



EMPLOYMENT APPLICATION

PLEASE PRINT

NOTE: If you need help filling out this application form or with any phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

LAST	FIRST	MIDDLE	TELEPHONE	TODAY'S DATE
PRESENT ADDRESS	CITY	STATE	ZIP	ALTERNATE TELEPHONE
POSITION APPLIED FOR			REFERRED BY	PAY EXPECTED

Are you over 18? Yes No

Can you perform the function of the job for which you have applied, with or without reasonable accommodation? Yes No

EDUCATION

SCHOOLS ATTENDED	SCHOOL NAME	ADDRESS	LAST GRADE COMPLETED	FIELD OF STUDY	DEGREE EARNED
				MAJOR/MINOR	
HIGH SCHOOL					
VOCATIONAL SCHOOL					
COLLEGE					
ADDITIONAL TRAINING					

EMPLOYMENT HISTORY List all employment of one month or more during the last ten years, beginning with current or most recent.
CDL Applicants please complete Employment History Information on CDL Applicant Additional Information Section

NAME OF FIRM	ADDRESS/TELEPHONE	FROM-TO MO/YR	POSITION HELD & SUPERVISOR	FINAL PAY	REASON FOR LEAVING

Are you willing to have your present employer contacted regarding your qualifications? Yes No

It is the policy of the company to hire only United States citizens and aliens lawfully authorized to work in the United States. If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.? Yes No

HAVE YOU BEEN CONVICTED OF A CRIME, INCLUDING DUI ? WITHIN THE LAST 10 YEARS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHERE AND WHEN AND DESCRIBE OFFENSE:
(SUCH CONVICTION WILL NOT NECESSARILY BAR APPLICANT FROM EMPLOYMENT)		

* We Support a Drug-Free Work Environment *

PROFESSIONAL REFERENCES (SUPERVISORS) No friends or relatives please.

NAME	ADDRESS/TELEPHONE	YEARS & NATURE OF ACQUAINTANCE

ADDITIONAL INFORMATION If the position for which you are applying requires any of the following skills, please complete the sections.

CDL / Professional Driving – Please list License Information here and complete CDL Driver Application Additional Information.	Experience with Oilfield Completion / Production Processes
PERSONAL COMPUTER (i.e., SPREADSHEETS, WORD PROCESSING)	DATA ENTRY
PLEASE LIST ANY OTHER SPECIAL TRAINING OR SKILLS YOU WOULD LIKE US TO CONSIDER IN REVIEWING THIS APPLICATION:	
IF JOB APPLIED FOR IS SKILLED OR CRAFT OR BOTH, LIST SKILL AND THE NUMBER OF YEARS OF FULL-TIME EXPERIENCE.	
1. _____ skill _____ years 2. _____ skill _____ years 3. _____ skill _____ years	
PLEASE LIST ANY PROFESSIONAL LICENSES, DESIGNATIONS, CERTIFICATIONS, AND/OR MEMBERSHIPS THAT YOU POSSESS: *	

* Please eliminate any organizations that indicate race, religion, national origin, age, sex, veteran status, or disability.

PLEASE READ CAREFULLY BEFORE SIGNING

Thank you for your interest in employment with Nitro-Lift Technologies. Nitro-Lift Technologies is an equal opportunity employer, and selects the best matched individual for each position based upon job-related qualifications, regardless of race, religion, national origin, age, sex, veteran status, disability or other protected status under state, federal or local Equal Employment Opportunity Laws. I understand and agree that Nitro-Lift Technologies' acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that Nitro-Lift Technologies is under no obligation to hire me as the result of accepting this completed application.

I certify that any information given during the course of applying for a position at Nitro-Lift Technologies is true and complete. I authorize Nitro-Lift Technologies to thoroughly investigate my entire former employment history, credit, driving, criminal background, references and other background checks and to verify all data given in my application for employment, related papers or oral interviews. I understand that any material misrepresentation or deliberate omission of a fact in my application may be justification for termination if hired. I release Nitro-Lift Technologies and all affiliated entities and all informants of all liability whatsoever resulting from such investigations.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment, authorization and identity (valid driver's license, green card, etc.) within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

I understand that any falsification, deliberate omission or misrepresentation of facts upon this application will be considered just cause for dismissal at the discretion of the company should I become an employee of Nitro-Lift Technologies.

Disclosure to Applicants Concerning Drug/Alcohol Testing

If you are offered a position with Nitro-Lift Technologies, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment. Your signature below is your agreement to submit to the testing indicated.

In consideration of my employment, I agree to conform to the rules and regulations of Nitro-Lift Technologies and my employment and compensation are "at-will" in that I agree that I can be terminated with or without cause, and with or without notice, at any time, at the option of either Nitro-Lift Technologies or myself. I also understand that Nitro-Lift Technologies does not intend to create an implied contract between the Company and its employees through the development and dissemination of Company policies, procedures, handbooks or other literature.

I have read and understand and agree to be bound by the above as a condition of employment with Nitro-Lift Technologies.

Signature: _____ Date: _____



CDL DRIVER APPLICATION ADDITIONAL INFORMATION

LAST	FIRST	MIDDLE	CDL LICENSE NUMBER / STATE	EXPIRATION
DATE OF BIRTH – MM/DD/YYYY			SOCIAL SECURITY NUMBER	

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

How long have you resided at your present address shown on the first page of this application? _____ years _____ months

If less than 3 years, please list previous addresses:

STREET	CITY	STATE AND ZIP CODE	YEARS	MONTHS
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Have you worked for this company before? _____ Where? _____ Dates: From _____ To _____

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

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY RANGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs ¹ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY RANGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY RANGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY RANGE	
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

CDL Driver Application (continued)

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT:				
NEXT PREVIOUS:				
NEXT PREVIOUS:				

TRAFFIC CONVICTIONS AND FROFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

DRIVERS LICENSES OR PERMITS HELD IN THE LAST 3 YEARS

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES
		FROM	TO	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO More than 8 passengers				
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO More than 15 passengers				
OTHER				

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature _____ Date: _____