



# STANDARD ENERGY SERVICES

## Application for Employment

This company is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, sex, disability, national origin, age, marital or veteran status, or any other legally protected status.

Date of Application \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Number Street City State Zip

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

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

Are you eighteen (18) years of age or older?  YES  NO

Are you legally eligible to work in the United States?  YES  NO  
(Documentation will be required if hired)

Do you have a valid Texas or New Mexico driver's license?  YES  NO  
If yes, give state, class, and license #. (Class C, CDL) \_\_\_\_\_

Have you ever been employed with this company before?  YES  NO  
If yes, give dates \_\_\_\_\_  
If yes, who was your supervisor? \_\_\_\_\_

Are you related to anyone who is presently an employee or vendor of this company?  YES  NO  
If yes, give name and relationship \_\_\_\_\_

Are you employed now?  YES  NO  
If yes, may we contact your present employer for references?  YES  NO  
Contact Number \_\_\_\_\_

Date available for work? \_\_\_\_\_

Can you travel if a job requires it?  YES  NO

How did you find out about this job and/or our company?  
\_\_\_\_\_

Indicate languages, other than English, you speak, read, and/or write. \_\_\_\_\_

**Education**

High School or GED completed:  YES  NO If no, give highest grade completed. \_\_\_\_\_

Name and City of High School: \_\_\_\_\_

**Colleges, Universities or Trade Schools attended:**

Name of School City/State	Dates Attended	Did you graduate?	Name of Degree/Certification Completed	Field of Study

List any professional licenses or certifications, special certificates, skills, and/or qualifications (welding, CPR, first aid, computer skills, etc.) that apply: \_\_\_\_\_

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

**Give three personal references who are not previous employers. These may not be related to you.**

Name	Years known	Relationship	Daytime telephone(s)

**Give three business references who are not related to you.**

Name	Years known	Relationship	Daytime telephone(s)

**EMPLOYMENT HISTORY:** Start with your present or most recent employment. Use additional pages if needed. This company will assume we may contact these employers for job related references unless you indicate otherwise. **DRIVER APPLICANTS MUST COMPLETE 10 YEARS OF EMPLOYMENT HISTORY.** *This section must be completed in full. (Do not leave blank and/or refer to resume.)*

<b>Company:</b>	<b>Telephone number:</b>
<b>Address (include city and state):</b>	<b>Dates of employment: (month and year)</b> <b>From:                      To:</b>
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other:
<b>Name and title of supervisor:</b>	<b>Hourly pay:</b> <b>Starting:    Ending:</b>
<b>Job title and describe work performed:</b>	<b>Reason for Leaving:</b>

<b>Company:</b>	<b>Telephone number:</b>
<b>Address (include city and state):</b>	<b>Dates of employment: (month and year)</b> <b>From:                      To:</b>
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other:
<b>Name and title of supervisor:</b>	<b>Hourly pay:</b> <b>Starting:    Ending:</b>
<b>Job title and describe work performed:</b>	<b>Reason for Leaving:</b>

<b>Company:</b>	<b>Telephone number:</b>
<b>Address (include city and state):</b>	<b>Dates of employment: (month and year)</b> <b>From:                      To:</b>
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other:
<b>Name and title of supervisor:</b>	<b>Hourly pay:</b> <b>Starting:    Ending:</b>
<b>Job title and describe work performed:</b>	<b>Reason for Leaving:</b>

<b>Company:</b>	<b>Telephone number:</b>
<b>Address (include city and state):</b>	<b>Dates of employment: (month and year)</b> <b>From:                      To:</b>
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other:
<b>Name and title of supervisor:</b>	<b>Hourly pay:</b> <b>Starting:    Ending:</b>
<b>Job title and describe work performed:</b>	<b>Reason for Leaving:</b>

**SUPPLEMENTAL INFORMATION**  
**COMPLETE ONLY IF YOU ARE APPLYING AS A DRIVER FOR THE COMPANY**

**ACCIDENT RECORD** for the last 3 years (attach sheet if more space is needed). If none, write NONE.

<b>Dates</b>	<b>Nature of Accident</b> (Head-on, rear-end, upset, etc)	<b>Fatalities</b>	<b>Injuries</b>	<b>Hazardous Material Spill</b>
Last Accident:				
Next Previous:				
Next Previous:				
Next Previous:				

**TRAFFIC CONVICTIONS AND FORFEITURES** for the past 3 years (other than parking violations). If none, write NONE. Attach additional sheet if needed.

<b>Location</b>	<b>Date</b>	<b>Charge</b>	<b>Penalty</b>

**EXPERIENCE AND QUALIFICATIONS – Drivers:** List all driver licenses or permits held in the past 3 years.

<b>Driver Licenses</b>	<b>State</b>	<b>License Number</b>	<b>Type</b>	<b>Expiration Date</b>

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  YES  NO

B. Has any license, permit or privilege ever been suspended or revoked?  YES  NO

If the answer to either A or B is yes, give details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Driving Experience** (check yes or no)

<b>Class of Equipment</b>	<b>Circle Type of Equipment</b>	<b>Dates</b> From (M/Y) To (Y/M)	<b>Approx number of Miles</b> (total)
Straight Truck <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump Refer)		
Tractor and Semi-Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump Refer)		
Tractor – two trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump Refer)		
Tractor – Three trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump Refer)		
Other:			

**List States Operated in for last five (5) years:** \_\_\_\_\_

**List special equipment or technical materials you can work with (other than those already shown):**

\_\_\_\_\_

**This company is a Drug-Free work place. You may be required to submit to a drug/alcohol test. Would you be willing to submit to drug/alcohol testing?**

YES

NO

**If offered employment, are you willing to allow a Criminal History Check, Driver's License Check or other relevant background checks to be conducted?**

YES

NO

**DOT Applicants only – Have you ever tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the last 2 years? (Sec. 40.25(j))**

YES

NO

**If yes, can you provide/obtain proof that you've successfully completed the DOT return to duties requirements?**

YES

NO

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### **Applicant Statement**

**I certify that answers given herein are true and complete to the best of my knowledge.**

**I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at a decision and I agree to release all parties providing pertinent information from any and all liability from any damages which may result from the furnishings of such information. I understand that all job offers are contingent upon receipt of appropriate results of background checks.**

**I understand that neither this document nor any offer of employment from the employer constitutes an employment contract. I also understand that this company is an "at-will" employer and employees can be terminated at any time, with or without cause, and with or without notice. I also understand that no employment with this company is for a fixed or definite term.**

**In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that all employees are required to abide by all rules and regulations of the company.**

**For Driver applicants:**

**I understand that the information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by §49 CFR 391.23.**

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**Signature of Applicant**

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**Date**

**Submit Application**

Applicants are encouraged to also submit attachments such as cover letters, resumes, letters of recommendation, copies of certifications, or other job related information.