



ATS DRILLING, INC.

PROSPECTIVE EMPLOYEES WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, DISABILITY OR VETERAN STATUS.

APPLICATION FOR EMPLOYMENT

How did you hear about ATS Drilling? (Check One)

Date of Application: _____

Walk in _____ Referral _____ Newspaper _____ Texas Workforce Commission _____ Other _____

*

Last Name First Middle

*

Street Address Home Phone
()

*

City State Zip Cell Phone
()

Have you ever applied for employment with us?

(Circle One) Yes No If Yes: Month and Year

Have you ever worked for ATSD?

(Circle One) Yes No Position Desired

Are you available for full-time work? (Circle One) Yes No

Only U.S. Citizens or Aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment provide genuine documentation establishing your identity and eligibility to be legally employed in the United States?

(Circle One) Yes No

Have you ever been convicted of a crime, felony or misdemeanor, other than a minor traffic violation? (Circle One) Yes No
If your answer is "Yes", explain in detail on a separate sheet of paper. Please give dates and nature of the offense. (Any false statement regarding a felony or misdemeanor conviction will be an automatic bar from employment.)

Do you have any family members or relatives who work for ATS Drilling? (Circle One) Yes No

Check Skills or Special Training you have --

___ Drill Rig

___ Crane

Other special training or skills

___ Front End Loader

___ Welding

___ Languages spoken
other than English

EDUCATION

Name/Location Course of Study Years Completed Graduate Y or N Degree or Diploma

COLLEGE

HIGH

OTHER

EMPLOYMENT HISTORY**NOTE:** DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown

Please give accurate, complete full-time part-time employment record. Start with present or most recent employer.

1 Current or Most Recent EmployerTelephone
()

Address, City, State

Dates Employed

Name of Supervisor

Pay Rate

State Job Title and Describe Your Work

Reason For Leaving

2 EmployerTelephone
()

Address, City, State

Dates Employed

Name of Supervisor

Pay Rate

State Job Title and Describe Your Work

Reason for Leaving

3 EmployerTelephone
()

Address, City, State

Dates Employed

Name of Supervisor

Pay Rate

State Job Title and Describe Your Work

Reason for Leaving

Can we contact your previous employers? _____ Yes _____ No

DRIVERS LICENSE

ATSD requires a valid Texas Driver's License, with less than 3 moving violations on record in order to be considered for employment in the field.

Valid Texas Driver's License No. _____ Type _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY PRIOR TO SIGNING THIS APPLICATION

I, _____, hereby apply for employment with ATS Drilling, Inc.. (hereinafter referred to as ATSD). I specifically verify that all the information provided in this APPLICATION FOR EMPLOYMENT is true, complete and correct.

I understand and agree that the omission or misrepresentation of any fact in the APPLICATION FOR EMPLOYMENT will be sufficient reason for ATSD, to deny me employment. I also understand and agree that should I become employed by ATSD and it is later discovered I have omitted or misrepresented any fact in this APPLICATION FOR EMPLOYMENT, in any supplement thereto, or any other corporate record, ATSD may immediately terminate my employment upon discovery of such omission or misrepresentation.

I understand that ATS Drilling Inc. is an "at will" employer. No part of this application for employment creates a contract of employment. "At will" means ATSD or ATSD employees can terminate employment at any time, with or without cause or advanced notice as long as it does not violate any applicable federal or state laws.

ATS Drilling Inc. is an Equal Employment Opportunity employer. All prospective employees will receive consideration without regard to race, creed, age, gender, national origin, color, disability, or veteran status.

I will abide by the safety rules of this company. If injured, I authorize my employer to use best judgment for treatment unless I instruct otherwise.

I authorize ATSD to obtain information about me from my previous employers and conduct reference checks pertaining to my previous employment from any company or person I have listed on this application. I also authorize ATSD to conduct a Motor Vehicle Records (MVR) check and a criminal background check.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education or any other information they might have, personal or otherwise. I release all such parties from all liability from any damages which may result from furnishing such information to you.

