

EMPLOYMENT APPLICATION



RED RIVER SUPPLY, INC.

1202 East Broadway • Williston, ND 58801 • 701.774.3904

Name _____ Social Security Number _____ - _____ - _____

Address _____ Date of Birth _____

City, State, Zip _____ Telephone _____

Email Address _____

Do you have a legal right to be employed in the United States? Yes (proof required) No

RESIDENCE (last three years)

Street Address _____ City _____ State _____ Months/Years _____ / _____

Street Address _____ City _____ State _____ Months/Years _____ / _____

Street Address _____ City _____ State _____ Months/Years _____ / _____

COMPANY EXPERIENCE

Have you worked for this company before? Yes No If yes, please provide:

Dates: From _____ To _____

Where _____ Rate of Pay _____ Position _____

Reason for leaving _____

GENERAL

Are you currently employed? Yes No If not, when was your last day employed? _____

Position applying for _____ Full Time Part Time Temporary Seasonal

Who referred you? _____ Rate of pay expected _____

EDUCATIONAL BACKGROUND

Type of School	Name and City	Did you graduate?	Course or Major
College			
Technical School			
High School			
Other			

PAST EMPLOYMENT APPLICATION

Please include all employers for the past three years and any employment that required driving for the past 10 years. *If more space is needed, please attach a separate sheet.*

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this job designated as a safety sensitive function in any DOT regulated made subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this job designated as a safety sensitive function in any DOT regulated made subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this job designated as a safety sensitive function in any DOT regulated made subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this job designated as a safety sensitive function in any DOT regulated made subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PAST EMPLOYMENT INFORMATION

Please include all employers for the past three years and any employment that required driving for the past 10 years. *If more space is needed, please attach a separate sheet.*

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

WORK REFERENCES

Name	Years Known	Relationship and Title	
Company			
Work Address/City/ST		Home Phone	Work Phone

Name	Years Known	Relationship and Title	
Company			
Work Address/City/ST		Home Phone	Work Phone

Name	Years Known	Relationship and Title	
Company			
Work Address/City/ST		Home Phone	Work Phone

Name	Years Known	Relationship and Title	
Company			
Work Address/City/ST		Home Phone	Work Phone

Special Skills

Please check the Skills for which you have received training:

Word Processing (WPM _____) Data Entry 10-Key Calculator

Software Packages: _____

Programming Languages: _____

Database: _____

Manufacturing Equipment: _____

Other: _____

Background Information

Have you ever been convicted of a felony? ___ Yes ___ No

IF YES, PLEASE EXPLAIN: _____

Have you ever tested positive or refused to be tested on a Pre-Employment Drug Screen for an employer that you did not go to work for? ___ Yes ___ No

IF YES, GIVE DATE AND NAME OF EMPLOYER: _____

TO BE READ AND SIGNED BY THE APPLICANT

I understand that a copy of my Motor Vehicle Record and the information in this application, including past employment information, will be used and that prior employers will be contacted for purposes of investigating my safety performance history information as required by paragraphs (d) and (e) of Part 391.23 of the Federal Motor Carrier Safety Regulations.

I also understand that I have the following rights regarding the investigative information that will be provided to Red River Supply: 1) the right to review information provided by previous employers; 2) the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to Red River Supply; 3) the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

In order to review previous employer-provided investigative information I must submit a written request to Red River Supply, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Red River Supply will provide this information to me within five business days of receiving my written request. If Red River Supply has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when Red River Supply receives the requested safety performance history information. If I have not arranged to pick up or receive the requested records within thirty (30) days of Red River Supply making them available, Red River Supply may consider me to have waived my request to review the records.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. 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.

Date

Applicant's Signature

CONSENT, AUTHORIZATION FOR RELEASE OF INFORMATION AND RELEASE FROM LIABILITY

I understand Red River Supply, Inc/Red River Oilfield Services, Inc. (the Company) has a policy against the possession, use, sale, or transfer of illegal drugs by its employment applicants and employees. I further understand that the Company is committed to a drug free workforce and has adopted a drug testing program as one method of implementing that policy. I understand that drug and alcohol testing is a condition of offers of employment and of continued employment.

I hereby consent to the taking of my breath, urine, oral fluid, and/or hair samples by the Company or its agents for purposes of the above alcohol and drug testing program and to the testing of samples by any drug testing laboratory designated by the Company.

I authorize the Laboratory to release to the Company or its designated agents, the results of the laboratory tests to which I have consented for the purpose of determining the presence of drugs or alcohol in my body. I expressly understand and agree that the Company will review the results of these tests in connection with making a decision concerning my application for employment and/or a decision concerning my continued employment at the Company. Other than for the purpose of making a determination concerning my application for employment and/or a decision concerning my continued employment at the Company, I understand that the Company shall not use or further disclose any information released pursuant to this authorization unless further expressly authorized by me or unless such disclosure is required by law. This authorization shall become effective immediately and remain in effect until revoked by me in writing. I understand that I have the right to receive a copy of this authorization upon request.

I release and discharge the Laboratory, its officers, employees, agents, and representatives from any and all liabilities arising from the authorized release of the test results to the Company.

I release and discharge the Company, its officers, employees, agents and representatives from any and all liabilities arising from any employment decisions made by the Company, in whole or in part, upon the test results.

If I should refuse to consent to the tests or should the test results be confirmed positive and no acceptable explanation is provided, it will be cause for rejection of my application; or if I am an employee, it will be cause for immediate termination of my employment. If the initial results are positive, and I choose to be re-tested, an opportunity for a retest will be available, at my own expense, providing I request a retest within three days (3) of receipt of the results. If the results from the retest indicate no level of drug use, I will be reimbursed for the request.

Signature

Date

Printed Name

MOTOR VEHICLE REPORT RELEASE FORM

I authorize Red River Supply, Inc. and PayneWest Insurance, Inc. to obtain a copy of my Motor Vehicle Record to evaluate my insurability or for other permissible uses related to my employment.

By signing this disclosure, I hereby authorize to procure these records on a periodic basis or as deemed necessary to evaluate my continued insurability.

X _____
Signature of Applicant or Employee

X _____
Printed Name of Applicant or Employee (as it appears on the license)

Date of Birth _____

License Number _____

State of Issuance _____