

Offshore Onshore

Location _____ Position _____ Supervisor _____ Pay Rate _____

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Cell Phone ()		E-mail Address			
Date Available		Last 4 digits of Social Security #		Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	

EDUCATION

High School Name		Address (City and State)			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Type of Degree / Diploma
College Name		Address (City and State)			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Type of Degree:
Other Name		Address (City and State)			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Type of Degree / Diploma

Do you possess a Drivers License or ID Card?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list DL or ID # _____
Do you possess a TWIC Card?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list TWIC # _____

REFERENCES

Please provide the names of two persons whom you have known for at least three years. These persons must **not** be related to you or be a former employer

Full Name		
Relationship		# of Years Known
Address (City and State)		Phone ()
Full Name		
Relationship		# of Years Known
Address (City and State)		Phone ()

PREVIOUS EMPLOYMENT. BEGIN WITH YOUR MOST RECENT/CURRENT EMPLOYER

Company		Phone ()	
Address (City and State)		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	

Responsibilities

From	To	Reason for Leaving
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May we contact your current employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company		Phone ()	
Address (City and State)		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	

Responsibilities

From	To	Reason for Leaving
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Company		Phone ()	
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Address (City and State)		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	

Responsibilities

From	To	Reason for Leaving
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MILITARY SERVICE

Are you Active or a Veteran?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	From	To
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If yes, please list Branch _____	
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DISCLAIMER AND SIGNATURE

I authorize you at the time of my application for employment, or during the course of employment to obtain information from any source as to my education, experience, character, medical history and financial or credit records.

I hereby certify that this application and any attachments contain no willful or negligent misrepresentations of falsifications, and that information given by me is true and complete. I understand that should an investigation disclose any such misrepresentation or falsification, my application will be rejected, or if employed by Performance Energy Services, LLC, will cause my dismissal.

Employment with Performance Energy Services, LLC is terminable at will by either party without cause and without notice. As an employee at will, you may voluntary resign your employment at any time and Performance Energy Services, LLC may terminate your employment at any time without cause or prior notice. No one at Performance Energy Services, LLC is authorized to change the at-will nature of the employment relationship between you and Performance Energy Services, LLC except the President/CEO in a written agreement signed with him/her.

Signature		Date	
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CONSENT TO OBTAINING CONSUMER REPORTS

READ CAREFULLY BEFORE SIGNING

- 1) I HAVE READ THE ATTACHED "NOTICE" TO APPLICANTS/EMPLOYEES REGARDING CONSUMER "REPORTS" AND HEREBY AUTHORIZED THE COMPANY TO OBTAIN CONSUMER REPORTS AND/OR INVESTIGATE CONSUMER REPORTS AS DESCRIBED

- 2) I UNDERSTAND THAT I HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE AMOUNT OF TIME TO RECEIVE ADDITIONAL, DETAILED INFORMATION ABOUT THE NATURE AND SCOPE OF ANY INVESTIGATIVE REPORT OR OTHER CONSUMER REPORTS THAT ARE MADE, INCLUDING THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE CONSUMER REPORTING AGENCY.

- 3) I HEREBY AUTHORIZE ANY PRESENT OR FORMER EMPLOYERS, CONSUMER REPORTING AGENCIES, EDUCATIONAL INSTITUTIONS, CRIMINAL JUSTICE AGENCIES, DEPARTMENT OF MOTOR VEHICLES, PUBLIC AGENCY, FINANCIAL INSTITUTIONS, OR ANY OTHER PERSON OR AGENCY HAVING KNOWLEDGE OF ME, TO SUBMIT INFORMATION OR OPINIONS OF MYSELF, INCLUDING DATA RECEIVED FROM OTHER SOURCES, IN ORDER THAT MY EMPLOYMENT QUALIFICATIONS MAY BE EVALUATED. I HOLD SAID PERSON AND/OR OPINIONS MADE REGARDING MY CHARACTER, EXPERIENCE, OR QUALIFICATIONS.

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE ABOVE STATEMENTS.

PRINT YOUR NAME

SIGNATURE

DATE

How did you hear about Performance Energy Services, LLC?

Newspaper
Name of Newspaper: _____

Website/Internet
Name of Website: _____

Magazine
Name of Magazine: _____

Radio Walk-In
Friend Billboard

Employee Referral _____

Other (Please Specify) _____

Email Application to: PES-HR@pesllc.com or Fax Application to: 985-850-9565