



VENTURE DRILLING SUPPLY, LLC

4611 South Muskogee Avenue
TAHLEQUAH, OKLAHOMA
74464
918/456-8284

1150 County Road 155
GEORGETOWN, TEXAS
78626
512/930-4690

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital, or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status.

Position Desired _____ Date of Application _____

Name _____ Social Security Number _____
Last First Middle

Address _____ Phone _____
Number Street City Zip

Driver's License _____
Year Expires State Number Type of License

Date of Birth (Driver applicants only) _____

What caused you to apply to Venture Drilling Inc. for employment?

- Advertisement
- Friend
- Walk-in
- Employment Agency
- Relative
- Other _____
- Employee Referral, Name of employee _____

List the names of relatives previously or presently employed by this company

MILITARY SERVICE

Branch of service _____ Length of service _____ Date of release _____

Rank when discharged _____

Type of work performed during service _____

Have you had any job-related training in the United States military? _____ Yes _____ No

If Yes, please describe _____

Education

	Elementary	High School	Undergraduate College/University	Graduate/ Professional
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree				
Describe Course of Study				
Describe any specialized training, apprenticeships, skills, and extra-curricular activities.				
Describe any honors you have received.				
State any additional information you feel may be helpful in considering your application.				

REFERENCES

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

List professional, trade, business, or civic activities and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.

PREVIOUS EMPLOYMENT

Start with your present or last employer.

1	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Salary or Rate of Pay Start Last
	State Job Title and Describe Duties	Reason for Leaving

2	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Salary or Rate of Pay Start Last
	State Job Title and Describe Duties	Reason for Leaving

3	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Salary or Rate of Pay Start Last
	State Job Title and Describe Duties	Reason for Leaving

4	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Salary or Rate of Pay Start Last
	State Job Title and Describe Duties	Reason for Leaving

Have you ever been convicted of any offense (other than traffic offenses)? _____ Yes _____ No

Has your driver's license been suspended/revoked within the past 5 years? _____ Yes _____ No

I agree to submit to a physical examination to determine that I am physically able to perform the job for which I have applied and to submit to a drug test, which I must successfully pass, before being finally accepted for employment. I also agree that, in the event I shall be employed by the Company, I will submit to further physical examination and drug test when requested by the company.

In the event of my employment by the Company, I agree to abide by all present and subsequently issued rules of the Company.

I authorize all previous employers to furnish to the company with whom this application is filed, and its subsidiaries, my record, reason for leaving, and all information they may have concerning me, and I hereby release them and the Company, and its subsidiaries, from all liability for any damage whatsoever arising there from. I also authorize investigation of all statements in this application.

I understand that, in the event of my employment by the Company, I shall be subject to dismissal if any of the information I have given in this application is false, or I have failed to give any material information herein requested.

Applicant's Signature

Date

I understand that the first ninety days of employment shall be considered a trial period. During this first ninety days of employment, an employee may be terminated or dismissed with no reason given to the employee.

Applicant's Signature

Date

Supervisor's Signature

Date