EMPLOYMENT APPLICATION

An Equal Opportunity Employer – All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, natural origin, disability status, protected veteran status or any other characteristic protected by law.

Incomplete information could disqualify you from further consideration. Please complete all fields.

Date of Application _____

Position Applied For: _____   Phone # _____

PERSONAL

_____
Last Name   **First Name**   **Middle Name**

CURRENT ADDRESS INFORMATION

_____
Street Address

_____   _____   _____
City   State   Zip

PREVIOUS ADDRESS INFORMATION (If less than 7 years at current address listed above)

_____
Street Address

_____   _____   _____
City   State   Zip

_____
Street Address

City	State	Zip

Are you legally authorized to work in the U.S.? Yes___ No___

Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g., H-1B)? (if hired, verification will be required consistent with federal law) Yes___ No___

Are you at least 18 years of old?
(if no you may be required to provide authorization to work) Yes___ No___

Have you ever been employed with us before? Yes___ No___

If yes, give date_____

Are you currently employed? Yes___ No___

May we contact your present employer? Yes___ No___

On what date would you be available for work? _____

Are you available to work: (Please Circle)
Full Time   Part Time   Temporary

Are you currently on "lay off" status and
subject to recall? Yes___ No___

Can you travel if job requires it? Yes___ No___

Have you plead guilty/no contest, been convicted or received deferred
adjudication of a felony within the last Ten (10) years? Yes___ No___
(A Conviction will not necessarily disqualify you, but a false statement will)
If yes, please explain _____

Education:

High School Attended: _____
Diploma Received: Yes   No   (please circle one)

College Attended: _____
Degree Obtained: Yes   No   (please circle one)

Technical, Vocational or Business Schools (if any) attended and fields of study:
_____
Date of Graduation: _____

Indicate any foreign languages you can speak, read and/or write:
_____

References:

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States military?

Yes _____   No _____

If yes, please describe: _____

_____

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation?

Yes _____   No _____

Special Skills and Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

_____

_____

_____

_____

Employment Experience:

Start with your present or last job, going back at least 10 years (if applicable). Only complete information will be accepted. Resumes may not be substituted in lieu of completing the following employment information:

1.   Employer _____

      Address_____

      Telephone Numbers_____

      Job Title_____ Supervisor _____

      Hourly Rate/Salary $_____ Start Date:_____ End Date: _____

2.   Employer _____

      Address_____

Telephone Numbers_____

Job Title_____ Supervisor _____

Hourly Rate/Salary $_____ Start Date: _____ End Date: _____

3.   Employer _____

        Address_____

        Telephone Numbers_____

        Job Title_____ Supervisor _____

        Hourly Rate/Salary $_____ Start Date: _____ End Date: _____

4.   Employer _____

        Address_____

        Telephone Numbers_____

        Job Title_____ Supervisor _____

        Hourly Rate/Salary $_____ Start Date: _____ End Date: _____

5.   Employer _____

        Address_____

        Telephone Numbers_____

        Job Title_____ Supervisor _____

        Hourly Rate/Salary $_____ Start Date: _____ End Date: _____

S&S Oilfield Services, LLC ("S&S") is an equal opportunity employer. S&S does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for S&S to hire me. If I am hired, I understand that either S&S or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of S&S has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to S&S true and complete information on this application. No requested information has been concealed. I authorize S&S to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for denial of employment or immediate dismissal.

Sign Here: _____   _____
                            Signature-Applicant   Date

EMPLOYMENT DATA

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this data record is to comply with government record keeping, reporting, labor statistics, insurance and other legal requirements. Periodic reports are made to the government on the following information. The completion of this data record is optional. If you choose to volunteer the requested information, please note that all data records are kept confidential. Please note: **YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT AN EMPLOYMENT DECISION.**

I understand that submission of this information is voluntary.

Signed_____   Date_____

Please circle one:
         Male   Female

Date of Birth_____

Drivers License Number_____

Please circle on:
Ethnic origin: White   Black   Hispanic   Other

Notify in case of emergency: _____

All Employees according to length of employment will be eligible for the company health plan. If you are interested and would like information on the plan, please check yes below. If not, please check no.

Yes _____   No_____

If you would like to enroll in S&S's benefit plans, please provide an email address. You are eligible the first of the month following 60 days of continuous employment. You will receive an email when it is time to enroll in benefits.

_____
Email address