



ENERGY SERVICES, LLC

EPS ENERGY SERVICES, LLC

**Application for Employment**

All applicants will receive consideration without regard to race, color, religion, sex, national origin, age, marital or veteran status, non-disqualifying disability, or any other legally protected status.

This application is valid for only 45 days.  
To be considered for employment after that time this application must be renewed in writing.

DATE OF APPLICATION \_\_\_\_\_

<b>POSITION APPLIED FOR</b>		_____		<b>LOCATION</b>		_____		
<b>P E R S O N A L</b>	Last Name		First Name		Middle Name		Social Security Number	
	Mailing Address						Phone	
	City		State		Zip code		Home _____	
	Street Address (If different than mailing address)						Cell _____	
	City		State		Zip code		Business _____	
	Email Address:						Ext.# _____	
	Are you legally authorized to work in the U.S. on an unrestricted basis? (Proof of U.S. citizenship or legal work authorization will be required upon employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No						May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No						Best time to call? Anytime <input type="checkbox"/>	
	Do you have relatives working for us? <input type="checkbox"/> Yes <input type="checkbox"/> No						Before _____	
	Name: _____ Relationship: _____						After _____	
Have you ever been convicted of a felony? (Conviction will not necessarily disqualify you for employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, please explain:								
<b>E D U C A T I O N</b>	<b>SCHOOL</b>	<b>NAME &amp; LOCATION OF SCHOOL</b>		<b>MAJOR / MINOR</b>	<b>No. of yrs. completed</b>	<b>GPA</b>	<b>Degree or Certification</b>	
	High School						Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No GED <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Undergraduate College							
	Graduate College							
	Vocational							
	Other							
<b>W O R K  I N F O</b>	Type of employment desired: (Check all that apply) <input type="checkbox"/> Full-time Work <input type="checkbox"/> Part-time Work <input type="checkbox"/> Temporary <input type="checkbox"/> Summer School Break <input type="checkbox"/> Educational Co-op							
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what Month/Year?							
	Have you ever worked with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what Month/Year?							
	Are you able to meet the attendance requirement of this position? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	Will you travel out of town if job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Will you relocate if job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you on lay-off and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No				What hourly wage do you require?			
	Will you work shift work? <input type="checkbox"/> Yes <input type="checkbox"/> No				When will you be available to begin work?			

**FILL IN ALL SECTIONS. DO NOT STATE "SEE RESUME"!**

**EMPLOYMENT**

Please give accurate and complete full-time employment data for at least the last 3 years.  
**Start with your current or most recent employer. DO NOT EXCLUDE ANY EMPLOYER.**

<b>L A S T E M P L O Y E R</b>	Company Name		Telephone (Include Area code)
	Street or P.O.Box	City	State/Zip Code
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Supervisor's Name	Supervisor's Title	
	Dates Employed		
	Supervisor's Work Phone #	Supervisor's Home Phone #	
	From: (Mo/Day/Yr) _____		
	To: (Mo/Day/Yr) _____		
Job Title			
Hourly Rate (or) Salary			
Job Duties			Starting \$ _____ Ending \$ _____
Reason for Leaving:			
<b>2</b>	Company Name		Telephone (Include Area code)
	Street or P.O.Box	City	State/Zip Code
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Supervisor's Name	Supervisor's Title	
	Dates Employed		
	Supervisor's Work Phone #	Supervisor's Home Phone #	
	From: (Mo/Day/Yr) _____		
	To: (Mo/Day/Yr) _____		
Job Title			
Hourly Rate (or) Salary			
Job Duties			Starting \$ _____ Ending \$ _____
Reason for Leaving:			
<b>3</b>	Company Name		Telephone (Include Area code)
	Street or P.O.Box	City	State/Zip Code
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Supervisor's Name	Supervisor's Title	
	Dates Employed		
	Supervisor's Work Phone #	Supervisor's Home Phone #	
	From: (Mo/Day/Yr) _____		
	To: (Mo/Day/Yr) _____		
Job Title			
Hourly Rate (or) Salary			
Job Duties			Starting \$ _____ Ending \$ _____
Reason for Leaving:			