I understand that any job offers are contingent upon my ability to legally work in the United States, pass a drug test and pre-employment physical. I consent to the release of the test results to ATSD for its use.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

Applicant's Signature _____ Date _____

THIS APPLICATION EXPIRES IN 30 DAYS FROM THIS DATE

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, 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, 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 in a Confidential file and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

(Please Print)

Date: _____

Government agencies at times require periodic reports on the sex, ethnicity, disability, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action Program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

*

Name

*

Address

*

City

State

Zip

*

Social Security Number

*

Current Job

Check One

_____ Male _____ Female

Ethnic Origin (Check One)

_____ White

_____ Hispanic

_____ American Indian/Alaskan Native

_____ Black

_____ Other

_____ Asian/Pacific Islander

*

Birthdate

AUSTIN
P.O. Box 130
Round Rock, Texas 78680
Tel: (512) 255-9951
Fax: (512) 255-0146



ATS DRILLING, INC.

www.atsdrilling.com

DALLAS/FORT WORTH
P.O. Box 14633
Fort Worth, Texas 76117
Tel: (817) 498-0040
Fax: (817) 831-2938

EMPLOYEE DRIVERS LICENSE REQUEST FORM

EMPLOYER/

CONTRACTOR: ATS DRILLING, INC.

NAME AS SHOWN ON DRIVERS LICENSE: _____

DRIVERS LICENSE NUMBER: _____ STATE: _____ BIRTH DATE: _____

DATE OF EXPIRATION: _____ CLASS OF LICENSE: _____

ENDORSEMENTS: _____ RESTRICTIONS: _____

HAS YOUR LICENSE EVER BEEN REVOKED OR SUSPENDED? _____

IF YES, WHY? _____

THE ABOVE INFORMATION IS REQUESTED FOR THE PURPOSE OF OBTAINING A MOTOR VEHICLE REPORT.

THE REPORTED INFORMATION WILL BE USED FOR THE PURPOSE OF DETERMINING INSURABILITY AND MEETING THE REQUIRED DRIVER LICENSE CLASS AS SET FORTH IN THE JOB DESCRIPTION AND PHYSICAL DEMAND REQUIREMENTS FOR THE POSITION APPLIED FOR.

BY MY SIGNATURE BELOW I ATTEST THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS AND I HEREBY GIVE THE ABOVE REFERENCED EMPLOYER/CONTRACTOR MY PERMISSION TO REQUEST THE MOTOR VEHICLE REPORT.

I UNDERSTAND THAT AS A CONDITION OF MY EMPLOYMENT WITH THE ABOVE-MENTIONED EMPLOYER, I WILL HAVE A REPORT RUN ON MY DRIVER'S LICENSE ANNUALLY, AND THIS AUTHORIZATION IS VALID FOR THE DURATION OF MY EMPLOYMENT.

SIGNATURE

DATE

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  **Done.**

For more information on E-Verify, please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

Este Empleador Participa en E-Verify



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

IMPORTANTE: En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

A V I S O:

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  Done.

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that –

No employer can deny you a job or fire you because of your national origin.

Unless mandated by law or government contract, employers cannot require you to be a U.S. Citizen or permanent resident or refuse any legally acceptable documents.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language.

Call 1-800-255-7688. TDD for the hearing impaired is 1-800-237-2515.

