



## Application for Employment

### Personal Information

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver's License Class: A B C CDL Dr. Lic. # \_\_\_\_\_ Exp: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How Long at Current Address: \_\_\_\_\_ List Addresses for Past Three Years Below.

Address: \_\_\_\_\_ How Long? \_\_\_\_\_

Address: \_\_\_\_\_ How Long? \_\_\_\_\_

Are You 18 Years or Older? Yes No Are You Eligible to Work in the United States? Yes No

In the past **seven (7)** years, have you been given deferred adjudication or been convicted of a felony or misdemeanor (not including traffic violations)? Yes No

**If yes, please provide the date(s), nature of offense(s), sentence(s) imposed, and type(s) of rehabilitation. (Answering "yes" does not necessarily disqualify you; factors such as job relatedness, age of the offense, seriousness and nature of violation, and rehabilitation will be taken into account).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Desired Employment

Desired Division:  Administration  Coiled Tubing  Fracturing

Position: \_\_\_\_\_ Date Available: \_\_\_\_\_ Salary Expected: \_\_\_\_\_

Are You Currently Employed? Yes No If Yes, By Whom, and May we Contact your Current Employer?

Yes, you may contact. No, do not contact. \_\_\_\_\_

Who Referred You to This Company? Please Check One.

Employment Agency  Newspaper Advertisement  Friend

State Employment Office  College Placement Office  Walk-In  Other

### Education Records

Level of Education:  High School  Trade School  Undergraduate  Graduate-Level  Professional

Name/Location of School: \_\_\_\_\_

Number of Years Attended: \_\_\_\_\_ Did You Graduate? Yes No Subjects Studied, Majors, or Degree Types:

\_\_\_\_\_  
\_\_\_\_\_

Level of Education:  High School  Trade School  Undergraduate  Graduate-Level  Professional

Name/Location of School: \_\_\_\_\_

Number of Years Attended: \_\_\_\_\_ Did You Graduate? Yes No Subjects Studied, Majors, or Degree Types:

\_\_\_\_\_  
\_\_\_\_\_



Energy Services, Inc

# C&J ENERGY SERVICES, INC

5604 Medco Dr. • Marshall, TX 75672 • (903) 938-8483 • Fax: (903) 938-8987  
4460 Hwy 77 • Robstown, TX 78380 • (361) 767-0189 • Fax: (361) 767-2649  
Corporate Office: PO Box 10840 • Corpus Christi, TX 78460

## Application for Employment

### Employment Record

*DOT Requires That Employment for at Least Three Years and/or Commercial Driving Experience for the Past 10 Years be Shown.*

Last Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Second Last Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Third Last Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Fourth Last Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Fifth Last Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



## Application for Employment

### Agreement

#### NOTIFICATION AND AGREEMENT

PLEASE READ THE FOLLOWING STATEMENT AND SUBSEQUENT AGREEMENT BEFORE SIGNING

**“I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.”**

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President or Executive Vice President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

#### Signature of Agreement

Date \_\_\_\_\_ Signature \_\_\_\_\_



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### Driving Information

*This section pertains to any candidate applying for a position that requires, or may require, driving vehicles for company business.*

Drivers Licenses					
CDL Yes or No	State	License No.	Type	Restrictions	Expiration Date

Driving Experience			
Class of Equipment	Check Yes or No	Check Type of Equipment	Dates From (M/Y) to (M/Y)
Straight Truck	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> van <input type="checkbox"/> tank <input type="checkbox"/> flat <input type="checkbox"/> dump	to
Tractor and Semi-Trailer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> van <input type="checkbox"/> tank <input type="checkbox"/> flat <input type="checkbox"/> dump	to
Tractor – Two Trailers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> van <input type="checkbox"/> tank <input type="checkbox"/> flat <input type="checkbox"/> dump	to
Tractor – Three Trailers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> van <input type="checkbox"/> tank <input type="checkbox"/> flat <input type="checkbox"/> dump	to

List all Accidents in the Past Three Years – If none, write NONE	
Date	Description of Accident

List all Traffic Violations in the Past Three Years (other than parking)	
Date	Violation

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

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

If you answered yes to the questions above, please explain. (press the Tab key to move to the next line)

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## Application for Employment

### Equal Employment Opportunity Form

#### Applicant Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: ( ) Social Security Number: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

#### Voluntary Information

*This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.*

#### Racial or Ethnic Group

- American Indian/Alaskan     Asian/Pacific Islander     Black/African American  
 Hispanic/Latino     White/Caucasian     Other

#### Gender

- Female     Male

#### Military Service

- Pre-Vietnam Era     Vietnam Era  
 Post-Vietnam Era     Disabled Veteran

#### How did you hear about this position?

- Newspaper     Company Employee     Professional Publication  
 Job Fair     Placement Office     Web Site  
 Other \_\_\_\_\_