**FILL IN ALL SECTIONS. DO NOT STATE "SEE RESUME"!**

**EMPLOYMENT**

Please give accurate and complete full-time employment data for at least the last 3 years.  
**Start with your current or most recent employer. DO NOT EXCLUDE ANY EMPLOYER.**

<b>4</b>	Company Name		Telephone (Include Area code)
	Street or P.O.Box	City	State/Zip Code
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Supervisor's Name	Supervisor's Title	
	Dates Employed		
	From: (Mo/Day/Yr) _____		
	To: (Mo/Day/Yr) _____		
Supervisor's Work Phone #	Supervisor's Home Phone #		
Job Title			
Hourly Rate (or) Salary			
Starting \$ _____ Ending \$ _____			
Reason for Leaving:			
<b>5</b>	Company Name		Telephone (Include Area code)
	Street or P.O.Box	City	State/Zip Code
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Supervisor's Name	Supervisor's Title	
	Dates Employed		
	From: (Mo/Day/Yr) _____		
	To: (Mo/Day/Yr) _____		
Supervisor's Work Phone #	Supervisor's Home Phone #		
Job Title			
Hourly Rate (or) Salary			
Starting \$ _____ Ending \$ _____			
Reason for Leaving:			
<b>6</b>	Company Name		Telephone (Include Area code)
	Street or P.O.Box	City	State/Zip Code
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Supervisor's Name	Supervisor's Title	
	Dates Employed		
	From: (Mo/Day/Yr) _____		
	To: (Mo/Day/Yr) _____		
Supervisor's Work Phone #	Supervisor's Home Phone #		
Job Title			
Hourly Rate (or) Salary			
Starting \$ _____ Ending \$ _____			
Reason for Leaving:			

Please check the appropriate box that reflects your skill level. If you have any training & certification for the following skills, please provide copies of certification cards.

**B = Basic I = Intermediate A = Advanced  
C = Certified N = None**  
Leave blank if not applicable

**COMPUTER**

	B	I	A	N
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (Please List)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ADDITIONAL TRAINING**

	B	I	A	C
PPE Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazwoper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOT HM 126	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (Please List)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TRADES**

	B	I	A	C
Tankerman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rigger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roustabout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welding/Fabrication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial Mechanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpenter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drafting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (Please List)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MOBILE EQUIPMENT**

	B	I	A	C
Fork Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front End Loader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (Please List)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**GENERAL**

	B	I	A	C
Dispatcher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (Please List)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ARMED FORCES**

Have you ever served in the U.S. Armed forces?  
 Yes  No

Specialized Training:  
 \_\_\_\_\_

Rank at Discharge:  
 \_\_\_\_\_

Branch of Service:  
 \_\_\_\_\_

**PERSONAL REFERENCES**

NAME/ADDRESS	TELEPHONE	How does this person know you? (i.e. teacher, friend, etc.)
1. Name	Home _____	
Street Address City State/Zip Code	Work _____	
2. Name	Home _____	
Street Address City State/Zip Code	Work _____	
3. Name	Home _____	
Street Address City State/Zip Code	Work _____	

**APPLICANT'S CERTIFICATION & AGREEMENT**

I certify that all information provided on this application and any accompanying forms is true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts in this application or interview(s) is cause for not considering me further for this or any other job and dismissal if falsified information is discovered after employment. I authorize investigation of all statements contained in this application and I authorize you to contact any and all of my previous employers. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages, be terminated at any time without previous notice and that no representative of this company has the authority to make assurances to the contrary. I understand that the job duties and responsibilities, and hours of work may change as business conditions warrant. I also understand that as a condition of my employment, I may be required to pass an employment physical and/or a drug test, and that if employed, I understand that I may at any time be required to submit to a job related physical, urinalysis, drug and/or alcohol tests, and/or other examination or search as a condition of my continued employment. My typed signature, if this is an electronic submission, shall be considered a valid signature.

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



# Applicant Recruiting Data

The following equal opportunity data is used solely to help us comply with government record keeping, reporting, and other legal requirements. This job referral data is used to help us assess our recruiting efforts.

