



Application for Employment

We are an equal opportunity employer. It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment, based on race, age, color, sex, religion, national origin, disability, veteran's status or other protected classification. We only hire individuals authorized for employment in the United States.

THE PRE-EMPLOYMENT PHYSICAL FOR EXCALIBUR WELL SERVICES INCLUDES A HAIR FOLLICLE TEST IN ADDITION TO THE RAPID AND DOT (IF APPLICABLE) DRUG TESTS.

PERSONAL INFORMATION

Date

ATTN:

Last Name

First Name

Middle Initial

Address

City

State

Zip

Phone #

Email

Are you authorized to work in the U.S.?

☐

Yes

☐

No

Are you over 18 years old?

☐

Yes

☐

No

Have you ever worked for our company before? If yes, provide dates.

Are you related to any employees in our company? If yes, provide name(s).

Position applying for:

Preferred Shift:

☐

Full-Time

☐

Part-Time

Are there any hours, shifts, or days that you will not be able to work? Please explain.

Are you willing to work overtime?

☐

Yes

☐

No

Are you willing to travel?

☐

Yes

☐

No



Application for Employment

EDUCATION

High School

Address

Graduated?

☐

Yes

☐

No

Major

Degree/Diploma

College/University/Trade School

Address

Graduated?

☐

Yes

☐

No

Major

Degree/Diploma

College/University/Trade School

Address

Graduated?

☐

Yes

☐

No

Major

Degree/Diploma

College/University/Trade School

Address

Graduated?

☐

Yes

☐

No

Major

Degree/Diploma

In addition to your work history and education, what other experiences, skills or qualifications would be beneficial to our company?



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WORK HISTORY

Current or Most Recent Employer

Start Date

End Date

Address

Start Position

End Position

Name and Title of Supervisor

Phone #

Description of Duties

Reason for Leaving

Previous Employer

Start Date

End Date

Address

Start Position

End Position

Name and Title of Supervisor

Phone #

Description of Duties

Reason for Leaving

Previous Employer

Start Date

End Date

Address

Start Position

End Position

Name and Title of Supervisor

Phone #

Description of Duties

Reason for Leaving



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ACKNOWLEDGEMENT

1. I understand that if I am being considered for employment by Excalibur Well Services Corporation ("the Company"), I will be required to submit to a post-offer physical and drug/alcohol testing (all of which will be paid for by the Company) and to authorize the release of the physical examination and test results to the Company. Applicants whose test results are positive (prohibited substances present) will not be eligible for further employment consideration.
2. Any acceptance of employment will be predicated upon the truthfulness of the written and verbal statements contained within this Application and pre-employment process. I understand that should my employer find that any statement I have made is not truthful, any job extended to me may be withdrawn and, if employed, I may be subject to termination.
3. I authorize my employer to make any investigation deemed necessary for employment consideration and promotion within the organization.
4. I understand this Application for Employment is not to be confused as a guarantee of employment for a specific time. I further understand that my employment with the Company does not constitute any form of contract, implied or expressed, and such employment will be terminable at will either by myself or my employer upon notice of one party to the other. My continued employment is dependent on satisfactory performance and the continued need for my services as determined by this organization consideration and promotion within the organization.
5. I grant my employer approval, after my termination of employment to release information which it may deem appropriate regarding my employment with or termination from the organization, to anyone who has a reasonable basis for making such inquiry. So long as the information disclosed is not known by this organization to be inaccurate, this organization shall not incur legal liability of any nature in connection with the furnishing of such information.
6. I understand that my Application for Employment will be placed in an active status for a period of six months during which time it will be reviewed as job openings occur in my area(s) of job interest. I also understand that should I wish to continue being considered for job openings beyond the six month period, I must reapply by (a) submitting a new Application for Employment or by (b) submitting a letter requesting renewal of my Application and including an update of my qualifications (recent work history, educational achievements, etc.).
7. I acknowledge that I have read all of the above statements and that I understand them.

Signature (typed name)

Date