

MARTEX WELL SERVICE, LLP EMPLOYMENT APPLICATION

We are proud to consider all applicants for every position without regard to race, color, creed, national origin, religion, sex, age, marital status, veteran status, disability, handicap, or any other legally protected classification.

APPLICANT INSTRUCTIONS : *This APPLICATION FOR EMPLOYMENT must be completed by you (1) in your own handwriting (2) In ink, and (3) on company premises. It will remain active for a period of 30 days after it is submitted to this employer for consideration and evaluation. Do not fill out any part of this application which you believe to be non-job related.*

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY NUMBER
CURRENT HOME ADDRESS	STREET	CITY	STATE
			TIME AT PRESENT ADDRESS
USA <input type="checkbox"/> OTHER <input type="checkbox"/>	CELL PHONE: _____	HOME PHONE: _____	OTHER: _____
CITIZENSHIP			

DO YOU HAVE A CURRENT DRIVER'S LICENSE Yes No DO YOU HAVE A CURRENT COMMERCIAL DRIVER'S LICENSE Yes No

LIST BELOW ALL OTHER ADDRESSES USED BY YOU DURING THE PAST SEVEN YEARS BEGINNING WITH THE MOST RECENT
(USE CONTINUATIONS SECTION IF NECESSARY)

STREET ADDRESS	CITY	STATE	ZIP CODE	FROM	TO

Were you Referred to our Company? ___ Yes ___ No BY Whom: _____

MILITARY BACKGROUND

Have you ever served in the military? ___ Yes ___ No Country USA ___ Other _____ Military Branch _____

Date Entered _____ Mo _____ Year Date Discharged/Retired _____ Mo _____ Year Rank at discharge/retirement: _____

Are you in Active Reserve? ___ Yes ___ No

Service Schools attended and training received: _____

Military Honors and Awards:

Note: Attach a copy of your DD form 214, if applicable. A record of a less than honorable discharge will not automatically disqualify your from consideration as a candidate for employment.

EDUCATIONAL INFORMATION

Circle highest level of education you have received – High School 9 10 11 12 // College 1 2 3 4 // Graduate School 1 2 3 4 4+

Type of School	Name	Location	City	State	Degree/Major	GPA
High School						

ADDITIONAL EMPLOYMENT INFORMATION

Position Desired _____ Salary Desired _____ Date Available to Start Work _____ Referred by _____

Are you available to work: **Full Time** Yes No **Part Time** Yes No **Overtime** Yes No **Shifts** Yes No
Call Out Yes No **Temporary** Yes No **Evenings** Yes No **Weekends** Yes No **Nights** Yes No

Have you ever applied to this company before? Yes No If yes, when _____ Were you hired? Yes No

Can you speak, read, or write any job-related foreign languages? If yes, give details _____

Have you ever been employed under a different name or used a different name in school? Yes No _____

Have you ever used a different social security number? Yes No If yes, explain: _____

Have you ever been involuntarily discharged, dismissed, fired, or asked to resign by an employer? Yes No If yes, explain:

Please list the positions and activities which most interest you and for which you feel most qualified. _____

Please list any other skills or training not otherwise provided in this application which you feel may be beneficial to this employer.

Please list the three most important reasons why you want to work here. 1. _____
2. _____ 3. _____

MOTOR VEHICLE INFORMATION

Driver's License Number: _____ State Issuing DL _____ License Expiration Date _____
CLASS: CDL _____ PERSONAL _____ OTHER _____

Have you ever successfully completed any driver's education or safe driving training courses? Yes No

Has your driver's license ever been revoked or suspended? Yes No

Has any company ever cancelled your motor vehicle insurance or refused to insure you? Yes No

Have you ever been convicted of driving under the influence of alcohol or drugs? Yes No

Have you ever been convicted of reckless driving? Yes No

Have you ever caused a motor vehicle accident: Yes No

Have you been convicted of speeding within the past three years? Yes No

Have you been convicted of any other moving violation within the past three years? Yes No

Have you been involved in any way in a motor vehicle accident within the past three years? Yes No

NOTE: Lack of driver's license or history of driving violations will not automatically disqualify you from consideration as a candidate for employment.

CRIMINAL HISTORY

Have you been convicted of any offense during the past ten years? Yes No

If yes, explain in detail below. Use continuation section if needed.

Where were you convicted?

Type of Offense	Date Convicted	Sentence	City	County	State

NOTE: A record of a prior criminal conviction will not automatically disqualify you from consideration as a candidate for employment.

EMPLOYMENT HISTORY

Please list employers for the last seven years or since graduating from high school, whichever is less.
List jobs in reverse order, beginning with your current or latest position. Use additional pages if needed.

