



P.O. Box 1570 Woodward, OK 73802

Phone: (580)254-3232 Fax (580)254-3242

REQUEST FOR INFORMATION

APPLICANTS INFORMATION:

NAME: _____ SSN: _____

MAILING ADDRESS: _____

DATE OF BIRTH: _____

MARITAL STATUS: _____

TELEPHONE NUMBER: _____

IN CASE OF AN EMERGENCY:

EMERGENCY CONTACT NAME: _____ PHONE #: _____

DETAILED WORK HISTORY:

COMPANY NAME: _____

JOB TITLE: _____ FROM: _____ TO: _____

REASON FOR LEAVING: _____

COMPANY NAME: _____

JOB TITLE: _____ FROM: _____ TO: _____

REASON FOR LEAVING: _____

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? YES _____ NO _____

IF YES, LIST DATES AND JOBS WORKED: _____

DO YOU HAVE THE LEGAL RIGHT TO ACCEPT EMPLOYMENT IN THE U.S.? YES _____ NO _____

IF YOU HAVE USED ANY OTHER NAME IN THE PAST TEN YEARS, LIST THE NAME(S) AND DATES USED:

I CERTIFY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE. I UNDERSTAND ANY FALSE STATEMENT MADE HEREIN IS SUFFICIENT REASON FOR REJECTION OF MY APPLICATION OR TERMINATION OF SUBSEQUENT EMPLOYMENT.

I FULLY ACKNOWLEDGE THAT THIS APPLICATION IS NOT INTENDED TO CREATE A CONTRACT, AND THE EMPLOYMENT RELATIONSHIP, IF ONE IS COMMENCED, MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE BY EITHER PARTY.

APPLICANT SIGNATURE: _____ DATE: _____

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