

DATE INTERVIEWED _____

**AN EQUAL OPPORTUNITY EMPLOYER
APPLICATION FOR EMPLOYMENT**

DIVISION/LOCATION _____

APPLICANT'S STATEMENT

I declare that my answers to the questions on this application are true and complete. I understand that any unanswered questions may cause my application to be rejected, and if I leave out important facts about my background or make any false or misleading statements on this application, other paperwork or during interviews, I may not be hired or I may be fired if Pinnergy, LTD. finds out later. Pinnergy, LTD. will not exclude applicants who have a criminal history from the hiring process. I give permission to my past employers, schools and personal references to give Pinnergy, LTD. any and all information about my work habits, education, training and character. I release all persons from all liability and agree not to sue anyone for any damages that may happen from giving or using this information.

I confirm that I have seen a description of the major job duties and physical requirements of the job I am applying for, and I understand that my application will be considered only for this specific job. I acknowledge that any job offer is not final until I pass Pinnergy LTD.'s drug/alcohol test, job related physical exam and reference check.

If hired, I agree to learn and follow all company rules, policies and practices, and to follow my supervisors' lawful orders and instructions. I will use and wear all safety items required by Pinnergy, LTD. and will be careful in my work not to expose myself or fellow workers to unnecessary dangers. I will submit to drug/alcohol tests and medical exams by a doctor chosen by Pinnergy, LTD. at any time asked, and I will submit to such exams before making any claim against Pinnergy, LTD. for injury or illness which happened at work. I give permission to all medical care providers to give Pinnergy, LTD. information about my work injury or illness which pertains to my ability to do my job and need for any medical leave. I will also cooperate in any Pinnergy, LTD. investigation by giving true and complete answers to all questions. I understand that Pinnergy, LTD. may add, change or stop using any published rules, policies and prior practices at any time. **I also understand that I or Pinnergy, LTD. can terminate my employment at any time, with or without cause or notice.**

I agree not to give out any of Pinnergy, LTD.'s trade secrets, or any information about the company without permission, and I agree not to do things in conflict with the interests of Pinnergy, LTD. I certify that I have read this Applicant's Statement in full, that it has been explained to me to my satisfaction, and that I understand and fully agree to accept the responsibilities it places on me, and I sign it of my own free will. I understand that this application is valid only on the day I sign it and it may stay active for up to one month.

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

I understand I have the right to:

- Review information provided by 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.

I hereby authorize Pinnergy, LTD. to deduct from my pay the amount necessary to cover the expense of pre-employment drug and/or alcohol test and physical exam, if for any reason, I should resign my position, or my employment be terminated prior to completion of the 90-day provisional period.

_____ initial

Applicant Signature _____ Date of Application _____ Witness _____

Name (Last)	(First)	(Middle)	Social Security Number
Address			Telephone (Area Code/Number)
(City)		(State)	(Zip)

Specific Job(s) Applying For:	Are you at least
(1) _____ (2) _____	18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Available To Begin Working:
If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you be convicted of a felony in the last 7 years?
Can you lawfully work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain on a separate sheet.
Have you worked for this company before? _____ Where? _____	
Dates: From _____ To _____ Rate of Pay _____ Position _____	
Reason for leaving _____	
Emergency Contact _____	Telephone _____

Name and Address of School	Dates Attended	Subject Area Studied	Did You Graduate?	Degree and Major
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University	From _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
	To _____			
Graduate/Professional Program	From _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
	To _____			
Business/Technical/Trade School	From _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
	To _____			

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY OILFIELD, TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

PERSONAL

EDUCATION

EMPLOYMENT/TRAINING HISTORY NON-DOT APPLICANTS ONLY

EMPLOYER			DATE			
NAME	FROM MO.	YR.	TO MO.	YR.		
ADDRESS			POSITION HELD			
CITY	STATE		ZIP			
CONTACT PERSON			PHONE NUMBER			
			REASON FOR LEAVING			

