

# APPLICATION FOR EMPLOYMENT



14102 Pine Meadow LN Tomball, TX 77377  
Tel: 281-290-8335 Fax: 281-290-8336

Mailing: PO Box 1988 Tomball, TX 77377-1988  
Email: info@challengerdrilling.com

(PLEASE PRINT CLEARLY AND COMPLETE ALL QUESTIONS BEFORE SUBMITTING)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability or any other protected group status.

Position(s) Applied for \_\_\_\_\_ Date of application \_\_\_\_\_  
Rate of pay request \$ \_\_\_\_\_

## PERSONAL DATA

Name \_\_\_\_\_ Social Security No: \_\_\_\_\_  
Last First Middle

Current Address \_\_\_\_\_  
Street City Phone \_\_\_\_\_  
State Zip

ADDRESS FOR PAST THREE YEARS REQUIRED

Street	City	State & Zip	How Long
_____	_____	_____	_____
_____	_____	_____	_____

Do you have the legal right to work in the United States? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Are you over the age of 18? \_\_\_\_\_ If no, can you provide proof of age? \_\_\_\_\_  
(This information will be used only for child labor law purposes).

Are there any days, shifts or hours you will not work and if so what are they?  
\_\_\_\_\_

Are you available to work out of town on a regular basis? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Will you work overtime if required? \_\_\_\_\_ YES \_\_\_\_\_ NO  
When will you be able to start work if an offer is presented? \_\_\_\_\_  
Are you employed now? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_ If referral, by whom? \_\_\_\_\_  
Is there any reason you might be unable to perform the functions of the job for which you have applied? \_\_\_\_\_

If yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

Provide employment information for the past 3 years. Attach a sheet if more space is needed.

EMPLOYER		DATES	POSITION HELD
NAME	ADDRESS	FROM MO. & YR.	
CITY & STATE			REASON FOR LEAVING
PHONE		TO MO. & YR.	

EMPLOYER		DATES	POSITION HELD
NAME	ADDRESS	FROM MO. & YR.	
CITY & STATE			REASON FOR LEAVING
PHONE		TO MO. & YR.	

EMPLOYER		DATES	POSITION HELD
NAME	ADDRESS	FROM MO. & YR.	
CITY & STATE			REASON FOR LEAVING
PHONE		TO MO. & YR.	

EMPLOYER		DATES	POSITION HELD
NAME	ADDRESS	FROM MO. & YR.	
CITY & STATE			REASON FOR LEAVING
PHONE		TO MO. & YR.	

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN?     YES     NO

IF YES, PLEASE EXPLAIN \_\_\_\_\_

DID YOU RECEIVE ANY DISCIPLINE IN YOUR LAST 12 MONTHS OF ACTIVE EMPLOYMENT?     YES     NO

IF YES, PLEASE EXPLAIN \_\_\_\_\_

**MILITARY STATUS**

HAVE YOU SERVED IN THE U.S. ARMED FORCES?        IF SO WHAT BRANCH \_\_\_\_\_

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8    HIGH SCHOOL: 1 2 3 4    COLLEGE: 1 2 3 4

OTHER (PLEASE EXPLAIN) \_\_\_\_\_

LAST SCHOOL ATTENDED: \_\_\_\_\_

NAME

CITY

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	ENDORSEMENT(S)	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No
- B. Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No
- C. Have you ever been convicted of DUI or DWI? \_\_\_\_\_ Yes \_\_\_\_\_ No
- D. Have you ever been found at fault in a civil action for an intentional tort (intentional commission of a wrongful act)? \_\_\_\_\_ Yes \_\_\_\_\_ No
- E. Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer to either A, B C, D or E is yes please explain: (List anything in advance that may appear on a background check)

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**Driving Experience**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI				
TRACTOR – TWO TRAILERS				
OTHER _____				

LIST STATES OPERATED IN THE LAST FOUR YEARS:

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SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

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WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

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**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (Head-On, Rear-End, Upset, etc.)	FATALITIES	INJURIES
Last Accident _____	_____	_____	_____
Next Previous _____	_____	_____	_____
Next Previous _____	_____	_____	_____

**TRAFFIC TICKETS, CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS):**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS – EQUIPMENT**

LIST TYPES OF EXPERIENCE AND YEARS OF EACH :

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LIST EQUIPMENT YOU CAN OPERATE (TRACTOR/TRUCK, BACKHOE, DRILL RIG, ETC.) AND YEARS OF EACH:

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LIST COURSES OR TRAINING FOR ANY OR ALL OF THE ABOVE:

