

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Mailing Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States?

YES	NO
-----	----

 If no, are you authorized to work in the U.S.?

YES	NO
-----	----

Have you ever worked for this company?

YES	NO
-----	----

 If yes, when? _____

Have you ever been convicted of a felony?

YES	NO
-----	----

 If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate?

YES	NO
-----	----

 Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate?

YES	NO
-----	----

 Degree: _____

Trade School: _____ Address: _____

From: _____ To: _____ Did you graduate?

YES	NO
-----	----

 Degree: _____

Job Skills

Job certifications: _____

Equipment used: _____

Other work related skills: _____

Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Drug/Alcohol Pre-Employment Disclosure Statement and Consent for Inquiry

I, _____, in consideration for employment with Cal Coast Acidizing Service, hereby voluntarily disclose that I:

Did Did Not Have alcohol test results of 0.04>.

Did Did Not Test positive for drugs.

Did Did Not Refuse to be tested.

when seeking employment and/or while employed by a company regulated by the Department of Transportation.

Consent for Inquiry:

I authorize my current and/or previous DOT regulated employer(s) to confirm or deny the above statements, as the facts require.

Signature: _____ Date: _____

Authorization to Release Information

In connection with my application for employment with Cal Coast Acidizing Service, Inc., I understand and agree that investigative inquiries are to be made on myself including, but not limited to, criminal convictions, motor vehicle history, educational transcripts, and other reports of any nature and type, including information in the public domain. These reports will include information as to my character, work, habits, performance, and experience together with reasons for termination of past employment.

I understand and agree that Cal Coast Acidizing Service, Inc. can and will be requesting information from various federal, state, and other agencies that maintain records concerning my past activities related to my driving, criminal, education, and other experiences.

I authorize without reservation all corporations, companies, persons, educational institutions, law enforcement agencies, and former employers to release information they may have about me, and release them from any liability and responsibility for doing so.

This authorization, in original and copy form, shall be valid for this and any future reports that may be requested.

I hereby authorize investigation of all statements made by me with no liability arising there from.

I hereby authorize investigation of all statements made by me with no liability arising there from.

Signature: _____ Date: _____

Employee Consent to Physical Exam

Cal Coast Acidizing Service, Inc. has adopted a policy requiring all employees to consent to physical examinations from time to time. The physical examination shall be conducted by a licensed physician as deemed necessary by the company. These examinations will be to determine the employee's fitness and ability to work as well as to detect whether an employee is under the influence of alcohol and/or drugs while performing job duties. This policy is to protect all employees, the public, and the company. Each and every employee must consent to such examinations as a condition of continued employment with the company.

I hereby consent to taking any physical examination requested by CAL COAST ACIDIZING SERVICE, INC., at any time and give my consent for the examining physician, technologist, or laboratory to reveal to CAL COAST ACIDIZING SERVICE, INC. the results of the examination/test for its use in any manner it may wish.

Signature: _____ Date: _____

Applicant Authorization to Release DOT Drug/Alcohol Test Results

I hereby authorize the release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employers listed below:

Employment Dates:	Previous Employer:	Phone:	Address, City, State, Zip

To the requesting employer: Cal Coast Acidizing Service, Inc., P.O. Box 2050, Orcutt, CA 93457, (805) 934-2411.

This release is in accordance with DOT regulation 49 CFR Part 40, Section 40.25. I authorize release of the *following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years:*

1. Alcohol tests with a result of 0.04 or higher alcohol concentration;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Documentation, if any, of completion of the return-to-duty process following a rule violation;
6. Information obtained from previous employers of a drug and alcohol rule violation.

Applicant Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information. In signing below, I certify that all of the information I have furnished on this form is true and complete, and that I have identified all of the employers for which I have worked in a DOT safety-sensitive position during the previous three years. I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional assessment, recommendations, education, and treatment, including costs involving return-to-duty testing and follow-up testing yet to be completed.

Applicant Signature

Date

Printed Name

XXX-XX-
Social Security Number (last 4)

Release of Previous Employer's DOT Drug/Alcohol Testing Results

****THIS SECTION IS TO BE COMPLETED BY PREVIOUS EMPLOYER****

Fax completed form to 805-937-3955 or email to ntucker@calcoastacidizing.com

In accordance with DOT regulations, CAL COAST ACIDIZING SERVICE, INC., is required to obtain – and as a Previous Employer, you are required to release – DOT drug and alcohol information, listed below, concerning the Applicant, named above. This information request covers any period of employment of the Applicant by you going back three years from the date of this request. Please complete the following:

- | | | |
|-------|-------|---|
| YES | NO | |
| _____ | _____ | 1. Any DOT alcohol tests results of 0.04 or greater? |
| _____ | _____ | 2. Any DOT positive drug test result? |
| _____ | _____ | 3. Refusal to submit to a DOT required drug/alcohol test? |
| _____ | _____ | 4. Other violations of DOT drug and alcohol testing regulations? |
| _____ | _____ | 5. If "YES" to any of the above, did the employee complete the return-to-duty process?
If yes for item 5, you must also transmit the return-to-duty documentation. |
| _____ | _____ | 6. Check here if the applicant was employed by you but was <u>not</u> subject to DOT regulations. |

Previous Employer's Company Name

Name of Person Completing Form

Date