EMPLOYER			DATE			
NAME	FROM MO.	YR.	TO MO.	YR.		
ADDRESS			POSITION HELD			
CITY	STATE		ZIP			
CONTACT PERSON			PHONE NUMBER			
			REASON FOR LEAVING			

EMPLOYER			DATE			
NAME	FROM MO.	YR.	TO MO.	YR.		
ADDRESS			POSITION HELD			
CITY	STATE		ZIP			
CONTACT PERSON			PHONE NUMBER			
			REASON FOR LEAVING			

MAINTENANCE EXPERIENCE AND QUALIFICATIONS

List courses and training in maintenance work _____

Indicate years of experience in the following:

Drive Line Components _____	Electrical Repair _____
Diesel Engine Tune-up _____	Brakes _____
Gas Engine Tune-up _____	Cooling System _____
Tire Service _____	Transmission Repair _____
Oxyacetylene Welder _____	Air Conditioning (cab) _____
Hydraulics _____	_____
Preventative Maint. _____	_____

OILFIELD EXPERIENCE AND QUALIFICATIONS

List types of oilfield experience and number of years of each

List oilfield equipment you can operate and years of experience

List courses or training in oilfield work

CLASS A CDL ACCIDENT RECORD

DATES	NATURE OF ACCIDENT (Head-on, Rear-End, Over, Etc.)	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			
Next Previous			

DOT CERTIFIED APPLICATION

If you are applying for a DOT position you must provide TEN (10) years of prior work experience in order to be considered for the opportunity. Since we are REQUIRED to verify your employment history for the last 3 years we must have the below information in its entirety. **There must be NO GAPS in the time covered.** If you were unemployed for any reason during this time, write "UNEMPLOYED" and list the dates. **Failure to follow these instructions will delay the processing of your application.**

EMPLOYER			DATE	
			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring place carding.

** The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring place carding.

VOLUNTARY IDENTIFICATION

Pinnergy, LTD. is an Equal Opportunity/Affirmative Action Employer. It is our policy to consider applicants for employment without regard to race, religion, color, sex, age, national origin, disability, or veteran status. However, Pinnergy, LTD. is required by law to maintain certain information about applicants that is not used in the hiring process. If you supply us with the information below, it will be used strictly in accordance with the law. If you choose not to supply the information to Pinnergy, LTD. it will have no effect whatsoever on the employment process.

NAME APPLICATION DATE

1) _____ 2) _____

SPECIFIC JOB(S) APPLIED FOR

Check one:	Check one: (Race/Ethnic Origin)	Check any of the following if applicable:
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black (not of Hispanic Origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> White (Caucasian)	<input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Individual with a Disability <input type="checkbox"/> I need an Accommodation

How did you learn about this job opening? (check only one)			
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Unemployment Office	<input type="checkbox"/> College	<input type="checkbox"/> Referral _____
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Trade School	<input type="checkbox"/> Call/Walk In	<input type="checkbox"/> Other _____

DO NOT WRITE BELOW THIS LINE - FOR PERSONNEL USE ONLY

Division: _____ Dept: _____ Status (Check One) 1. <input type="checkbox"/> Not Interviewed 2. <input type="checkbox"/> Interviewed, Not Hired 3. <input type="checkbox"/> Offer Refused 4. <input type="checkbox"/> Offer Accepted 5. <input type="checkbox"/> Confirmed Positive Drug/Alcohol Test 6. <input type="checkbox"/> Offer Recinded Date Offered: (if applicable) _____ Date Refused: (if applicable) _____ NOTE: After separating this page from the completed Application, make sure the data is recorded in the appropriate records, then store this page in a secure location separate from personnel files.	TO BE COMPLETED ONLY IF HIRED Start Date: _____ Pay Rate: \$ _____ per _____ Date of Birth: _____ EMERGENCY CONTACT DATA 1) _____ (NAME) (RELATIONSHIP) () () PHONE (DAY) PHONE (NIGHT) 1) _____ (NAME) (RELATIONSHIP) () () PHONE (DAY) PHONE (NIGHT)
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