS				
	OTHER				

ACCIDENTS FOR LAST 3 YEARS	DATE	NATURE OF ACCIDENT (HEAD ON, REAR, END, UPSET, ETC.)	DESCRIBE ANY INJURIES	LIST ANY FATALITIES

**HAVE YOU EVER HAD YOUR DRIVING PRIVILEDGES: CHECK ONE:**  REVOKED / SUSPENDED  WITHELD / DENIED  NONE OF THESE-N/A

TRAFFIC CONVICTIONS	DATE	LOCATION	CHARGE	PENALTY



**PLEASE LIST AT LEAST 3 NON-FAMILY REFERENCES**

NAME	RELATIONSHIP	YEARS KNOWN	ADDRESS & PHONE NUMBER

**PLEASE ANSWER ALL QUESTIONS BELOW**

- I UNDERSTAND THAT THERE IS OVERNIGHT AND EXTENDED PERIODS OF TRAVEL REQUIRED FOR THIS JOB.  YES  NO
- I UNDERSTAND THAT A CRIMINAL HISTORY MAY BE UTILIZED TO DETERMINE FITNESS FOR A POSITION.  YES  NO
- I UNDERSTAND THAT A DRIVERS LICENSE CHECK WILL BE PERFORMED, AND I MAY BE DENIED EMPLOYMENT FOR EXCESSIVE NUMBERS OF TRAFFIC VIOLATIONS AS WELL AS CERTAIN TYPES OF VIOLATIONS. I.E. DWI, DUI.  YES  NO
- I UNDERSTAND THAT PRE-EMPLOYMENT IN ADDITION TO RANDOM DRUG TESTS ARE PERFORMED.  YES  NO
- I UNDERSTAND THAT JOB TASKS ARE "AS ASSIGNED" AND NOT NEGOTIABLE.  YES  NO
- I UNDERSTAND THAT SAFETY IS A PRIORITY AND I AGREE TO FOLLOW ALL SAFE PRACTICES.  YES  NO

**PLEASE PROVIDE A SHORT EXPLANATION OF WHY YOU WOULD LIKE TO WORK AT BATTEN DRILLING**


**HOW DID YOU HEAR ABOUT BATTEN DRILLING, PLEASE CHECK ALL THAT MAY APPLY.**

FRIEND  CURRENT EMPLOYEE OF BDI  FORMER EMPLOYEE OF BDI

NEWSPAPER AD  WHICH ONE? \_\_\_\_\_ EMPLOYMENT AGENCY?  \_\_\_\_\_

OTHER  EXPLAIN: \_\_\_\_\_

**APPLICANT CERTIFICATION AND AGREEMENT**

I CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED HEREIN MAY RESULT IN MY DISQUALIFICATION FOR CONSIDERATION OF EMPLOYMENT, OR, IF ALREADY EMPLOYED MY IMMEDIATE TERMINATION. I GIVE BATTEN DRILLING, INC. PERMISSION TO OBTAIN AND REVIEW COPIES OF MY MOTOR VEHICLE RECORDS, CRIMINAL HISTORY, AND PREVIOUS EMPLOYER INFORMATION.

YOU WILL BE REQUIRED TO TAKE A PRE-EMPLOYMENT DRUG AND OR ALCOHOL TEST PRIOR TO EMPLOYEMENT AND THAT THE DRUG OR ALCOHOL TEST MUST HAVE A NEGATIVE (CLEAN) FINDING TO BE CONSIDERED FOR EMPLOYMENT AT BATTEN DRILLING. BATTEN DRILLING ALSO CONDUCTS RANDOM DRUG AND ALCOHOL TESTING WHICH IS ADMINISTERED VIA A THIRD PARTY. BATTEN DRILLING, INC. IS A DRUG AND ALCOHOL FREE WORK PLACE.

MEDICAL EXAMS, PHYSICALS, ARE REQUIRED FOR CERTAIN JOBS AT BATTEN DRILLING. EMPLOYEES ARE REQUIRED TO PROVE FITNESS FOR DUTY AS RELATED TO CERTAIN ESSENTIAL OR REGULATED JOB DUTIES. A PHYSICAL MAY BE ORDERED PRIOR TO REPORTING FOR WORK OR IN THE COURSE OF EMPLOYMENT WITH BATTEN DRILLING, INC.

**YOUR SIGNATURE AND DATE BELOW CERTIFY THAT YOU UNDERSTAND THIS INFORMATION AND AGREE TO IT'S TERMS**

SIGNATURE OF APPLICANT	DATE OF SIGNATURE