



Employment Application

This Company is an equal opportunity employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, military, or veteran status, sexual orientation or gender identity, disability, or genetic information.

Applicant:		
	Last Name	First Name

Date of Application:			
	Month (MM)	Day (DD)	Year (YYYY)

1233 W Moreland Rd. Wooster, OH 44691

Telephone: 330-263-7725 – www.rockwaterdrilling.com

PERSONAL INFORMATION		
Last Name:	First Name:	Initial:
Other Name(s) Used:		Home Telephone # () -
Address (Street, City, State, ZIP Code)		Mobile or Business # () -
Do you have a valid CDL? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Permit	Do you have a valid DOT Medical Card? <input type="radio"/> Yes <input type="radio"/> No	Driver's License #
Position(s) Applied For:	How did you hear about the job opening?	Wage Desired:
Have you ever been interviewed with the company before? <input type="radio"/> Yes <input type="radio"/> No		If yes, list date(s) and job title(s)
Are you at least 18 years old? <input type="radio"/> Yes <input type="radio"/> No		If under 18, do you have a work permit? <input type="radio"/> Yes <input type="radio"/> No

EDUCATION AND QUALIFICATIONS			
Check Highest Grade Completed: High School 9 th ____ 10 th ____ 11 th ____ 12 th ____ Vocational or College 1 ____ 2 ____ 3 ____ 4 ____			
Education:	Name of School	City, State	Diploma, License, Certificate or Degree
High School:			
Vocational Training:			
University:			
Auger Drilling Years Exp:	Direct Push Drilling Years Exp:	Rotary Drilling Years Exp:	Sonic Drilling Years Exp:
Excavating Years Exp:	Skid Steer / Forklift Years Exp:	Respirator/SCBA Years Exp:	Welding/Cutting Years Exp:
MSHA Training Years Exp:	OSHA Training Years Exp:	Hazwoper Years Exp:	First Aid, CPR, Blood Borne Pathogen

EMPLOYMENT HISTORY		
List all past employment, starting with the most recent position. All information must be completed. Applicants holding a CDL must list the last seven years employment history.		
Employed From / /	Employer Name	Starting Wage
Employed Until / /	City, State, Country	Ending Wage
Phone Number		
Job Title/ Position	Reason For Leaving	
Duties & Responsibilities		
Employed From / /	Employer Name	Starting Wage
Employed Until / /	City, State, Country	Ending Wage
Phone Number		
Job Title/ Position	Reason For Leaving	
Duties & Responsibilities		
Employed From / /	Employer Name	Starting Wage
Employed Until / /	City, State, Country	Ending Wage
Phone Number		
Job Title/ Position	Reason For Leaving	
Duties & Responsibilities		
Employed From / /	Employer Name	Starting Wage
Employed Until / /	City, State, Country	Ending Wage
Phone Number		
Job Title/ Position	Reason For Leaving	
Duties & Responsibilities		

PROFESSIONAL REFERENCES

List 3 people we may contact who are qualified to evaluate your work performance and/or capabilities within the past 3 years. Include at least one supervisor and do not include friends or relatives.

Reference Name	Phone #
City, State, Country	E-Mail Address
Relationship	Number of Years Acquainted
Reference Name	Phone #
City, State, Country	E-Mail Address
Relationship	Number of Years Acquainted
Reference Name	Phone #
City, State, Country	E-Mail Address
Relationship	Number of Years Acquainted

OTHER INFORMATION

Yes	No	Question
		May we contact your current employer for references?
		Do you have any commitments that would prevent you from working out of town on a regular basis?
		Have you received a moving violation within the past three years? Note: A Yes response does not automatically disqualify your application. If yes, please attach explanation – page 6.
		Have you ever been convicted of any crimes? Note: A Yes response does not automatically disqualify your application. If yes, please attach explanation – page 6.
		Are you currently out on bail or released on your own recognizance pending trial? If yes, please attach explanation – page 6.

CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that the hiring process will be terminated, or in the event of my employment by the Company, I shall be subject to dismissal, if any information that I have given in this application, the background release form, in any resume or interview or any part of the hiring process is false or misleading, or if I have failed to give any information herein requested, or if withheld relevant information, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional, and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment related information about me to the Company and will hold the Company and my former employer harmless for any claim made on the basis that such information about me was provided or that any employment decision was made based on such information. I also understand the criminal background and credit report may be conducted in the course of the interview process in accordance with 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) and authorize the Company to obtain information regarding my character, general reputation, personal characteristics, and mode of living for employment purposes.

I understand that **nothing** in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment will be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Company at any time and for any lawful reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

I understand that if offered a position with the Company, I may be required to submit to a pre-employment medical examination, drug screening, and background check as a condition of employment. I understand unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

If employed, I will be required to provide original documents that verify my identity and right to work in the United State under the Immigration Reform and Control Act (IRCA) of 1986.

The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date

Additional Information / Remarks



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Motor Vehicle Record Disclosure and Release Form

In connection with my ongoing employment or my application for employment, should I have or secure a position with RockWater Drilling Company, I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information. The records will be used for employment purposes. You will be notified in advance of any adverse employment actions based on information in the records and provided with a summary of your rights under the Fair Credit Reporting Act.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to RockWater Drilling Company or its agent.

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. **RockWater Drilling Company's commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts.**

Full Legal Name (Include Middle Initial)

Social Security Number

Drivers License Number

State of Issuance

Date of Birth

Signature

Date