Full Name of Employer

Employer's Phone Number

Your Position

Employer's Street Address

City, State, Zip

Reason for leaving

Starting Salary

Ending Salary

May we contact this employer? Yes No

Starting Date

Ending Date

Duties:

Full Name of Employer

Employer's Phone Number

Your Position

Employer's Street Address

City, State, Zip

Reason for leaving

Starting Salary

Ending Salary

May we contact this employer? Yes No

Starting Date

Ending Date

Duties:

Full Name of Employer

Employer's Phone Number

Your Position

Employer's Street Address

City, State, Zip

Reason for leaving

Starting Salary

Ending Salary

May we contact this employer? Yes No

Starting Date

Ending Date

Duties:

Full Name of Employer

Employer's Phone Number

Your Position

Employer's Street Address

City, State, Zip

Reason for leaving

Starting Salary

Ending Salary

May we contact this employer? Yes No

Starting Date

Ending Date

Duties:

REFERENCES

Name of nearest relative not living with you	Relationship	Telephone Number(s)
Street Address	City & State	Zip

Personal / Professional Reference	Occupation / Business	Work Number:
How long have you known this person?	In what capacity have you known this person?	Home or Cell Phone Number
Street Address	City & State	Zip Code

Personal / Professional Reference	Occupation / Business	Work Number:
How long have you known this person?	In what capacity have you known this person?	Home or Cell Phone Number
Street Address	City & State	Zip Code

Personal / Professional Reference	Occupation / Business	Work Number:
How long have you known this person?	In what capacity have you known this person?	Home or Cell Phone Number
Street Address	City & State	Zip Code

Personal / Professional Reference	Occupation / Business	Work Number:
How long have you known this person?	In what capacity have you known this person?	Home or Cell Phone Number
Street Address	City & State	Zip Code

Personal / Professional Reference	Occupation / Business	Work Number:
How long have you known this person?	In what capacity have you known this person?	Home or Cell Phone Number
Street Address	City & State	Zip Code

NOTIFICATION, CERTIFICATION AND RELEASE

Please read the following statements carefully before signing this application for employment.

I, _____, hereby apply for employment with Martex Well Services, LLP (Martex) of Marshall, Texas. (Hereinafter referred to as EMPLOYER).

I verify that all of the information provided in this APPLICATION is complete and correct, and I confirm that the omission or misrepresentation of any fact in this APPLICATION will be sufficient reason for EMPLOYER to deny me employment. Should I become employed by EMPLOYER and such an omission or misrepresentation is later discovered in this document, or any other corporate record, EMPLOYER may terminate my employment upon discovery of such omission or misrepresentation.

I understand and agree that in the processing of my APPLICATION, it is necessary for EMPLOYER and/or its agents to verify the information provided therein by obtaining reports such as a "consumer report" and/or an "investigative report" which will consist of personal information regarding me, including but not necessarily limited to credit history, work references, educational experience, criminal convictions, and other public record information. I understand that information on the nature and scope of this inquiry is available to me upon written request.

I hereby authorize the release of all information deemed necessary to verify the facts in this APPLICATION (including educational transcripts and military records) to EMPLOYER and/or its agents provided this information is kept confidential and is used solely for the purpose specified herein. I hereby release EMPLOYER, its employees, its agents, and all individuals and organizations providing information to them from all liabilities for their acts performed in connection with evaluating my qualifications. Without limiting the foregoing, I specifically waive any and all claims that I have or which might arise giving me a cause of action for defamation, liable or slander. I understand and agree that a photocopy or facsimile of this release will be as valid as the original even though it does not contain my original signature.

If I accept a job offer from EMPLOYER, I agree to take a physical examination before beginning work and such future physical examinations as may be required by EMPLOYER. I further agree to submit to any lawful drug, alcohol, polygraph, or integrity testing that may be required whether as a condition for employment or for continued employment. I understand and agree that refusal to submit to such testing may result in disciplinary action, including termination.

If I accept a job offer from EMPLOYER, I agree to abide by the bylaws, rules, and regulations of EMPLOYER as put forward by its management. I agree that if company property and/or equipment are issued to me by the EMPLOYER, I will be responsible for the same until it is returned to EMPLOYER.

I agree that if any employment relationship is established with EMPLOYER, it will be of an "at will" nature, meaning that I may resign at any time and EMPLOYER may dismiss me at any time, with or without cause. I further agree that this "at will" employment relationship can be changed only by a document signed by an authorized representative of the EMPLOYER.

I understand and agree that this APPLICATION FOR EMPLOYMENT will be considered "active" by EMPLOYER for a period of thirty (30) days after it is submitted to EMPLOYER by me, and after that time EMPLOYER will assume I no longer desire to seek a position here. I understand that if I want to be considered for employment with EMPLOYER beyond that time, I must complete and submit a new APPLICATION FOR EMPLOYMENT to EMPLOYER as evidence of my continued interest and availability.

I understand that according to federal law all individuals must provide documents which either verify their identity as a U.S. citizen or verify their legal authorization to work in the United States. I understand that any offer of employment is conditional upon my ability to produce this documentation within the time required by law.

Signature of Applicant

Printed Name of Applicant

Date

This APPLICATION FOR EMPLOYMENT accepted on behalf of EMPLOYER and APPLICANT'S signature witnessed by:

Signature of Witness

Printed Name of Witness

Date