For Office Use Only		Date of Interview:	
Position:		NH Ppwk:	
Pay Rate:		Handbook:	
Start Date:		Scanned:	
Drug Test	Date:	Results	+ ☐ - ☐
MVR & Background check ordered:			

DATE:

BEAIRD DRILLING SERVICES, INC.
P. O. Box 338
Fentress, TX 78622

Employment Application

Beaird Drilling Services, Inc. is an Equal Opportunity Employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please complete all sections (please print):

APPLICANT INFORMATION

LAST NAME: FIRST: MIDDLE:

STREET ADDRESS: APT/UNIT #:

CITY: STATE: ZIP:

PHONE: CELL: OTHER: Email:

REFERRED TO BEAIRD DRILLING BY:

CURRENTLY HAVE CDL LICENSE? DRIVER'S LICENSE # : STATE:

SOCIAL SECURITY #: ANY DWI ARRESTS OR CONVICTIONS?

NUMBER OF TICKETS IN PAST YEAR? PAST TWO YEARS? PAST THREE YEARS?

ARE YOU ON PROBATION OR PAROLE? OWN TRANSPORTATION TO WORK?

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR MISDEMEANOR)? IF YES, STATE THE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED, AND DISPOSITION OF EACH CASE:

No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

EMPLOYMENT POSITION

POSITION APPLIED FOR? DESIRED HOURLY RATE OF PAY: $

ARE YOU CURRENTLY EMPLOYED? IF SO, MAY WE CONTACT YOUR EMPLOYER?

ARE YOU ABLE TO LIFT AND PUSH AT LEAST FIFTY (50) POUNDS?

DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK?

DO YOU HAVE ANY CONDITION WHICH WOULD REQUIRE JOB ACCOMMODATIONS? IF YES, PLEASE DESCRIBE ACCOMMODATIONS:

Beaird Drilling Services, Inc. complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill and/or agility and may be subject to a medical examination conducted by a medical professional.

PREVIOUS EMPLOYMENT

DATES

EMPLOYER NAME: PHONE: FROM/TO:

EMPLOYER NAME: PHONE: FROM/TO:

EMPLOYER NAME: PHONE: FROM/TO:

Additional comments:

EDUCATION

HIGH SCHOOL ATTENDED: GRADUATED/YEAR: GED/YES OR NO:

TRADE SCHOOL(S) ATTENDED: COMPLETED?

JOB SKILLS / QUALIFICATIONS / COMMENTS

LIST SKIILLS AND QUALIFICATIONS YOU POSSESS FOR THE POSITION(S) FOR WHICH YOU ARE APPLYING:

AT-WILL EMPLOYMENT

The relationship between you and Beaird Drilling Services, Inc. is referred to as "employment at will." This means that your employment may be terminated at any time for any reason, with or without cause, with or without notice, by you or Beaird Drilling Services, Inc. No representative of Beaird Drilling Services, Inc. has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and our company President.

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 of employment.

Signature Date

BEAIRD DRILLING SERVICES, INC.

ELECTRONIC SIGNATURE ACKNOWLEDGEMENT FORM

In effort to keep current and valid employee records and documentation, Beaird Drilling Services, Inc. utilizes an electronic Human Resource Employee Portal to distribute company documentation/training material/etc. When a signature is necessary for specific policies/procedures/documents, etc., BDSI employees will utilize the company online employee portal to submit an Electronic Signature as representation of himself/herself to verify completion/acknowledgement of various documents throughout employment at Beaird Drilling Services, Inc.

AGREEMENT: By signing this Electronic Signature Acknowledgment Form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. You consent and agree that your use of a key pad, mouse or other device to select an item, button, icon or similar act/action while using any electronic service we offer; or in accessing or making any transactions regarding any document, agreement, acknowledgement, consent, term, disclosure, or condition constitutes your signature, acceptance and agreement as if actually signed by you in writing. Further, you agree that no certification authority or other third party verification is necessary to validate your electronic signature; and that the lack of such certification or third party verification will not in any way affect the enforceability of your signature or resulting contract between you and Beaird Drilling Services, Inc. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

Employee Name_____ Date_____

Employee Signature_____

BEAIRD DRILLING SERVICES, INC.
DRUG ABUSE POLICY

STATEMENT OF PURPOSE AND SCOPE
Beaird Drilling Services, Inc. recognizes that alcohol and drug abuse in the workplace has become a major concern. We believe that by reducing drug and alcohol abuse, we will improve the safety, health, and productivity of employees. The object of our drug abuse policy is to provide a safe and healthy workplace for all employees, to prevent accidents, and comply with Section 7.10 of the Texas Workers' Compensation Act.

The use, possession, sale, transfer, purchase, or being under the influence of drugs by employees at any time on company premises or while on company business is prohibited. Employees must not report for duty or be on company property while under the influence of, or have in their possession any alcohol or drug, while on company property.

DEFINITION OF DRUG
For the purpose of this policy, the term "drug," whenever it appears in this policy statement, includes alcoholic beverages as well as inhalants and illegal drugs.

