



# James Oil Well Service Inc.

## Application for Employment

PO Box 308 ♦ Belfield ND 58622-0308  
 Office (701) 575-4451 Fax (701) 575-2227

|  |            |             |
|--|------------|-------------|
| Last Name  | First Name | Middle Name |
| <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <div style="display: flex; justify-content: space-between;"> <span>Position Applied for:</span> <span>Date</span> </div> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> <div style="display: flex; justify-content: space-between;"> <span>Email Address</span> <span>Cell Phone</span> </div> |            |             |

### Please Read carefully

#### OFFERS OF EMPLOYMENT WILL BE MADE ONLY AFTER SUCCESSFUL COMPLETION OF THE FOLLOWING:

1. Accurate reporting of information as requested on this application form (the applicant must sign and date the application.)
2. Interview(s) by appropriate James Oil Well Service representatives.
3. Approvals of the offer by authorized James Oil Well Service Inc. officials.
  - All offers of Employment are contingent upon satisfactory background checks, drug screen, and medical examination results
  - Applicants, if hired, will be required to provide documents needed to complete an Employment Eligibility Verification (Form I-9)

It is the policy of James Oil Well Service Inc. to provide equal employment opportunity for all qualified persons and not to discriminate against any employee or applicant because of race, religion, color, sex, national origin, age, veteran status, disability, or any other legally protected status.

The information you provide in this application represents you to the hiring authority. Fill in each blank accurately and carefully. Answer all questions. If a question does not apply, write N/A (Not Applicable) in the space provided to show that you did not overlook the question.

**Personal Data** **Complete this section even if a resume is attached.**

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Last First Middle

Permanent Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_  
Street City State Zip

\_\_\_\_\_ Home Cell Social Security #

Position Desired: \_\_\_\_\_ Wage/Salary Expected: \_\_\_\_\_ Date Available: \_\_\_\_\_

Type of Employment Desired: Full-Time:  Part Time:  Temporary:  Other:  \_\_\_\_\_

Will you work shift work? Yes  No  Will you work weekends? Yes  No

Are you at least 18 years of age? Yes  No

Do you have any relatives employed by James Oil Well Service? Yes  No

If yes please give their name and relationship \_\_\_\_\_

Are you presently employed? Yes  No  Do you need to give notice? Yes  No

May we contact your present employer? Yes  No

Have you ever worked for James Oil Well Service? Yes  No  If yes when? \_\_\_\_\_

How did you learn about James Oil Well Service? Employee Referral:  Name: \_\_\_\_\_

Walk-in  Advertisement  Employment Agency  Other  \_\_\_\_\_

Are you able to perform the essential job functions of the position you applied for with or without reasonable accommodations? Yes  No

Are you legally authorized to work in the U.S.? Yes  No

Are you Hispanic/Latino? Yes  No

Select one or more races:  American Indian or Alaska Native  Asian  Black or African American

Native Hawaiian or Other Pacific Islander  White Other \_\_\_\_\_

Do you have a valid driver's license? Yes  No  DL# \_\_\_\_\_

Have you ever been convicted of a misdemeanor resulting in your incarceration (jail, prison or other?) Yes  No

Have you ever been convicted of a felony? Yes  No

If you answered yes to being convicted of a misdemeanor or felony please describe the nature of the crime and your subsequent rehabilitation. (Attach additional sheets if needed):

**A misdemeanor or felony conviction does not automatically disqualify employment.**

Circle last grade completed: College Masters Doctorate  
**Education and Training:** **Complete this section even if a resume is attached.**

**High School**  
 From \_\_\_\_\_ Name of last school attended: \_\_\_\_\_  
 To \_\_\_\_\_ Location: \_\_\_\_\_

**College or Business/Trade School**  
 From \_\_\_\_\_ Name of last school attended: \_\_\_\_\_  
 To \_\_\_\_\_ Location: \_\_\_\_\_ Major/Degree: \_\_\_\_\_

**Military**  
 From \_\_\_\_\_ Branch: \_\_\_\_\_ Rank: \_\_\_\_\_  
 To \_\_\_\_\_ Skills/Duties: \_\_\_\_\_

**Work History:** **Complete this section even if a resume is attached.**

List every employment whether or not it seems relevant to the position, for which you are applying, include part or full time military service. If lapses occurred between periods of employment, give dates of and reason for unemployment. Please list at least five years past history. (CDL Drivers please list the past ten years of driving history.) If you need more space, attach another sheet.

|                                 |                         |                        |                               |                     |                    |
|---------------------------------|-------------------------|------------------------|-------------------------------|---------------------|--------------------|
| <b>Present or Last Employer</b> | Name of Employer:       | Employed From          | To                            | Salary Begin-End    | Employed Begin-End |
|                                 | Address:                |                        |                               |                     |                    |
|                                 | Your Title:             | Business Phone Number: |                               |                     |                    |
|                                 | Description of Duties:  |                        |                               | Reason for Leaving? |                    |
|                                 | Supervisors Name/Title: |                        | May we contact this Employer? |                     |                    |

|                               |                         |                        |                               |                     |                    |
|-------------------------------|-------------------------|------------------------|-------------------------------|---------------------|--------------------|
| <b>Next Previous Employer</b> | Name of Employer:       | Employed From          | To                            | Salary Begin-End    | Employed Begin-End |
|                               | Address:                |                        |                               |                     |                    |
|                               | Your Title:             | Business Phone Number: |                               |                     |                    |
|                               | Description of Duties:  |                        |                               | Reason for Leaving? |                    |
|                               | Supervisors Name/Title: |                        | May we contact this Employer? |                     |                    |

|                               |                         |                        |                               |                     |                    |
|-------------------------------|-------------------------|------------------------|-------------------------------|---------------------|--------------------|
| <b>Next Previous Employer</b> | Name of Employer:       | Employed From          | To                            | Salary Begin-End    | Employed Begin-End |
|                               | Address:                |                        |                               |                     |                    |
|                               | Your Title:             | Business Phone Number: |                               |                     |                    |
|                               | Description of Duties:  |                        |                               | Reason for Leaving? |                    |
|                               | Supervisors Name/Title: |                        | May we contact this Employer? |                     |                    |

Please list name and phone numbers for three personal references:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Skills, Equipment, Training**

Please provide information regarding special skills, training, management experience, computer skills, special licenses or certificates, your ability to operate equipment, or any other qualifications you believe will help us in considering your application for this position.

