



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Last Name	First Name	MI	Social Security Number	
Address	City		State	Zip
Home Telephone		Alternative Telephone		
Desired Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Desired Pay	Date Available

EDUCATION

Type of School	Name of School	# of Years Completed	Degree Awarded	Major/Degree
High School				
College				
Business/Trade School				

PROFESSIONAL REFERENCES

Name	Title or Position	Telephone Number
Name	Title or Position	Telephone Number
Name	Title or Position	Telephone Number

EMPLOYMENT HISTORY

Please include all work experience for the past ten (10) years, beginning with your most recent position. Please include any dates of unemployment.

Employer	From (Month/Year)	To (Month/Year)
Address	City	State Zip
Position Title	Base Pay	# of Hours Worked Per Week Reason for Leaving
Supervisor Name	Telephone Number	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No



Employer		From (Month/Year)		To (Month/Year)	
Address		City		State	Zip
Position Title		Base Pay	# of Hours Worked Per Week		Reason for Leaving
Supervisor Name		Telephone Number		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer		From (Month/Year)		To (Month/Year)	
Address		City		State	Zip
Position Title		Base Pay	# of Hours Worked Per Week		Reason for Leaving
Supervisor Name		Telephone Number		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer		From (Month/Year)		To (Month/Year)	
Address		City		State	Zip
Position Title		Base Pay	# of Hours Worked Per Week		Reason for Leaving
Supervisor Name		Telephone Number		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever pled guilty to or been convicted of a felony(s) or misdemeanor(s), which has not been expunged (removed) or sealed by a court? (Whitetail Well Testing conducts criminal background investigations on all potential candidates). Yes No If yes, please completely and fully explain: _____

ACKNOWLEDGEMENTS AND CONSENTS

Please be advised that any false or misleading information provided on this employment application or during the pre-employment process may result in retraction of the employment offer or termination of employment. Please read and initial each statement.



AUTHORIZATION TO OBTAIN CONSUMER REPORTS

I hereby authorize Whitetail Well Testing, LLC. (the “Company”) to obtain consumer reports (including motor vehicle reports, criminal records, education, prior employer verification, workers compensation claims and etc.) regarding me in connection with my application for employment or, if hired, my continuing employment. I understand, agree, and take notice that the Company may obtain and use consumer reports to evaluate my application for employment and whether to continue my employment with the Company. I further recognize that the reports I authorize the Company to obtain, may contain inaccurate information that could form the basis for a decision by the Company not to employ me, and I hereby release the Company, its directors, officers, agents, employees and insurers, as well as the provider of the report(s), from any and all claims arising out of or relating to the decision not to employ me and/or any inaccuracies contained in such report(s).

Print Legal Name: _____

Male Female

Date of Birth: _____

Social Security #: _____

Driver’s License #: _____

State Issued: _____

NOTE: This information is used for the sole purpose of obtaining consumer report(s) as defined by the Fair Credit Reporting Act (FCRA). Whitetail Well Testing, LLC. provides equal employment opportunities to all employees and applicants without regard to race, religion, color, sex, age, national origin, disability status, pregnancy, marital status, sexual orientation, citizenship status, veteran/military status or any other legally protected category and/or characteristic.

Signature _____

Date _____



_____ Whitetail Well Testing, LLC. provides Equal Employment Opportunity (EEO) to all employees and applicants for employment without regard to race, religion, color, sex, age, national origin, disability status, pregnancy, marital status, sexual orientation, citizenship status, veteran/military status or any other legally protected category and/or characteristic.

_____ In the event I become employed by Whitetail Well Testing, LLC., I acknowledge and understand that my employment is “at-will”. I further understand that either I or Whitetail may terminate my employment for any reason, with or without cause, and with or without notice.

_____ I acknowledge and agree that any false or misleading information provided or omitted on the employment application or during the pre-employment process may result in retraction of the employment offer or immediate termination of employment.

_____ I understand that I will be required to produce proof of my identity and legal right to work in the United States upon selection and acceptance for employment.

_____ I understand and agree that any and/or all of the information included in this application (or any attached pages or resumes) is subject to verification. I authorize previous employers, listed references, agencies and credentialing bodies to release information to Whitetail Well Testing, LLC. related to my employment, credentials and abilities. I further agree to hold harmless any and all individuals, companies, agencies and educational facilities, who provide any factual information and/or documentation, as related to this application for employment.

CONSENT FOR ALCOHOL/DRUG SCREENING

_____ I hereby give my consent to Whitetail Well Testing, LLC. and/or its agents/representatives to collect urine, blood and/or breath samples from me for the purpose of testing to determine the presence of alcohol, drugs and/or any controlled substances as defined by Whitetail’s Anti-Substance Abuse Policy, guidelines and/or other practices/processes related to the elimination of substance abuse in the workplace.

_____ I further give my consent for the release of any and all test results to those entities and/or persons deemed by Whitetail to have a need to access such results. I further acknowledge and agree that such results may be disclosed to authorized members of Whitetail’s management and/or customer entities as required and such results will be considered in determining my employment or continued employment with Whitetail.

_____ I acknowledge and understand that my refusal to submit to a drug and/or alcohol test, falsification of a test, tampering with a sample or test, or testing positive on a test can and will result in retraction of the employment offer or immediate termination of employment.

_____ I acknowledge that the information I have furnished is true and correct to the best of my knowledge and belief, and understand that falsification of this information can and will result in retraction of the employment offer or termination of employment. My signature below confirms my understanding and acknowledgement of, and agreement to, the terms and conditions outlined in this employment application.

Signature of Applicant _____ Date _____