CONSEQUENCES FOR VIOLATIONS OF THE DRUG ABUSE POLICY
Violation of this drug abuse policy will result in one of the following forms of corrective action: immediate discharge, suspension, probation, oral warning, or written warning. In arriving at a decision for proper action, the seriousness of the infraction, the past record of the employee, and the circumstances surrounding the matter, will all be taken into consideration.

TREATMENT PROGRAMS AND EMPLOYEE INSURANCE
While we do not sponsor or endorse any specific drug treatment programs, such programs are available through public and private healthcare facilities in our area. Affected employees are encouraged to seek assistance for themselves and their dependents.

EDUCATION AND TRAINING PROGRAMS
We do not offer, nor require participation in drug and alcohol abuse education and training programs. However, various public and private facilities in our area offer such programs and affected employees are encouraged to seek assistance.

DRUG TESTING PROGRAM
We will do mandatory drug testing before hiring. After that time, we will perform random drug testing on employees.

I HAVE READ AND UNDERSTAND THIS DRUG ABUSE POLICY AND AGREE TO ABIDE BY ITS TERMS AND CONDITIONS.

_____ _____

Employee Signature *Date*

BEAIRD DRILLING SERVICES, INC.

RELEASE OF MOTOR VEHICLE RECORDS

By my signature below, I acknowledge that I have been informed by the management of Beaird Drilling Services, Inc. that they and/or their agents will obtain copies of my Motor Vehicle Records from any state wherein I am or have been a licensed driver at any time.

I further acknowledge that I have been informed that these records will be used to determine my eligibility for employment, either to be hired or to continue employment by Beaird Drilling Services, Inc.

Any information contained in this Motor Vehicle Record may be revealed to any person or persons that may have good cause to need this information.

Management of Beaird Drilling Services, Inc. will have sole authority without recourse to determine the acceptability of any information contained in my Motor Vehicle Record.

I have been given an opportunity to ask questions, and have received clarification and fully understand the implications of this authorization.

Beaird Drilling Services, Inc. has no liability for any action taken due to information contained on said Motor Vehicle Record should such information be in error.

Date

Social Security Number

Employee Signature

Printed Name

Date of Birth

Drivers' License Number and State of Issuance

Signature of Employer's Representative

BEAIRD DRILLING SERVICES, INC.

RELEASE

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act, and all applicable federal, state, and local laws, I hereby authorize and permit **Beaird Drilling Services, Inc.** to obtain a consumer report and/or an investigative consumer report which may include the following:

- My employment records;
- Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
- For truck drivers only: In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past two (2) years.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living, which may be obtained by interview with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as Beaird Drilling Services, Inc., from liability that might otherwise result from the request for, use of, and/or disclosure of, any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize Beaird Drilling Services, Inc. to obtain ad prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Records may be ordered periodically during the course of my employment.

Print *Full Name*	*Signature*	*Date*

BEAIRD DRILLING SERVICES, INC.

DISCLOSURE

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not limited to, credit information reports, criminal history reports, and driving history records.

Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

ICE-In Case of Emergency

List a point of contact that we may reach in case of an emergency. It is your responsibility to keep this information up to date.

Name: _____ Relationship: _____

Phone: Cell: _____ Work/Home: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

I, the undersigned, give Beaird Drilling Services, Inc. or their representative permission to contact the above if I am involved in an emergency and/or I am unable.

Signature	Printed Name	Date

BEAIRD DRILLING SERVICES, INC.

DISCLOSURE TO CONSUMER

Beaird Drilling Services, Inc.

As part of our employment process, we may obtain where permitted, one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as:

Beaird Drilling Services, Inc.
13235 State Park Rd
Fentress, TX 78622

- Consumer reports may include background, employment history, academic and/or professional credentials, military service, credit history, and driving history. The information gathered also may involve a criminal history and/or alcohol or drug use history, if any.
- An investigative consumer report may include information about your character, general reputation, personal characteristics and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. This also may include contacts of all listed prior employers to verify your employment history.
- If your employment falls under the federal Department of Transportation (“DOT”) and the Federal Motor Carrier Safety Administration (“FMCSA”), including 49 CFR § 391.23, the report could include your driving, safety inspection and performance history from the FMCSA.

Under the provisions of the Fair Credit Reporting Act (“FCRA”), 15 U.S.C. § 1681 et seq.; FMCSA regulations in the Federal Code of Regulations, including 49 CFR § 40.329; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information.

You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You also are entitled to a copy of that document entitled “Rights Under the Fair Credit Reporting Act”. Under the FCRA, before we take adverse action on the basis, in whole or in part, of information in a consumer report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

BEAIRD DRILLING SERVICES, INC.

AUTHORIZATION TO OBTAIN INFORMATION

Beaird Drilling Services, Inc.

I have read and understood the preceding Disclosure to Consumer. Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit the above named company to obtain information about me, where permitted, which may pertain to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers' compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. I authorize information to be obtained from my former employers to satisfy driver qualification regulations.

DOT Drivers. I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and/or from or through a consumer reporting agency, such as iiX, a Verisk Analytics Business.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee.

I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Applicant's / Employee's Full Name (Print clearly)

Applicant's / Employee's Signature

Date of Signature