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**Applicant’s Statement (Please read carefully before signing.)**

**At-Will Employment-** I understand that if hired I will be employed on an at-will basis which means that employment is entirely voluntary. Either James Oil Well Service or I may terminate the employment relationship at-will, at any time, for any reason, with or without cause, with or without notice. I also understand that no employee, supervisor, or representative of James Oil Well Service has any authority to make any promise, statement, or agreement which alters, amends or contradicts the foregoing provision. I also understand that every new employee of James Oil Well Service is hired under a 90 day probation period during which I will not be eligible for benefits.

**Job-related Testing-** As part of the application process, I understand that my job-related skills and knowledge may be tested. I understand that I may request any reasonable accommodations to participate in the testing or any other part of the application process.

**Application on file for 6 months-** I understand that the application for this position will be kept on active file for a maximum of 6 months from the date received. After that time I will need to reapply, in accordance with established James Oil Well Service procedures, in order to be considered for other employment opportunities.

**Reference Authorization-** I hereby authorize James Oil Well Service to make any investigation of my background deemed necessary as it pertains to my application for employment. I grant James Oil Well Service the right to release information which it may deem appropriate regarding my potential employment with James Oil Well Service to anyone who has reasonable basis to make such inquiry. I hereby authorize any former employer, person, firm, or company listed on this application, having information pertaining to me, to answer any and all questions. I agree to release those employers, persons, firms, or companies from any liability for giving truthful information based on their knowledge or records.

**Conditional offer/Medical examination-** I understand that James Oil Well Service may make a job offer to me contingent upon a medical examination and drug screen by a company approved physician.

**Testing/Searches-** If employed by James Oil Well Service, I understand that I may be subject to search, drug, and alcohol testing as a condition of continued employment.

**Correct Information-** I certify that all information I have provided in this application is true and correct to the best of my knowledge. I understand that any omission, inaccuracy, or misrepresentation on this application may be cause for rejection or, if employed, may be cause for dismissal.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## Consumer Report Authorization

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In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes.

As per required by Sections 382.413, 391.23 of the Federal Motor Carrier Safety Regulations, James Oil Well Service Inc. may obtain from a consumer reporting agency a consumer report bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, person characteristics or mode of living. Specifically, James Oil Well Service Inc. may obtain information about you concerning the following areas:

- **Employment References** from previous employers and other references provided by you
- **Education Verification** from Colleges and Universities
- **Professional License Verification**
- **Prior Employment Earnings Verification**
- **Drug and Alcohol test results**
- **FMCSA Drug & Alcohol Clearing House Full & Limited Queries**
- **Criminal Convictions**
- **Driving Record** if job related
- **Credit Worthiness** if job related

Your signature below authorizes James Oil Well Service to procure such a report.

I HEREBY AUTHORIZE JAMES OIL WELL SERVICE INC TO PROCURE MY CONSUMER REPORT FROM A CONSUMER REPORTING AGENCY.

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

Print Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*\*This authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment\*\*

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# Driver's Certification of Compliance

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Please list types of equipment/trucks you have driven, how many years of experience you have, and the average # of miles you've driven for any previous employer? (Trucks, cars, equipment, etc)

Type of driver's license? \_\_\_\_\_ Date of birth? \_\_\_\_\_

License number and state of issue? \_\_\_\_\_ Exp Date \_\_\_\_\_

Is license restricted? \_\_\_\_\_ If so, list restrictions: \_\_\_\_\_

Has your license ever been revoked or suspended? If so, when and why? \_\_\_\_\_

Please list ALL traffic violations in which you have been involved:

| Date | Location | Charge | Penalty |
|------|----------|--------|---------|
|------|----------|--------|---------|

Please list ALL motor vehicle accidents in which you have been involved:

| Date | Location | Charge | Penalty |
|------|----------|--------|---------|
|------|----------|--------|---------|

Per Parts 383 and 391 of the Federal Motor Carriers Safety Regulations containing certain driver licensing requirements:

The above listed driver's license number is the only one I possess.

As required by Sections 391.15(b)(2) and 383.33, that the above listed driver's license number is issued by my legal state of domicile, where I have my true, fixed, and permanent home and principle residence to which I have the intention of returning whenever I am absent.

I also understand that per Section 391.15(b)(2) and 383.33 of the Federal Motor Carriers Safety Regulations I am required by law to notify James Oil Well Service Inc of any revocation or suspension of your driver's license **the next business day**. In addition I agree to notify James Oil Well Service Inc and the state that issued my license (if the violation occurs in a different state than the one of issue) any time I am convicted of violating a state or local traffic law (other than parking) within 30 days, as required by Section 383.31.

I certify that the foregoing information is true and complete to the best of my knowledge and give James Oil Well Service and/or their authorized representative permission to verify or confirm said information with the department of public safety.

**\*\*This authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment\*\***

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