

CANYON OILFIELD SERVICES, LLC EMPLOYMENT APPLICATION

11552 Hwy 6 South
Elk City, OK 73644
580-225-7100
Fax 580-225-7107
www.canyonoilfield.com



APPLICANT INFORMATION

Last Name				First				M.I.		Date	
Street Address								Apartment/Unit #			
City				State				ZIP			
Phone				E-mail Address							
Date Available				Social Security No. / Gov't ID No.				Desired Salary	\$		
Position(s) Applied for											
Are you authorized to work in the U.S.? (If offered employment, you will be required to provide documentation to verify eligibility.)								YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?								
Have you ever been convicted of, or have you pleaded guilty or no contest to, a felony offense? *Answering yes does not automatically bar you from employment.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								

EDUCATION

High School				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
College				City, St							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other				City, St							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

REFERENCES

Please list three professional references.

Full Name				Relationship							
Company				Phone							
Full Name				Relationship							
Company				Phone							
Full Name				Relationship							
Company				Phone							

PREVIOUS EMPLOYMENT										
Company						Phone				
Address						Supervisor				
Job Title						Starting Salary		\$		
Ending Salary						\$				
Responsibilities										
From				To				Reason for Leaving		
May we contact your previous supervisor for a reference?						YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Company						Phone				
Address						Supervisor				
Job Title						Starting Salary		\$		
Ending Salary						\$				
Responsibilities										
From				To				Reason for Leaving		
May we contact your previous supervisor for a reference?						YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Company						Phone				
Address						Supervisor				
Job Title						Starting Salary		\$		
Ending Salary						\$				
Responsibilities										
From				To				Reason for Leaving		
May we contact your previous supervisor for a reference?						YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Company						Phone				
Address						Supervisor				
Job Title						Starting Salary		\$		
Ending Salary						\$				
Responsibilities										
From				To				Reason for Leaving		
May we contact your previous supervisor for a reference?						YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Company						Phone				
Address						Supervisor				
Job Title						Starting Salary		\$		
Ending Salary						\$				
Responsibilities										
From				To				Reason for Leaving		
May we contact your previous supervisor for a reference?						YES <input type="checkbox"/>		NO <input type="checkbox"/>		
MILITARY SERVICE										
Branch						From				To
Rank at Discharge						Type of Discharge				
If other than honorable, explain										
DISCLAIMER AND SIGNATURE										
<p>I certify that I have fully and accurately answered all questions and have given all information requested in this application for employment, and I understand that any wrong or incomplete information on the form may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for my immediate dismissal. I understand that all such information is subject to verification by the Company, and hereby give my consent to the Company to investigate my background and qualifications using any means, sources, and outside investigators at its disposal. I agree to undergo any type of drug and/or alcohol testing that the Company may require at any time.</p> <p>I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Canyon Oilfield Services. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States. I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or Canyon Oilfield Services may terminate my employment at any time with or without notice or cause.</p>										
Signature								Date		

DISCLOSURE AND AUTHORIZATION FORM
TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES
Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline Canyon Oilfield Services ("the Company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as Team Professional Services, Inc.

For explanation purposes:

- ☐ a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- ☐ an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize the Company to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I do _____ do not _____ authorize you to contact my current employer for Employment and Reference Verifications (this will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Applicant Signature

Date

PERSONAL DATA

Last Name

First Name

Middle Name

Current Address

Dates Lived Here

Addresses for the Past Seven Years: (include street, city, state, zip code)

Dates of Residence:

Date of Birth

Other Names Used (including maiden name)

Years Used

Social Security Number

Driver's License #

State

Email address (may be used for official correspondence)

I have the right to make a request to Team Professional Services Inc. upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which Team Professional has previously furnished within the two year period preceding my request.

I certify that all of elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name

Applicant Signature

Date

You may request a free copy of any consumer report or investigative consumer report we obtain on you by checking the box.