



Date: \_\_\_\_\_

Position Desired: \_\_\_\_\_

Name: \_\_\_\_\_ Soc. Ins. # \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Education – Circle last year completed      8 – 9 – 10 – 11 – 12

Name and address of last school attended \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Class: \_\_\_\_\_

Have You Ever Been Under Bond: \_\_\_\_\_

Have You Ever Been Refused Bond: \_\_\_\_\_

Have You Ever Been Charged and/or Convicted For Driving Under the Influence Of Alcohol and/or Drugs? \_\_\_\_\_

Are You Willing To Take A Physical Examination? \_\_\_\_\_

Employment References:

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employed From: \_\_\_\_\_ to: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

# INDENT

OILFIELD TRUCKING

\* \* \* \* \*

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employed From: \_\_\_\_\_ to: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\* \* \* \* \*

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employed From: \_\_\_\_\_ to: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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### Two Personal References

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\* \* \* \* \*

Do You Have Any Physical Or Medical Conditions That Would Affect Your Work?

\_\_\_\_\_

I, \_\_\_\_\_, Certify That the Information Given By Me on This Application Form Is True And Accurate.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_