

BATTEN DRILLING, INC.  
**EMPLOYMENT APPLICATION**  
 P.O. BOX 3055, BRYAN, TEXAS 77805-3055  
 PHONE: (979) 778-4722 FAX: (979) 778-4004

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

**PERSONAL INFORMATION**

LAST NAME		FIRST NAME		MIDDLE NAME / INITIAL	
PHONE NUMBER	E-MAIL ADDRESS	SOCIAL SECURITY NUMBER		DATE OF BIRTH	
STREET ADDRESS					
CITY		STATE	ZIP CODE		
EMERGENCY CONTACT NAME, PHONE NUMBER AND RELATIONSHIP OF THE CONTACT TO YOU					
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES CIRCLE ONE:      YES      NO			DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED CERTIFICATE? CIRCLE ONE:      YES      NO		

**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 PRIVILEGES: CHECK ONE:       REVOKED / SUSPENDED       WITHHELD / DENIED       NONE OF THESE-N/A

TRAFFIC CONVICTIONS	DATE	LOCATION	CHARGE	PENALTY	

EXPLAIN BELOW ANY NEGATIVE DRIVERS LICENSE ACTIONS, SUSPENSIONS, REVOCATION, DENIALS, ETC. OR CHECK NA:

Blank lines for explaining negative drivers license actions.

**ADDITIONAL INFORMATION**

HAVE YOU EVER BEEN DISCHARGED FROM ANY POSITION BECAUSE OF MIS-CONDUCT?  YES  NO CHECK ONLY ONE

IF YES EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED AND OR CONVICTED OF A CRIMINAL OFFENSE?  YES  NO CHECK ONLY ONE

IF YES EXPLAIN: \_\_\_\_\_

ARE YOU PROHIBITED FROM TRAVELING OUT OF STATE?  YES  NO CHECK ONLY ONE

IF YES EXPLAIN: \_\_\_\_\_

**LIST ALL CURRENT AND THEN PREVIOUS EMPLOYERS**

<u>CURRENT OR MOST RECENT EMPLOYER:</u>		<u>ADDRESS</u>
<u>STARTING DATE</u>	<u>ENDING DATE</u>	<u>REASON FOR LEAVING</u>
<u>SPECIFIC JOB DUTIES</u>		<u>JOB TITLE / S</u>
<u>SUPERVISOR NAME AND PHONE NUMBER</u>		<u>MAY WE CONTACT THIS EMPLOYER</u> CIRCLE YES OR NO YES NO
<u>EMPLOYER</u>		<u>ADDRESS</u>
<u>STARTING DATE</u>	<u>ENDING DATE</u>	<u>REASON FOR LEAVING</u>
<u>SPECIFIC JOB DUTIES</u>		<u>JOB TITLE / S</u>
<u>SUPERVISOR NAME AND PHONE NUMBER</u>		<u>MAY WE CONTACT THIS EMPLOYER</u> CIRCLE YES OR NO YES NO
<u>EMPLOYER</u>		<u>ADDRESS</u>
<u>STARTING DATE</u>	<u>ENDING DATE</u>	<u>REASON FOR LEAVING</u>
<u>SPECIFIC JOB DUTIES</u>		<u>JOB TITLE / S</u>
<u>SUPERVISOR NAME AND PHONE NUMBER</u>		<u>MAY WE CONTACT THIS EMPLOYER</u> CIRCLE YES OR NO YES NO
<u>EMPLOYER</u>		<u>ADDRESS</u>
<u>STARTING DATE</u>	<u>ENDING DATE</u>	<u>REASON FOR LEAVING</u>
<u>SPECIFIC JOB DUTIES</u>		<u>JOB TITLE / S</u>
<u>SUPERVISOR NAME AND PHONE NUMBER</u>		<u>MAY WE CONTACT THIS EMPLOYER</u> CIRCLE YES OR NO YES NO

**ADD ADDITIONAL SHEETS OF LINED PAPER IF MORE ROOM IS NEEDED**

**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 _____
------------------------------	-------------------------