

Application for Employment

Cherokee Directional Drilling, Inc. is an Equal Opportunity Employer and committed through excellence through diversity. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Applicant to complete the entire application. You may attach a resume, but you must still complete all the questions: or your application will be deemed incomplete and may not be considered. Please fill out each box (do not just indicate "See Resume"). Applications with missing or invalid job numbers will not be considered for any position.

Applicant Information

Full Name: _____ **Date:** _____
Last First M.I. Month / Day / Year

Other Names (If applicable): _____

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Contact Info: _____
Cell Phone Home Phone E-mail

What position are you applying for? _____

Rate of Pay Expected: _____

Are you retired or active military? ☐ YES ☐ NO

Are you eligible to work in the United States? ☐ YES ☐ NO

Are you 18 years of age or older? ☐ YES ☐ NO

If NO, what is your current age? _____

Have you previously been employed by our company? ☐ YES ☐ NO

If YES, when were you employed and what was your reason for leaving?

Start Date: _____ **End Date:** _____
Month / Year Month / Year

Reason for leaving: _____

Are you related to a current employee?

☐ YES

☐ NO

If YES, what is their name and relationship to you?

Name: _____

Relationship: _____

If required for position, do you have a valid driver's license?

☐ YES

☐ NO

If YES, please provide the information requested below:

State of Issuance: _____

License #: _____

Expiration Date: _____

How did you learn about this employment opportunity? Check all that apply.

☐ Ad in a newspaper

☐ Walk-in/Job Bulletin (Posting)

☐ Department of Labor

☐ Referral by Employee: _____

Employee's Name

☐ Other _____

Education

Please fill this section out in its entirety. **DO NOT** just indicate "See Resume".

High School/GED: _____

City & State: _____

Currently Enrolled? ☐ YES

☐ NO

Did you graduate?

☐ YES

☐ NO

Year of Graduation (or Expected Graduation): _____

Degree/Major: _____

College/University: _____

City & State: _____

Currently Enrolled? ☐ YES

☐ NO

Did you graduate?

☐ YES

☐ NO

Year of Graduation (or Expected Graduation): _____

Degree/Major: _____

College/University: _____

City & State: _____

Currently Enrolled? ☐ YES

☐ NO

Did you graduate?

☐ YES

☐ NO

Year of Graduation (or Expected Graduation): _____

Degree/Major: _____

College/University: _____

City & State: _____

Currently Enrolled? ☐ YES

☐ NO

Did you graduate?

☐ YES

☐ NO

Year of Graduation (or Expected Graduation): _____

Degree/Major: _____

Please list below any other credentials, licenses, affiliations, etc. which are relevant to the job(s) that you are applying:

Work Experience

Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions within the same organization, detail each position separately. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume" Attach additional sheets if necessary or you may attach a resume with your extended job history, but you **MUST** complete the following information for your last three jobs. **Please note:** Cherokee Directional Drilling, Inc. reserves the right to contact all current and former employers for reference information.

1. Organization Name and Address: _____
Employer/Organization Name

Employer/Organization Street Address

Apartment/Unit #

City

State

Zip Code

Supervisor: _____
Supervisor's Name

Title

Phone #

E-mail

Dates Employed: _____ to _____
Start Date *End Date*

☐ Full-Time ☐ Part-Time

Job Title: _____ Starting Pay: _____ Final Pay: _____

Primary Duties: _____

Reason for Leaving: _____

2. Organization Name and Address: _____
Employer/Organization Name

Employer/Organization Street Address *Apartment/Unit #*

City *State* *Zip Code*

Supervisor: _____
Supervisor's Name

Title *Phone #* *E-mail*

Dates Employed: _____ **to** _____ **☐ Full-Time ☐ Part-Time**
Start Date *End Date*

Job Title: _____ **Starting Pay:** _____ **Final Pay:** _____

Primary Duties: _____

Reason for Leaving: _____

3. Organization Name and Address: _____
Employer/Organization Name

Employer/Organization Street Address *Apartment/Unit #*

City *State* *Zip Code*

Supervisor: _____
Supervisor's Name

Title *Phone #* *E-mail*

Dates Employed: _____ **to** _____ **☐ Full-Time ☐ Part-Time**
Start Date *End Date*

Job Title: _____ **Starting Pay:** _____ **Final Pay:** _____

Primary Duties: _____

Reason for Leaving: _____

Professional References

Please provide professional references below. They must **NOT** be a supervisor listed in your work history above or a family relative.

