



## Employment Application Dakota Drilling, Inc.

Please complete this application by typing or printing in ink. INCOMPLETE or UNSIGNED applications will not be considered.

We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.

### Personal Data

Name \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) - Message Phone ( ) - E-mail Address \_\_\_\_\_

Driver's License? Y N If yes, provide a copy of your motor vehicle record.

CDL Operator CDL Type \_\_\_\_\_ Endorsements \_\_\_\_\_

Have you driven a manual transmission? Y N

### Employment Desired

Position \_\_\_\_\_

Date you can start \_\_\_\_\_ Salary desired \_\_\_\_\_

Are you employed? Y N If so, may we contact your employer? Y N

Do you want to be informed before we contact your present employer? Y N

Ever applied to this company before? Y N If so, when? \_\_\_\_\_

### Education

High School Diploma or GED Y N Name of High School \_\_\_\_\_

Name of school beyond High School \_\_\_\_\_

Training length \_\_\_\_\_ Date completed \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Apprenticeship level \_\_\_\_\_ If which trade? \_\_\_\_\_

### Work Experience (list most recent work experience first)

Company Name \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Complete address \_\_\_\_\_  
Street/P.O. Box City State Zip Code

Job Title \_\_\_\_\_ Phone ( ) -

Job description (duties, skills, equipment used)

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

Dates: From (mm/yy) \_\_\_\_ / \_\_\_\_ To (mm/yy) \_\_\_\_ / \_\_\_\_ Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Complete address \_\_\_\_\_  
Street/P.O. Box City State Zip Code

Job Title \_\_\_\_\_ Phone ( ) - \_\_\_\_\_

Job description (duties, skills, equipment used)

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

Dates: From (mm/yy) \_\_\_\_ / \_\_\_\_ To (mm/yy) \_\_\_\_ / \_\_\_\_ Reason for leaving \_\_\_\_\_

**Additional information that could help you qualify for this position**

Examples include: classes (include dates), certificates, current licenses, specific equipment and other skills.

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

**References (preferably persons who know about your work/training)**

Name	Address	Phone Number
_____	_____	( ) - _____
_____	_____	( ) - _____
_____	_____	( ) - _____

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date.

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

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