

STANDARD ENERGY SERVICES

Application for Employment

This company is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, sex, disability, national origin, age, marital or veteran status, or any other legally protected status.

Date of Application _____

Position(s) Applied For: _____

Name _____
First Middle Last

Address _____
Number Street City State Zip

Telephone _____ Cell Phone _____ Other _____

Social Security Number _____

Are you eighteen (18) years of age or older? ☐ YES ☐ NO

Are you legally eligible to work in the United States? ☐ YES ☐ NO
(Documentation will be required if hired)

Do you have a valid Texas or New Mexico driver's license? ☐ YES ☐ NO
If yes, give state, class, and license #. (Class C, CDL) _____

Have you ever been employed with this company before? ☐ YES ☐ NO
If yes, give dates _____
If yes, who was your supervisor? _____

Are you related to anyone who is presently an employee or vendor of this company? ☐ YES ☐ NO
If yes, give name and relationship _____

Are you employed now? ☐ YES ☐ NO
If yes, may we contact your present employer for references? ☐ YES ☐ NO
Contact Number _____

Date available for work? _____

Can you travel if a job requires it? ☐ YES ☐ NO

How did you find out about this job and/or our company?

Have you ever been convicted of a felony?

(Conviction will not necessarily disqualify applicant from employment.)

☐ YES

☐ NO

If yes, please explain _____

Do you have any current obligation as a result of conditions of probation or parole?

☐ YES

☐ NO

If yes, please explain _____

Indicate languages, other than English, you speak, read, and/or write. _____

Education

High School or GED completed: ☐ YES ☐ NO **If no, give highest grade completed.** _____

Name and City of High School: _____

Colleges, Universities or Trade Schools attended:

Name of School City/State	Dates Attended	Did you graduate?	Name of Degree/Certification Completed	Field of Study

List any professional licenses or certifications, special certificates, skills, and/or qualifications (welding, CPR, first aid, computer skills, etc.) that apply: _____

Give three personal references who are not previous employers. These may not be related to you.

Name	Years known	Relationship	Daytime telephone(s)

Give three business references who are not related to you.

Name	Years known	Relationship	Daytime telephone(s)

EMPLOYMENT HISTORY: Start with your present or most recent employment. Use additional pages if needed. This company will assume we may contact these employers for job related references unless you indicate otherwise. DRIVER APPLICANTS MUST COMPLETE 10 YEARS OF EMPLOYMENT HISTORY. *This section must be completed in full. (Do not leave blank and/or refer to resume.)*

Company:	Telephone number:
Address (include city and state):	Dates of employment: (month and year) From: _____ To: _____
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other:
Name and title of supervisor:	Hourly pay: Starting: _____ Ending: _____
Job title and describe work performed:	Reason for Leaving:

Company:	Telephone number:
Address (include city and state):	Dates of employment: (month and year) From: _____ To: _____
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other:
Name and title of supervisor:	Hourly pay: Starting: _____ Ending: _____
Job title and describe work performed:	Reason for Leaving:

Company:	Telephone number:
Address (include city and state):	Dates of employment: (month and year) From: _____ To: _____
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other:
Name and title of supervisor:	Hourly pay: Starting: _____ Ending: _____
Job title and describe work performed:	Reason for Leaving:

Company:	Telephone number:
Address (include city and state):	Dates of employment: (month and year) From: _____ To: _____
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other:
Name and title of supervisor:	Hourly pay: Starting: _____ Ending: _____
Job title and describe work performed:	Reason for Leaving:

SUPPLEMENTAL INFORMATION
COMPLETE ONLY IF YOU ARE APPLYING AS A DRIVER FOR THE COMPANY

ACCIDENT RECORD for the last 3 years (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:				
Next Previous:				

TRAFFIC CONVICTIONS AND FORFEITURES for the past 3 years (other than parking violations). If none, write NONE. Attach additional sheet if needed.

Location	Date	Charge	Penalty

EXPERIENCE AND QUALIFICATIONS – Drivers: List all driver licenses or permits held in the past 3 years.

Driver Licenses	State	License Number	Type	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? ☐ YES ☐ NO

B. 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 _____

Driving Experience (check yes or no)

Class of Equipment	Circle Type of Equipment	Dates From (M/Y) To (Y/M)		Approx number of Miles (total)
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)			
Other:				

List States Operated in for last five (5) years: _____

List special equipment or technical materials you can work with (other than those already shown):

This company is a Drug-Free work place. You may be required to submit to a drug/alcohol test. Would you be willing to submit to drug/alcohol testing?

☐ **YES**

☐ **NO**

If offered employment, are you willing to allow a Criminal History Check, Driver's License Check or other relevant background checks to be conducted?

☐ **YES**

☐ **NO**

DOT Applicants only – Have you ever tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the last 2 years? (Sec. 40.25(j))

☐ **YES**

☐ **NO**

If yes, can you provide/obtain proof that you've successfully completed the DOT return to duties requirements?

☐ **YES**

☐ **NO**

Applicant Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at a decision and I agree to release all parties providing pertinent information from any and all liability from any damages which may result from the furnishings of such information. I understand that all job offers are contingent upon receipt of appropriate results of background checks.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract. I also understand that this company is an "at-will" employer and employees can be terminated at any time, with or without cause, and with or without notice. I also understand that no employment with this company is for a fixed or definite term.

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 that all employees are required to abide by all rules and regulations of the company.

For Driver applicants:

I understand that the information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by §49 CFR 391.23.

Signature of Applicant

Date

Submit Application

Applicants are encouraged to also submit attachments such as cover letters, resumes, letters of recommendation, copies of certifications, or other job related information.