

# ELITE CASING SERVICES, INC.

P. O. Box 555  
Woodward, OK 73802-0555  
580-256-2262

## EMPLOYMENT APPLICATION

Date \_\_\_\_\_

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Last Name	First Name	Middle	Social Security Number	Date of Birth
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Street Address	City	State	Zip	Phone Number
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Position Applying for: (Circle One) – Operator, Stabber, Floors,  
Lay-down Machine Operator (Requires CDL Drivers License)  
Pipe Roller

Do you have a valid Oklahoma Drivers License? (Circle One) Yes No

If you do have a valid Oklahoma Drivers License: License # \_\_\_\_\_ Type \_\_\_\_\_

Name of a close family member to be notified in case of emergency:

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Name	Address	Relationship	Phone w/Area Code
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### EMPLOYMENT HISTORY (Last 5 Years)

Present or Most Recent:  
Company Name, City, State \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Titles and Duties: \_\_\_\_\_

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

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Company Name, City, State \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Supervisors Name \_\_\_\_\_

Titles and Duties: \_\_\_\_\_

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

Is there a reason why you cannot lift or perform certain job duties? If so why?

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Do you have a Workers Compensation claim pending? \_\_\_\_\_

Have you filed claim with Workers Compensation, if so, why and when?

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**Please read the following, authorize Yes or No, Sign and Date below.**

If injured, I authorize Elite Casing Services, Inc. to use the best judgment for treatment unless I instruct otherwise. Please Circle One. Yes No

All persons to whom a conditional employment offer is made will be required to submit to a medical examination, which will include a drug screen. The successful completion of the job related medical examination is a precondition to the commencement of work. There will also be random drug screenings performed during the course of your employment with Elite Casing Services, Inc. Are you willing to submit to such an examination and random drug screenings? Please Circle One. Yes No

Under Elite Casing Services, Inc. policies, if you terminate your employment before your first pay period has ended, you will be garnished the drug screen fee from your final paycheck.

In addition, all persons employed by Elite Casing Services, Inc. will be required to complete safety and training courses pertaining to oilfield work and any specific job performance, if required. All training expense will be paid for by Elite Casing Services, Inc. Are you willing to participate in the required safety and training courses? Please Circle One. Yes No

I, \_\_\_\_\_ hereby apply for employment with Elite Casing Services, Inc. The facts set forth in this application are true, complete and correct. I understand and agree any misrepresentation, false statement or omission of any fact on this application will be sufficient reason for dismissal or refusal of employment. Furthermore, I understand and agree if I should become employed by Elite Casing Services, Inc. and it is later discovered I have provided, on this application or any supplement to, or other record(s) is misrepresented, omitted or falsified, Elite Casing Services, Inc, may immediately terminate my employment upon discovery of such omission, misrepresentation or falsification.

I also understand this application is not, nor is it intended to be a contract for employment. I understand and agree my employment is AT WILL and can be terminated by either party, with or without notice, at any time, for any reason. No one other than an officer of Elite Casing Services, Inc. has any authority to enter into an agreement for employment for any specified period of time or make any agreement contrary to the forgoing, unless in writing and signed by an officer.

I also hereby give my permission to contact the above listed employers concerning my prior work experience.

Signed \_\_\_\_\_ Date \_\_\_\_\_