

O-TEX PUMPING LLC.

7303 N HIGHWAY 81 DUNCAN, OK. 73533 PHONE: (580) 251-9919

APPLICATION FOR EMPLOYMENT

YOU MUST ANSWER EVERY QUESTION. IF ANY QUESTIONS DOES NOT APPLY TO YOU, ANSWER WITH NOT APPLICABLE (NA). In compliance with local, state, and federal Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to age, race, color, sex, sexual orientation, marital status, veteran status, or non-job related disability. Please advise in advance if you need any type of special accommodation(s) to complete this application form or need to take any pre-employment test.

DATE: ____/____/____

SOCIAL SECURITY NO. ____ - ____ - ____

NAME: _____
(LAST) (FIRST) (MI)

ADDRESS: _____ HOW LONG: ____
(STREET) (CITY) (STATE/ZIP CODE)

IF YOU WERE AT ABOVE ADDRESS LESS THAN THREE (3) YEARS, LIST YOUR PREVIOUS ADDRESS:

ADDRESS: _____ HOW LONG: ____
(STREET) (CITY) (STATE/ZIP CODE)

PHONE NUMBER: _____ ALTERNATE PHONE (CELL PREFERRED): _____

ARE YOU PREVENTED FROM BEING LAWFULLY EMPLOYED IN THE U.S. DUE TO YOUR VISA OR IMMIGRANTION STATUS? (PLEASE CHECK ONE) YES NO

HAVE YOU WORKED FOR THIS COMPANY BEFORE? YES NO IF SO, WHEN? _____

ARE YOU CURRENTLY EMPLOYED? YES NO IF NO, HOW LONG SINCE LEAVING LAST EMPLOYMENT? _____

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN BY AN EMPLOYER? YES NO

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? YES NO (Answering this question in an affirmative answer does not necessarily preclude a hiring decision.) IF YES, TO THE ABOVE QUESTION, PLEASE PROVIDE DETAILS: _____

WHO REFERRED YOU? _____ RATE OF PAY EXPECTED? _____

APPLICANT SIGNATURE _____ DATE: _____

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.

O-TEX PUMPING LLC.

7303 N HIGHWAY 81 DUNCAN, OK. 73533 PHONE: (580) 251-9919

APPLICATION FOR EMPLOYMENT – DRIVER'S ADDENDUM (DRIVER'S ONLY)

YOU MUST ANSWER EVERY QUESTION. IF ANY QUESTIONS DO NOT APPLY TO YOU, ANSWER WITH NOT APPLICABLE (NA). In compliance with local, state, and federal Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to age, race, color, sex, sexual orientation, marital status, veteran status, or non-job related disability. Please advise in advance if you need any type of special accommodation(s) to complete this application form or need to take any pre-employment test.

DATE: ____/____/____ SOCIAL SECURITY NO. ____-____-____

NAME: _____
(LAST) (FIRST) (MI)

DATE OF BIRTH: ____/____/____ CAN YOU PROVIDE PROOF OF AGE? YES NO

CURRENT ADDRESS: _____ HOW LONG: ____
(STREET) (CITY) (STATE/ZIP CODE)

PREVIOUS ADDRESS: _____ HOW LONG: ____
(STREET) (CITY) (STATE/ZIP CODE)

PREVIOUS ADDRESS: _____ HOW LONG: ____
(STREET) (CITY) (STATE/ZIP CODE)

PREVIOUS ADDRESS: _____ HOW LONG: ____
(STREET) (CITY) (STATE/ZIP CODE)

PHONE NUMBER: _____ ALTERNATE PHONE (CELL PREFERRED): _____

ARE YOU PREVENTED FROM BEING LAWFULLY EMPLOYED IN THE U.S. DUE TO YOUR VISA OR IMMIGRATION STATUS? (PLEASE CHECK ONE) YES NO

HAVE YOU WORKED FOR THIS COMPANY BEFORE? YES NO IF SO, WHEN? _____

ARE YOU CURRENTLY EMPLOYED? YES NO IF NO, HOW LONG SINCE LEAVING LAST EMPLOYMENT? _____

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN BY AN EMPLOYER? YES NO

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? YES NO (Answering this question in an affirmative answer does not necessarily preclude a hiring decision.) IF YES, TO THE ABOVE QUESTION, PLEASE PROVIDE DETAILS: _____

