



EMPLOYMENT APPLICATION

PLEASE PRINT				Today's date: _____	
_____		_____		_____	
First Name	M.I.	Last Name	Preferred Name/Nickname		
_____		_____		_____	
Street Address	Apartment #	City	State	Zip Code	
_____		_____		_____	
_____		_____		_____	
Home Phone	Alternate/Work Phone		E-Mail Address		
_____		_____		_____	

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION					
Are you interested in: Full-time _____ Part-time _____ Temporary _____					
What schedule would you prefer? Weekdays _____ Weekends _____ Evenings _____ Nights _____					
How did you hear about the position? Classified Ad _____ Friend (Name) _____ Radio _____ Internet _____					
Desired Pay:					
Hourly Pay (minimum if applicable) _____		Annual Pay (minimum) _____		Annual Pay (desired) _____	
When are you able to start work? (Date) _____					
In what local area do you prefer to work? _____					
Position desired: _____					

Lone Star Well Service, LLC is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, Lone Star Well Service, LLC complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Lone Star Well Service, LLC also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

PLEASE CHECK YES OR NO TO THE FOLLOWING:

Are you authorized to work in the United States? Yes ____ No ____

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Lone Star Well Service, LLC will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

Are you under 18 years of age? Yes ____ No ____ If yes, can you furnish a work permit? Yes ____ No ____

Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes ____ No ____

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

FROM ____ / ____ MO. YR.	COMPANY NAME		YOUR POSITION and TITLE	
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
TO ____ / ____ MO. YR.	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS		STARTING PAY	FINAL PAY
			\$	\$
	TELEPHONE NUMBER ()		TERMINATION	REASON
		<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY		
BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION				

FROM _____ MO. / YR.	COMPANY NAME		YOUR POSITION and TITLE
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION
	CITY	STATE	ZIP CODE
	SUPERVISOR'S TELEPHONE NUMBER		
	TYPE OF BUSINESS	STARTING PAY	FINAL PAY
		\$	\$
TO _____ MO. / YR.	TELEPHONE NUMBER	TERMINATION	REASON
	()	<input type="checkbox"/> VOLUNTARY	
		<input type="checkbox"/> INVOLUNTARY	
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	SUPERVISOR'S TELEPHONE NUMBER		
	TYPE OF BUSINESS	STARTING PAY	FINAL PAY
		\$	\$
TO _____ MO. / YR.	TELEPHONE NUMBER	TERMINATION	REASON
	()	<input type="checkbox"/> VOLUNTARY	
		<input type="checkbox"/> INVOLUNTARY	
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TO ____/____ MO. YR.	TYPE OF BUSINESS		STARTING PAY	FINAL PAY
			\$	\$
	TELEPHONE NUMBER ()		TERMINATION	REASON
		<input type="checkbox"/> VOLUNTARY		
		<input type="checkbox"/> INVOLUNTARY		
BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION				

ADDITIONAL INFORMATION:

UNEMPLOYMENT ACCOUNT FOR ALL PERIODS OF TIME, THREE MONTHS OR MORE, BETWEEN POSITIONS HELD OR AFTER SCHOOL

FROM ____/____	TO ____/____	HOW DID YOU SPEND THIS TIME? _____
FROM ____/____	TO ____/____	HOW DID YOU SPEND THIS TIME? _____

EDUCATION:

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

PROFESSIONAL DESIGNATIONS:

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED

PROFESSIONAL LICENSES:

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

REFERENCES: Please list two professional references

NAME	RELATIONSHIP	COMPANY	PHONE/ALTERNATE PHONE

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

IN THE LAST SEVEN (7) YEARS, HAVE YOU BEEN CONVICTED OF OR HAVE YOU PLEADED GUILTY TO ANY FELONY OR MISDEMEANOR*? (Please exclude minor traffic offenses and convictions which have been sealed, impounded, erased, expunged, annulled or nolleed)

Yes _____ No _____

If yes, please describe:

*** PLEASE NOTE:** OTHER FACTORS WILL BE TAKEN INTO ACCOUNT SUCH AS THE NATURE OF THE OFFENSE, THE TIME THAT HAS PASSED SINCE THE CONVICTION AND THE TYPE OF JOB BEING SOUGHT. FURTHER, THIS INFORMATION WILL BE USED ONLY FOR JOB-RELATED PURPOSES AND ONLY TO THE EXTENT PERMITTED BY APPLICABLE LAW.

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

SIGNED: _____

DATE: _____



Direct Deposit Authorization
Authorization Agreement For Automatic Direct Deposits
(Complete a separate form for each account you are adding or changing)

If this is a new account:

1. The account must be established and active at your bank before you request direct deposit.
2. Confirm the bank accepts direct deposits and verify the transit routing and account numbers.
3. Notify the bank that you are going to set up direct deposit through payroll.

Please check the appropriate box and complete:

A new account (complete A through E below)

Changing accounts for an existing direct deposit (complete A through E below)

Account number you are replacing: _____

Changing dollar amount of direct deposit (same accounts) (Complete C through E below)

Canceling account (Complete C below)

(Payroll must cancel direct deposit BEFORE you cancel your account)

A. Bank Name: _____

B. Bank Transit Routing Number: _____

C. Bank Account Number: _____

D. Checking Savings

E. Full Deposit Partial Deposit Amount per payday: \$_____

Please return to the Payroll Department with a voided check (checking accounts) or a deposit slip (savings accounts).

I authorize **Lone Star Well Service, LLC** and the bank listed above to deposit my net pay or portion thereof as indicated into my account each payday. If funds to which I am not entitled are deposited to my account, I authorize **Lone Star Well Service, LLC** to direct the bank to return said funds to **Lone Star Well Service, LLC**. I understand that my deposit may not be credited to my account until 5:00 p.m. on the pay date indicated on the check voucher/pay statement.

Associate Name (Print): _____ **Date:** _____

Associate Signature: _____ **Social Security # (Required):** _____



Emergency Contact

Employee Name _____

Address _____

City, State, Zip _____

Emergency Contact 1:

Name _____

Primary Phone _____

Secondary Phone _____

Relationship _____

Emergency Contact 2:

Name _____

Primary Phone _____

Secondary Phone _____

Relationship _____