



|                            |  |                    |  |
|----------------------------|--|--------------------|--|
| <b>FOR OFFICE USE ONLY</b> |  | Date of Interview: |  |
| Position:                  |  | NH Ppwk:           |  |
| Start Date:                |  | Handbook:          |  |
| Pay Rate:                  |  | Scanned:           |  |

**BEAIRD DRILLING SERVICES, INC.**

P. O. Box 338  
Fentress, TX 78622

**Employment Application**

*Beaird Drilling Services, Inc. is an Equal Opportunity Employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.*

Please complete all sections below (please print):

**APPLICANT INFORMATION**

LAST NAME: \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_ DATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ APT/UNIT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE - HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ OTHER: \_\_\_\_\_

REFERRED TO BEAIRD DRILLING BY: \_\_\_\_\_

CURRENTLY HAVE CDL LICENSE? \_\_\_\_\_ DRIVER'S LICENSE # / STATE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ ANY DWI ARRESTS OR CONVICTIONS? \_\_\_\_\_

NUMBER OF TICKETS IN PAST YEAR? \_\_\_\_\_ PAST TWO YEARS? \_\_\_\_\_ PAST THREE YEARS? \_\_\_\_\_

ARE YOU ON PROBATION OR PAROLE? \_\_\_\_\_ OWN TRANSPORTATION TO WORK? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR MISDEMEANOR)? IF YES, STATE THE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED, AND DISPOSITION OF EACH CASE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.*

**EMPLOYMENT POSITION**

POSITION APPLIED FOR? \_\_\_\_\_ DESIRED HOURLY RATE OF PAY: \$ \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_ IF SO, MAY WE CONTACT YOUR EMPLOYER? \_\_\_\_\_

ARE YOU ABLE TO LIFT AND PUSH AT LEAST FIFTY (50) POUNDS? \_\_\_\_\_

DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK? \_\_\_\_\_

DO YOU HAVE ANY CONDITION WHICH WOULD REQUIRE JOB ACCOMMODATIONS? IF YES, PLEASE DESCRIBE ACCOMMODATIONS:

\_\_\_\_\_

*Beaird Drilling Services, Inc. complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill and/or agility and may be subject to a medical examination conducted by a medical professional.*

**PREVIOUS EMPLOYMENT**

EMPLOYER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ DATES FROM/TO: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FROM/TO: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FROM/TO: \_\_\_\_\_

Additional comments: \_\_\_\_\_

**EDUCATION**

HIGH SCHOOL ATTENDED: \_\_\_\_\_ GRADUATED/YEAR: \_\_\_\_\_ GED/YES OR NO: \_\_\_\_\_

TRADE SCHOOL(S) ATTENDED: \_\_\_\_\_ COMPLETED? \_\_\_\_\_

**JOB SKILLS / QUALIFICATIONS / COMMENTS**

LIST SKILLS AND QUALIFICATIONS YOU POSSESS FOR THE POSITION(S) FOR WHICH YOU ARE APPLYING:

\_\_\_\_\_

\_\_\_\_\_

**AT-WILL EMPLOYMENT**

*The relationship between you and Beaird Drilling Services, Inc. is referred to as "employment at will." This means that your employment may be terminated at any time for any reason, with or without cause, with or without notice, by you or Beaird Drilling Services, Inc. No representative of Beaird Drilling Services, Inc. has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and our company President.*

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release of employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# **BEAIRD DRILLING SERVICES, INC.**

## **DRUG ABUSE POLICY**

### **STATEMENT OF PURPOSE AND SCOPE**

Beaird Drilling Services, Inc. recognizes that alcohol and drug abuse in the workplace has become a major concern. We believe that by reducing drug and alcohol abuse, we will improve the safety, health, and productivity of employees. The object of our drug abuse policy is to provide a safe and healthy workplace for all employees, to prevent accidents, and comply with Section 7.10 of the Texas Workers' Compensation Act.

The use, possession, sale, transfer, purchase, or being under the influence of drugs by employees at any time on company premises or while on company business is prohibited. Employees must not report for duty or be on company property while under the influence of, or have in their possession any alcohol or drug, while on company property.

### **DEFINITION OF DRUG**

For the purpose of this policy, the term "drug," whenever it appears in this policy statement, includes alcoholic beverages as well as inhalants and illegal drugs.

### **CONSEQUENCES FOR VIOLATIONS OF THE DRUG ABUSE POLICY**

Violation of this drug abuse policy will result in one of the following forms of corrective action: immediate discharge, suspension, probation, oral warning, or written warning. In arriving at a decision for proper action, the seriousness of the infraction, the past record of the employee, and the circumstances surrounding the matter, will all be taken into consideration.

### **TREATMENT PROGRAMS AND EMPLOYEE INSURANCE**

While we do not sponsor or endorse any specific drug treatment programs, such programs are available through public and private healthcare facilities in our area. Affected employees are encouraged to seek assistance for themselves and their dependents.

### **EDUCATION AND TRAINING PROGRAMS**

We do not offer, nor require participation in drug and alcohol abuse education and training programs. However, various public and private facilities in our area offer such programs and affected employees are encouraged to seek assistance.

### **DRUG TESTING PROGRAM**

We will do mandatory drug testing before hiring. After that time, we will perform random drug testing on employees.

I HAVE READ AND UNDERSTAND THIS DRUG ABUSE POLICY AND AGREE TO ABIDE BY ITS TERMS AND CONDITIONS.

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*Employee Signature*

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*Date*

# BEAIRD DRILLING SERVICES, INC.

## RELEASE OF MOTOR VEHICLE RECORDS

By my signature below, I acknowledge that I have been informed by the management of Beaird Drilling Services, Inc. that they and/or their agents will obtain copies of my Motor Vehicle Records from any state wherein I am or have been a licensed driver at any time.

I further acknowledge that I have been informed that these records will be used to determine my eligibility for employment, either to be hired or to continue employment by Beaird Drilling Services, Inc.

Any information contained in this Motor Vehicle Record may be revealed to any person or persons that may have good cause to need this information.

Management of Beaird Drilling Services, Inc. will have sole authority without recourse to determine the acceptability of any information contained in my Motor Vehicle Record.

I have been given an opportunity to ask questions, and have received clarification and fully understand the implications of this authorization.

Beaird Drilling Services, Inc. has no liability for any action taken due to information contained on said Motor Vehicle Record should such information be in error.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Drivers' License Number and State of Issuance*

\_\_\_\_\_  
*Signature of Employer's Representative*

## **BEAIRD DRILLING SERVICES, INC.**

### **DISCLOSURE**

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not limited to, credit information reports, criminal history reports, and driving history records.

Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

## BEAIRD DRILLING SERVICES, INC.

### RELEASE

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act, and all applicable federal, state, and local laws, I hereby authorize and permit **Beaird Drilling Services, Inc.** to obtain a consumer report and/or an investigative consumer report which may include the following:

- My employment records;
- Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
- For truck drivers only: In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past two (2) years.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living, which may be obtained by interview with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as Beaird Drilling Services, Inc., from liability that might otherwise result from the request for, use of, and/or disclosure of, any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize Beaird Drilling Services, Inc. to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Records may be ordered periodically during the course of my employment.

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*Full Name (print clearly)*

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*Signature*

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*Date*