



APPLICATION FOR EMPLOYMENT

TLR Well Services, Inc. is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability, or any other characteristics protected by law.

INTRODUCTORY INFORMATION:

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Secondary Phone #: _____

APPLICANT QUESTIONS:

Type of work desired: _____ Salary Desired: _____ Date Available _____

If hired, can you provide documents required to establish your eligibility to work in the U.S.? YES NO

Are you 18 years of age? YES NO

How were you referred to TLR Well Services, Inc? _____

Drivers License # _____ State: _____

CDL Class A B C D Please list any endorsements: _____

Former, Prior, and Maiden Names (list all and dates of change):

Prior addresses (list all from the past 5 years, including dates):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation? YES NO

If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment, but false or misleading information will. Factors such as age and time of offense, seriousness and nature of violation, and rehabilitation will be taken into account.

EDUCATION:

High School or last grade completed

Name & Address of School: _____

Number of years completed: _____ Degree/ Diploma: _____

College or Technical School

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

Other Schooling or Training

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

MILITARY EXPERIENCE

Branch of Service _____ From: _____ To: _____

Rank/Type of Service: _____

RECORD OF EMPLOYMENT

List all positions for at least the last 10 years, starting with the most recent

1. Employer: _____ Telephone #: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ End Date: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

2. Employer: _____ Telephone #: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ End Date: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

3. Employer: _____ Telephone #: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ End Date: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

(Please use additional paper to list all prior employment)

WORK-RELATED REFERENCES: (Do not include relatives)

Name	Occupation	Years Known	Contact Information
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

STATEMENT (Please read this statement carefully before signing this application):

I understand that employment with TLR Well Services, Inc. is at-will, meaning that I or TLR Well Services, Inc. may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I voluntarily consent to and authorize TLR Well Services, Inc., and/ or their assigned Agents, to request and receive any information concerning me, including but not limited to a Criminal History Search, reports from any Persons, Schools, Companies, Corporations, Partnerships, Associations, Motor Vehicle/Driving Records, Licensing Agencies, Court of Law, and any current or former Employer.

I authorize any of the above parties to furnish TLR Well Services, Inc. and/or their assigned agents with any and all information concerning me. I further agree to release and otherwise hold harmless TLR Well Services, Inc. and/or their assigned agents from any and all liability and responsibility arising out of the release of such information in connection with this research.

I understand that TLR Well Services, Inc. requires the successful completion of a drug and/or alcohol test as a condition of employment.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and complete. I understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____ Date Signed: _____

Printed Name of Applicant: _____