

Employment Application

Return Completed Application to Fax # 281-301-2468 or Email info@energyservicesouth.com

You must answer every question. If a question does not apply to you, answer with N/A (Not Applicable). Incomplete applications will not be accepted.

In compliance with local, state and federal equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, national origin, religion, age, sex, sexual orientation, pregnancy, physical or mental disability, veteran status, genetic information, and/or any other status or condition protected by law. Please advise in advance if you need any type of special accommodation to complete this application form.

PERSONAL	Please Print	Today's Date:		Email Address:			
	Last Name		First	Middle	Emergency Contact Name / Telephone Number		Relationship?
	Present Address-- Street			City, State	Zip Code	Years at Address	Contact Telephone Number
	Present Address-- Street			City, State	Zip Code	Years at Address	Alternate Telephone Number
	Position(s) Applied For:		Starting Hourly Rate/Desired Salary		Can You Provide Proof of Age?		Eligible to Work in the United States?
					Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Have you previously been employed by Energy Services South or its affiliates?				If yes, list company and dates of employment		Referred By:
Are you employed? now		May we contact your current employer?		Have you ever been fired or asked to resign by an employer?			
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>			

EDUCATION	SCHOOLS ATTENDED (College, Trade or Vocational School)		Dates Attended		Major	Type of Degree	Grade Average		Date of Graduation (Mo/Yr)
			From	To			Overall	Major	
HIGHEST GRADE COMPLETED:									

DRIVING RECORD	Driver License Number		State	Expiration Date	Class	Endorsements	
	Accident record for past 3 years (attach additional sheet if more space is needed)						
	Date	Nature of Accident			Fatalities	Injuries	
Traffic convictions and license forfeitures for the last 3 years (other than parking violations)							
Date	Location			Charge	Penalty		
Have you ever been denied a license, permit or privileges to operate a motor vehicle?				Has any license, permit or privilege ever been suspended or revoked?			
Yes <input type="checkbox"/> No <input type="checkbox"/> Please give details:				Yes <input type="checkbox"/> No <input type="checkbox"/> Please give details:			

EXPERIENCE	List any training classes, licenses, and / or certifications that may be beneficial in the job for which you are applying. (Boom or Crane Certification, Lineman Training, Electrician License, H2S Training) Include expiration dates on all licenses:
	Safety Awards Held: List special equipment or technical materials you can work with:
	Please highlight any work experiences not covered in the employment history section of the application, that may be beneficial in the job for which you are applying:

CRIMINAL	<u>Within the last 7 years</u> have you ever been convicted of any criminal offense (felonies and misdemeanors) other than minor traffic citations? This includes a plea of guilty or nolo contendere (no contest), deferred adjudication, probation, court-ordered community supervision or pre-trial diversion.
	Yes <input type="checkbox"/> No <input type="checkbox"/> NOTE: Answering yes to this question does not necessarily preclude you from consideration, depending on the position and the conviction. If Yes, please list the date, nature, locations & disposition

Office Use Only:

A total of 10 years work history is required for CDL drivers. All gaps in time must be shown. Use additional pages if necessary.

EMPLOYMENT HISTORY	1. Company Name _____ Address _____ City/State _____ Phone _____				
	Dates Employed: From - To _____		Starting Salary \$ _____	Curent Salary \$ _____	Reason for Leaving _____
	Job Title _____	Supervisor _____	Were you subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to Federal Motor Carrier Safety or other DOT regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Brief Description of Duties (Include # of persons supervised if applicable)				
	2. Company Name _____ Address _____ City/State _____ Phone _____				
	Dates Employed: From - To _____		Starting Salary \$ _____	Curent Salary \$ _____	Reason for Leaving _____
	Job Title _____	Supervisor _____	Were you subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to Federal Motor Carrier Safety or other DOT regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Brief Description of Duties (Include # of persons supervised if applicable)				
	3. Company Name _____ Address _____ City/State _____ Phone _____				
	Dates Employed: From - To _____		Starting Salary \$ _____	Curent Salary \$ _____	Reason for Leaving _____
	Job Title _____	Supervisor _____	Were you subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to Federal Motor Carrier Safety or other DOT regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Brief Description of Duties (Include # of persons supervised if applicable)				
	4. Company Name _____ Address _____ City/State _____ Phone _____				
	Dates Employed: From - To _____		Starting Salary \$ _____	Curent Salary \$ _____	Reason for Leaving _____
	Job Title _____	Supervisor _____	Were you subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to Federal Motor Carrier Safety or other DOT regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Brief Description of Duties (Include # of persons supervised if applicable)				

APPLICANT'S STATEMENT

In connection with my application to the company, I acknowledge that I have been provided with a notice of my rights under the Fair Credit Reporting Act, and I have signed an authorization form allowing the company to make FCRA-related inquiries. I understand that additional investigative background inquiries, if required by the United States Department of Transportation, may also be made.

I certify that I have completed this application of my own free will. I further certify that all entries on this application, and the information I have furnished on it, are true and complete. In the event of employment, I understand false or misleading information given in my application or in interview(s) may result in discharge. I understand also, that I am required to abide by all the Company's rules and regulations if a conditional offer of employment is made. **I AGREE THAT THIS DOES NOT CHANGE THE AT-WILL NATURE OF MY EMPLOYMENT.**

As a condition of application with or employment by the Company, I voluntarily and knowingly waive any rights I may have to a jury trial in any court action relating to or concerning the Company and its employees. I understand the Company has likewise agreed to waive its right to a jury trial regarding any issues arising from its employment of me. Such disputes will be decided by a judge without a jury, also known as a bench trial. This waiver does not forego any substantive rights the Company or I may have. This voluntary and knowing jury trial waiver includes, but is not limited to, any disputes, claims, or controversies relating to or concerning my application for employment with, and/or employment with, the Company, including claims against Company supervisors.

I understand that I will not be employed by the Company unless I sign this Agreement. This agreement shall be binding upon and inure to the benefit of Company successors or assignees, as well as my heirs, executors, and administrators. This agreement and the rights and responsibilities discussed herein survive the termination of the employment relationship/application process. I acknowledge that if I am hired, this agreement does not alter the "at-will" status of my employment with the Company. No other inference is to be drawn from this Agreement.

I further understand that my agreement to a bench trial, in lieu of a jury trial, cannot be amended or altered in any way, except in a writing signed by the President of the Company or the President's authorized representative. For example, if the Company President and I have signed an arbitration agreement, then such agreement is enforceable in lieu of this mutual bench trial agreement.

THUS, BY MY SIGNATURE BELOW, I VOLUNTARILY AND KNOWINGLY WAIVE ANY RIGHTS I MAY HAVE TO A JURY TRIAL IN ANY COURT ACTION BROUGHT BY ME FOR ALL DISPUTES, CLAIMS, OR CONTROVERSIES RELATING TO OR CONCERNING THE COMPANY AND ITS EMPLOYEES. MY VOLUNTARY AND KNOWING JURY WAIVER INCLUDES, BUT IS NOT LIMITED TO, ANY DISPUTES, CLAIMS, OR CONTROVERSIES RELATING TO OR CONCERNING MY APPLICATION FOR EMPLOYMENT WITH, AND/OR EMPLOYMENT WITH, THE COMPANY.

SIGNATURE OF APPLICANT: _____ **DATE:** _____