WHO REFERRED YOU? _____ RATE OF PAY EXPECTED? _____

O-Tex Pumping LLC

PREVIOUS EMPLOYMENT HISTORY

ACCORDING TO §391.21 (b)(10), please provide names, addresses, phone numbers, dates employed, position, salary, name of Supervisor(s), reason for leaving the employment of each employer in complete detail for the last THREE (3) years preceding the date this application is submitted;

****NOTE:** For those applicants' applying to operate a commercial motor vehicle defined by **Part 383** of this subchapter (defined as any person who drives a commercial motor vehicle over 10,000 pounds in interstate/intrastate commerce), YOU MUST ALSO FURNISH an additional seven (7) years of employment history with ALL GAPS IN TIME SHOWN. (Attach another sheet if needed)

CURRENT OR MOST RECENT EMPLOYER:

Employer Name:		START DATE:	END DATE:
Address:			
City:	State:	ZIP Code:	
Phone:	Supervisor Name:		
Position:	Hourly (Please circle)	Salary	Annual income:
Were you ever employed in safety sensitive subject to DOT drug and alcohol testing? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Were you subject to Federal Motor Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO			

NEXT PREVIOUS EMPLOYER

Previous Employer Name:			
Address:		START DATE:	END DATE:
City:	State:	ZIP Code:	
Phone:	Supervisor Name:		
Position:	Hourly (Please circle)	Salary	Annual income:
Were you ever employed in safety sensitive subject to DOT drug and alcohol testing? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Were you subject to Federal Motor Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO			

NEXT PREVIOUS EMPLOYER

Previous Employer Name:			
Address:		START DATE:	END DATE:
City:	State:	ZIP Code:	
Phone:	Supervisor Name:		
Position:	Hourly (Please circle)	Salary	Annual income:
Were you ever employed in safety sensitive subject to DOT drug and alcohol testing? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Were you subject to Federal Motor Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO			

NEXT PREVIOUS EMPLOYER

Previous Employer Name:			
Address:		START DATE:	END DATE:
City:	State:	ZIP Code:	
Phone:	Supervisor Name:		
Position:	Hourly (Please circle)	Salary	Annual income:
Were you ever employed in safety sensitive subject to DOT drug and alcohol testing? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Were you subject to Federal Motor Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO			

NEXT PREVIOUS EMPLOYER			
Previous Employer Name:			
Address:		START DATE:	END DATE:
City:	State:	ZIP Code:	
Phone:	Supervisor Name:		
Position:	Hourly (Please circle)	Salary	Annual income:
Were you ever employed in safety sensitive subject to DOT drug and alcohol testing? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Were you subject to Federal Motor Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NEXT PREVIOUS EMPLOYER			
Previous Employer Name:			
Address:		START DATE:	END DATE:
City:	State:	ZIP Code:	
Phone:	Supervisor Name:		
Position:	Hourly (Please circle)	Salary	Annual income:
Were you ever employed in safety sensitive subject to DOT drug and alcohol testing? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Were you subject to Federal Motor Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NEXT PREVIOUS EMPLOYER			
Previous Employer Name:			
Address:		START DATE:	END DATE:
City:	State:	ZIP Code:	
Phone:	Supervisor Name:		
Position:	Hourly (Please circle)	Salary	Annual income:
Were you ever employed in safety sensitive subject to DOT drug and alcohol testing? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Were you subject to Federal Motor Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NEXT PREVIOUS EMPLOYER			
Previous Employer Name:			
Address:		START DATE:	END DATE:
City:	State:	ZIP Code:	
Phone:	Supervisor Name:		
Position:	Hourly (Please circle)	Salary	Annual income:
Were you ever employed in safety sensitive subject to DOT drug and alcohol testing? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Were you subject to Federal Motor Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NEXT PREVIOUS EMPLOYER			
Previous Employer Name:			
Address:		START DATE:	END DATE:
City:	State:	ZIP Code:	
Phone:	Supervisor Name:		
Position:	Hourly (Please circle)	Salary	Annual income:
Were you ever employed in safety sensitive subject to DOT drug and alcohol testing? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Were you subject to Federal Motor Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO			