



US DOT# 1605236
 HardRock Directional Drilling
 110015 Perrin Beitel Rd.
 San Antonio, TX 78217

Background _____

Drug Test _____

Safeland _____

H2S _____

Today's Date: _____

Applying for: _____

APPLICANT INFORMATION

Today's Date: _____ Hire Date: _____

NAME: _____
 (First) (Middle) (Last)

CURRENT ADDRESS: _____
 (Street) (City) (State & Zip) How Long?

Phone#: _____ Date of Birth: _____ Soc. Security#: _____
 MM/DD/YYYY

Emergency Contact: _____ Relationship: _____

Phone Number: _____

DRIVER'S LICENSE INFORMATION

State	License #	Type	Expiration Date
_____	_____	_____	_____

DRIVER EXPERIENCE

Type of Equipment	From (Date)	To (Date)	Approximate # of Miles
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

Has any license, permit, or privilege ever been suspended or revoked? Yes No

If you answered yes to either of the above two questions, attach a statement of explanation.



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TICKETS / ACCIDENTS / ETC.

Accident Record for the Past 3 Years

Date: _____ Description: _____ #of Injuries / Fatalities: _____

Date: _____ Description: _____ #of Injuries / Fatalities: _____

Date: _____ Description: _____ #of Injuries / Fatalities: _____

TRAFFIC CONVICTIONS & FORFEITURES FOR PAST 3 YEARS

Location	Date	Charge	Penalty
Have you ever failed a DOT Random Drug test? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, When? _____			
If you have failed a Random DOT drug test have you taken the SAP Program? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____			
Have you ever been convicted of a felony or misdemeanor which resulted in Imprisonment or arrest? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain: _____			

HISTORY WITH COMPANY WHICH YOU ARE APPLYING FOR

I have worked for this company before: Yes No (if yes, please indicate hire and termination dates) _____

I have applied for work with this company before Yes No (if yes, please indicate dates)

How did you hear about this employer? _____

EMPLOYMENT RECORD

NOTE: DOT requires employment for 3yrs previous and/or commercial driving experience for past 10yrs be shown

CONTINUE EMPLOYMENT RECORD ON NEXT PAGE (PAGE 3)

Employer: _____ From: _____ To: _____

Address: _____

Phone: _____ Supervisor: _____ Rate: _____

Position: _____ Reason for leaving: _____

What type of work did you perform? _____



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EMPLOYMENT RECORD

Employer: _____ From: _____ To: _____
Address: _____
Phone: _____ Supervisor: _____ Rate: _____
Position: _____ Reason for leaving: _____
What type of work did you perform? _____

Employer: _____ From: _____ To: _____
Address: _____
Phone: _____ Supervisor: _____ Rate: _____
Position: _____ Reason for leaving: _____
What type of work did you perform? _____

Employer: _____ From: _____ To: _____
Address: _____
Phone: _____ Supervisor: _____ Rate: _____
Position: _____ Reason for leaving: _____
What type of work did you perform? _____

Employer: _____ From: _____ To: _____
Address: _____
Phone: _____ Supervisor: _____ Rate: _____
Position: _____ Reason for leaving: _____
What type of work did you perform? _____

Note if needed, make copies of this page to capture info regarding all employers during past 10 yrs.



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DECLARATION OF EMPLOYMENT STATUS

This refers to any gaps in employment history

I understand that I must provide my complete employment history for the past 3 years, and all CDL *required* employment for the 7 years preceding that. Any gaps in employment longer than 1 month are explained as follows:

FROM: _____ **TO:** _____

During this time, I was engaged in the following activity:

In addition:

_____ I was not employed by any company or individual

_____ I was not convicted of any criminal act involving the use of a commercial motor vehicle or driving a commercial motor vehicle

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by the previous employers:
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant _____

Date: _____

Reset



Consent to Background Investigation/Inquiry

TO BE READ AND SIGNED BY APPLICANT

I, _____ authorize Hardrock Directional Drilling, LLC (“Hard Rock”) to make such investigations and inquiries of my personal, employment, financial, legal or medical history and other related matters as may be necessary in arriving at an employment decision, including pre-employment, promotions, and job assignments. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I understand that Hard Rock will not make the decision to conduct a background investigation based on my race, national origin, color, sex, religion, disability, genetic information (including family medical history), citizenship status, or age (40 or older), but rather for the purpose of making employment decisions

I understand information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by the previous employers:
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I understand that false or misleading information given in my application, resume, or interviews may result in discharge, demotion, or reassignment. I understand, also, that I am required to abide by all rules and regulations of the Company (if hired for employment).

Signature of Applicant/Employee

Date



DRUG AND/OR ALCOHOL TESTING CONSENT FORM

EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/alcohol testing policy of Hard Rock to submit to a drug or alcohol test and to furnish a sample of my urine, breath, hair, and/or blood for analysis. I agree to submit to drug and/or alcohol testing as a term of pre-employment, at random, in the event I am involved in any on the job accident and for any other reason the employer deems necessary. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have Hard Rock and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

Signature of Employee

Date