



# **DELTA DIRECTIONAL DRILLING, LLC.**



This application is good for 30 days

## **APPLICATION FOR EMPLOYMENT**

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process

### **PERSONAL INFORMATION**

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Mailing Address \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Permanent Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Telephone (\_\_\_\_) - \_\_\_\_\_

Referred By \_\_\_\_\_ **Are you 18 years of age or older?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

### **EMPLOYMENT DESIRED**

Position \_\_\_\_\_ Date You Can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you employed now? \_\_\_\_\_ YES \_\_\_\_\_ NO **If so, may we inquire of you present employer?** \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you applied to this company before? \_\_\_\_\_ YES \_\_\_\_\_ NO Where? \_\_\_\_\_ When? \_\_\_\_\_

### **EDUCATION**

	<b>Name of Location of School</b>	<b>List Last Year completed</b>	<b>Did you Graduate?</b>	<b>Subjects Studied and Degree(s) Received</b>
<b>Grammar School</b>			__ Yes __ No	
<b>High School</b>			__ Yes __ No	
<b>College</b>			__ Yes __ No	
<b>Trade, Business or Correspondence School</b>			__ Yes __ No	

### **GENERAL**

Subjects of Special Study or Research Work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Job Related Skills (typing, Driver's License, etc. ) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FORMER EMPLOYERS** List below your last two years employment, starting with the most recent.

Date Month and Year	Name and Address of Employer	Salary (Upon Leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

**REFERENCES** List below three persons not related to you, whom you have known at least one year.

Name	Address	Position	Years Acquainted
1.			
2.			
3.			

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT ANY INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. ANY EMPLOYER THAT VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

If you are hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

**AUTHORIZATION**

I certify that in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and reference to disclose regarding my former employment, character, and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and old claims, demands, or concerns rising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or come up during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without circumstance and without prior notices, at the option of either myself or the company. No problems regarding my employment have been made to me, and I understand that no such promise or guarantee is binding upon the company, unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work, if employed. I also agree to submit to a medical examination or drug test at any time deemed appropriate by the company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the company the results of the examination, which results shall remain confidential and segregated from my personal file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the company to hire. If hired, I agree to abide by all company work rules, policies and procedures. The company retains the right to review its policies, in whole or in part, at any time.

Date \_\_\_\_\_ Signature \_\_\_\_\_

# Consent to Drug and Alcohol Policy

I, \_\_\_\_\_ (Name of employee), acknowledge that I have received written notice of DELTA DIRECTIONAL, LLC. Drug and Alcohol Policy and that I have reviewed that policy and agree to be bound by its terms.

As a condition of continued service with the company, I understand that I must not use or be involved in illicit or inappropriate drug or alcohol use. I understand that this policy does not apply to medication taken by me as prescribed by a licensed physician.

I understand and agree that I may be required to submit to urinalysis testing for detection of prohibited substances and breath testing for alcohol as outlined in the company drug testing policy. By my signature below, I agree and consent to the testing for alcohol as outlined in the policy and I understand that my refusal to consent to testing when requested to do so will result in termination of my employment. If I am in an accident that results in a fatality or a traffic citation, I will submit to drug and alcohol testing and, if unconscious or otherwise unable to consent to the test, my signature below authorizes my supervisor or proper authority to order a drug screen and alcohol test for me. I also understand and agree that I may be tested in accordance with the other procedures outlined in the company policy, including reasonable cause, suspicion, random testing, and follow-up/ return to duty testing.

My signature below indicates my understanding of the DELTA DIRECTIONAL, LLC. Drug and alcohol policy and of what is expected of me. My signature also evidences my consent to be tested and my authorization to release to any collection site personnel, medical review officer, breath alcohol technician, laboratory or company representative the information to comply with this policy

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
*Employee*

WITNESSES:

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

## Important Notice

Federal law requires drug testing for all D.O.T. employees. All pipeline employees are D.O.T. regulated. It is our policy that all prospective employees be drug tested and receive a physical examination before being employed with this company.

## Notice to New Employees:

Upon completion of all hiring policy requirements any employee that terminates employment for any reason prior to being employed for 30 days will be required to pay for drug screening & physical exams. Our company policy is to deduct this cost through a payroll deduction from the last payroll check to be issued.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
*Employee*



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## COMMERCIAL DRIVER APPLICATION

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PHYSICAL EXAM (HEALTH CARD) EXPIRATION DATE: \_\_\_\_\_

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

	FROM: _____	TO: _____
	FROM: _____	TO: _____
	FROM: _____	TO: _____

### EMPLOYMENT HISTORY

Give a **COMPLETE RECORD** of all employment for the past three (3) years, including any unemployment or self-employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr	Mo/Yr	Present or Last Employer
From _____	To _____	Name _____
Position Held _____		Address _____
Reason for leaving _____		Company phone (____) _____

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

Mo/Yr	Mo/Yr	Present or Last Employer
From _____	To _____	Name _____
Position Held _____		Address _____
Reason for leaving _____		Company phone (____) _____

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

Mo/Yr	Mo/Yr	Present or Last Employer
From _____	To _____	Name _____
Position Held _____		Address _____
Reason for leaving _____		Company phone (____) _____

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone ( \_\_\_\_\_ )

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone ( \_\_\_\_\_ )

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone ( \_\_\_\_\_ )

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone ( \_\_\_\_\_ )

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone ( \_\_\_\_\_ )

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

*(Attach additional sheets for 10-year history, if needed.)*

## Driving Experience

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi-Trailer			
Tractor & Two Trailers			
Tractor & Triple Trailers			
Other			

List of states operated in, for the last five (5) years: \_\_\_\_\_

List special courses/training completed (PTD/DDC, HAZMAT, ETC): \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

Accident Record for the past three (3) years: (attach sheet if more space is needed):

Date of Accident	Nature of Accident (head on, rear end, etc.)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three (3) years):

State	License	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answers to any questions listed above are "yes", give details \_\_\_\_\_

## **Delta Directional Drilling Fiber Division**

Employee Name: \_\_\_\_\_

Position & Skills: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Shirt Size: \_\_\_\_\_