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**EXPERIENCE AND QUALIFICATIONS – CLERICAL**

LIST EXPERIENCE & QUALIFICATIONS FOR OFFICE / CLERICAL WORK:

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LIST COURSES AND TRAINING FOR OFFICE /CLERICAL WORK:

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**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION, HEAVY EQUIPMENT, DIRECTIONAL DRILLING, SUPERVISORY, ETC. EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

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LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION:

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**TO BE COMPLETED AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. Generally inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended. I hereby release employers, schools, health care providers and other personnel from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**BELOW TO BE COMPLETED BY COMPANY REPRESENTATIVE**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ DATE REJECTION NOTICE MAILED \_\_\_\_\_

POSITION \_\_\_\_\_ RATE OF PAY \_\_\_\_\_

DATE 60 DAY TRIAL PERIOD ENDS \_\_\_\_\_

## APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein (including but not limited to the Criminal and Additional Driver Record Information Supplement and Commercial Motor Vehicle Driver Supplement if applicable) are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document may be cause for my dismissal at any time without prior notice. I consent to and authorize this Company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

**I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR MY EMPLOYER WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE EMPLOYER. I ALSO UNDERSTAND THAT THIS ASPECT OF MY EMPLOYMENT MAY NOT CHANGE ABSENT AN INDIVIDUAL WRITTEN AGREEMENT SIGNED BY BOTH ME AND THE PRESIDENT OF THE COMPANY.**

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation or take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

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

Full Legal Name: \_\_\_\_\_  
Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ Class: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ S.S. #: \_\_\_\_\_

# DOT Employee Drug and Alcohol Statement

Employer Name: CHALLENGER DRILLING INC.

Employee Name: \_\_\_\_\_

SSN or Employee ID: \_\_\_\_\_ Date: \_\_\_\_\_

The employee is required by 49 CFR Part 40.25 to answer the following question:

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years (or three years if a CDL Driver)?

**Circle one:**            **Yes**            **No**

Employee Signature: \_\_\_\_\_

Witnessed By Signature: \_\_\_\_\_

# DOT Background Check Authorization of Release of Information

DOT requires that Employers request this information from all DOT-regulated employers who have previously employed the employee/applicant during any period in the previous 2 years (3 years for CDL drivers) prior to the date of the employee's application or transfer. If feasible, this information must be obtained and reviewed before the employee first performs a DOT safety-sensitive function, but no later than 30 days from the date on which the employee first performed a safety-sensitive function. Upon receipt, CMI will submit a request for this data to the previous employer indicated below. **IMPORTANT:** Only submit to CMI information regarding previous DOT-regulated employers for whom the employee performed a covered function.

Previous Employer Name: \_\_\_\_\_

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

I hereby authorize **CMI**, who is a service agent for **CHALLENGER DRILLING INC.**, the prospective employer, to obtain the following information from the above listed employer:

- Alcohol tests with result of 0.04 or higher alcohol concentration;
- Verified positive drug tests;
- Refusals to be tested (including verified adulterated or substituted drug test results);
- Other violations of DOT agency drug and alcohol testing regulations;
- Documentation of violation (i.e. MRO report, Alcohol Test CCF) in accordance with applicable 49 CFR Parts 199.117(b), 199.231(b), 382.405(b), 655.73(b), and 40.321
- With respect to any violations of a DOT drug and alcohol regulation, documentation of my successful completion of DOT return-to-duty requirements (including follow-up tests);
- Any information obtained from other previous employers regarding the above information.
- And if applicable, information regarding my Safety Performance History (CDL Drivers Only) as required by 49 CFR Parts 390 and 391.

Check this box if you have NOT performed DOT functions in the past two years (or three years if a CDL driver.) Please be advised that falsification of this statement is grounds for immediate termination.

Check this box if you have been self-employed over the last 3 years and no background check is required. Please be advised that falsification of this statement is grounds for immediate termination.

**Pertaining to the above checked box, the statement has been reviewed and approved by an employer representative (Name and Signature below). No further action is required.**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Check this box if you have tested positive, or refused to test, on any DOT pre-employment drug or alcohol test for an employer who did not hire you during the past two years (or three years if a CDL driver).

APPLICANT/EMPLOYEE FULL NAME:		
SOCIAL SECURITY NUMBER:	DRIVER'S LICENSE NO.	
APPLICANT/ EMPLOYEE SIGNATURE:	Date:	11112

Fax completed form to: 210-967-9233 or mail to CMI, 6704 Guada Coma, Schertz, TX 78154.





**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:          An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write In This Space         </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



*Employer Completes Next Page*





**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**