This sheet will be removed from your Application for Employment and maintained in a separate file for government reporting purposes only. This information will not be used in any hiring decision. All applicants will receive the same consideration without regard to race, religion, sex, national origin, age, marital or veteran status, non-disqualifying disability, or any other legally protected status. Your cooperation is voluntary.

DATE OF APPLICATION \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_ LOCATION \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY NO \_\_\_\_\_  
Last First M.I.

E Q U A L  O P P O R T U N I T Y	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	RACE/ETHNIC GROUP: (Check One)		<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic
			<input type="checkbox"/> Black (Not of Hispanic origin) <input type="checkbox"/> Asian or Pacific Islander
			<input type="checkbox"/> White (Not of Hispanic origin)
	DATE OF BIRTH _____		AGE: _____
	DISABILITY: Do you have any job related disabilities that may require special accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain: _____		
	CITIZENSHIP: <input type="checkbox"/> United States (USA) <input type="checkbox"/> Other – Specify _____		
	VETERAN: <input type="checkbox"/> Yes <input type="checkbox"/> No Dates of Service _____ to _____ <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Vietnam Era Veteran (served between 1964-1975)		
	PROGRAM ELIGIBILITY: Have you already qualified as eligible to participate in a government-subsidized program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which one(s) _____		
	R E F E R A L  S O U R C E	<input type="checkbox"/> Referred by E.P.S. employee(s):	
<input type="checkbox"/> State Employment Office (Job Service):			
<input type="checkbox"/> Private Employment Agency:			
<input type="checkbox"/> Newspaper(s):			
<input type="checkbox"/> Professional Journal(s):			
<input type="checkbox"/> School Placement Office:			
<input type="checkbox"/> Radio/TV:			
<input type="checkbox"/> Other:			
<input type="checkbox"/> Walk-in			
<input type="checkbox"/> E.P.S. Web Site			

AN EQUAL OPPORTUNITY EMPLOYER



## APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

PLEASE TYPE OR PRINT

This release and authorization acknowledges that EPS may now, or at any time while you are employed, conduct a verification of your education, previous employment/work history, credit history, workers' compensation injuries, motor vehicle records, contact personal references, require that you provide a urine specimen, or blood specimen, to be tested for the presence of drugs or alcohol, and receive any criminal history record information pertaining to you that may be in the files of any federal, state, county/parish, or local criminal justice agency and/or other information as deemed necessary to fulfill the job requirements. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act and/or any other applicable federal or state laws. The results of this verification process will be used to determine employment eligibility under EPS employment policies. I authorize EPS and/or any of its agents/designated company personnel, to disclose orally and in writing the results of the verification process. The information obtained will not be provided to any other parties other than to the designated authorized representatives of EPS All results will be kept CONFIDENTIAL.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

I have read and understand this consent for release of information, and authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and agencies to provide EPS and/or its designated agents with any information that is requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of information.

*I do hereby agree to forever release and discharge EPS FLOWBACK SERVICES, our designated agent and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the background report.*

IMPORTANT: PLEASE TAKE EXTRA CARE TO MAKE YOUR ENTRIES VERY CLEAR AND EASY TO READ

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for employment consideration and/or any other purpose.

NAME TYPED OR PRINTED

SIGNATURE

MAIDEN AND/OR FORMER NAME

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER STATE

DATE OF BIRTH

NAME THAT YOUR DL# IS UNDER

MAY WE CONTACT YOUR PRESENT EMPLOYER

YES  NO

HOME TELEPHONE NUMBER

TODAY'S DATE

CURRENT ADDRESS CITY STATE ZIP CODE COUNTY HOW LONG?

FORMER ADDRESS CITY STATE ZIP CODE COUNTY HOW LONG?

FORMER ADDRESS CITY STATE ZIP CODE COUNTY HOW LONG?

PLEASE LIST BELOW ALL OTHER CITIES AND STATES THAT YOU HAVE RESIDED IN THE PAST SEVEN (7) YEARS:

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