Reference #1: _____
Name (First, Last) Relationship Title

Company Name Company Street Address

City State Abbrev. Zip Code Contact Phone Number Yrs. Known

Reference #2: _____
Name (First, Last) Relationship Title

Company Name Company Street Address

City State Abbrev. Zip Code Contact Phone Number Yrs. Known

Reference #3: _____
Name (First, Last) Relationship Title

Company Name Company Street Address

City State Abbrev. Zip Code Contact Phone Number Yrs. Known

Driver Experience and Qualifications

Driver Licenses: _____
License Number State Issued Type Expiration Date

License Number State Issued Type Expiration Date

License Number State Issued Type Expiration Date

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

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

If the answer to either of the above is YES, please provide details as to why below.

Commercial Motor Vehicle Experience* (If applicable)

**Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in quantity requiring placarding.*

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approx. # of Miles
		FROM	TO	
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Motorcoach – School Bus				
Other:				

List any special courses/training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

Please use the following space to provide any additional information regarding equipment and endorsements:

Driving Record

Please list below any accidents from within the last three years.

Accident #1: Were you found to be at-fault/partially at-fault?

☐ YES

☐ NO

Nature of Accident (Head-On, Rear-End, Upset, etc.)

Date of Accident

of Injuries

of Fatalities

Accident #2: Were you found to be at-fault/partially at-fault?

☐ YES

☐ NO

Nature of Accident (Head-On, Rear-End, Upset, etc.)

Date of Accident

of Injuries

of Fatalities

Accident #3: Were you found to be at-fault/partially at-fault?

☐ YES

☐ NO

Nature of Accident (Head-On, Rear-End, Upset, etc.)

Date of Accident

of Injuries

of Fatalities

**If there any additional accidents from within the last three years, please attach their information on a separate sheet of paper at the end of your application.*

Please list below and traffic convictions and forfeitures for the past 3 years.

Conviction/Forfeiture #1:

Location (City, State, Zip)

Date Occurred

Charge

Penalty

Conviction/Forfeiture #2:

Location (City, State, Zip)

Date Occurred

Charge

Penalty

Conviction/Forfeiture #3:

Location (City, State, Zip)

Date Occurred

Charge

Penalty

*If there any additional convictions/forfeitures from within the last three years, please attach their information on a separate sheet of paper at the end of your application.

Special Skills

Skills: Please list any technical skills, clerical skills, trade skills, etc. relevant to this position. Include also any relevant computer systems and software packages of which you have a working knowledge and note your years of experience (if applicable).

☐ Directional Drilling _____
Years

☐ Locating/Wireline _____
Years

☐ CDL/Tanker _____
Years

☐ Heavy Equipment _____
Years

☐ Fluid Pump _____
Years

☐ Hazardous Waste Transport

☐ Management Training

☐ Occupational Safety and Health Administration

☐ Driver Certifications or Courses:

☐ Special Equipment Certifications:

☐ Safety Awards:

☐ Computer Systems/Software:

Years

☐ Other:

Consent, Acknowledgment, and Signature

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

By signing this document, I certify that I have read and understood all of this employment application. I authorize Cherokee Directional Drilling, Inc. to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that employees of Cherokee Directional Drilling, Inc. serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law.

I certify that the information on this application and its supporting documents are accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I further certify that that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

If hired, I agree to abide by all rules and policies of the employer.

This certifies that this application was completed by no person other than myself, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature

Date of Signature

Social Security Number