In the Washington, D.C., area, please call 202-616-5594, TDD 202-616-5525

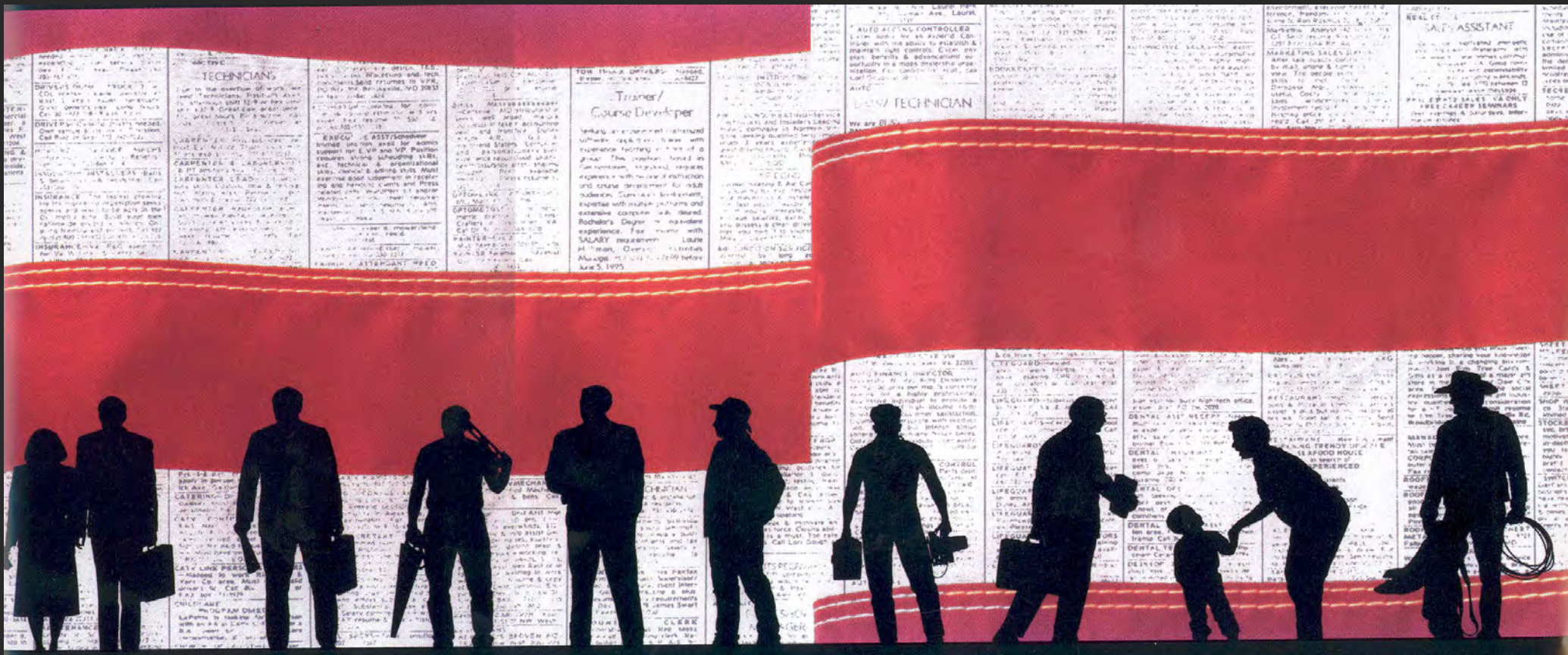
Or write to:
U.S. Department of Justice
Office of Special Counsel - NYA
950 Pennsylvania Ave., N.W.
Washington, DC 20530

**U.S. Department of Justice
Civil Rights Division**

Office of Special Counsel for
Immigration-Related Unfair
Employment Practices



SI USTED TIENE DERECHO A TRABAJAR, no deje que nadie se lo quite.



Si tiene derecho a trabajar legalmente en los Estados Unidos, existen leyes para protegerlo contra la discriminación en el trabajo.

Debe saber que –
Ningún patrón puede negarle trabajo, ni puede despedirlo, debido a su país de origen o su condición de inmigrante.

En la mayoría de los casos, los patrones no pueden exigir que usted sea ciudadano de los Estados Unidos o residente permanente o negarse a aceptar documentos válidos por ley.

Si se ha encontrado en cualquiera de estas situaciones, usted podría tener una queja válida de discriminación. Comuníquese con OSC para obtener ayuda en español.

Llame al 1-800-255-7688.

La línea telefónica para personas con problemas de audición, es

1-800-237-2515. En Washington, D.C., llame al

202-616-5594, o al

202-616-5525 (personas con problemas de audición), o escriba a la Oficina del Consejero Especial, División de Derechos Civiles, P.O. Box 27728, Washington, DC 20038-7728.

**Departamento de Justicia
De los Estados Unidos,
División de Derechos Civiles**

Oficina del Consejero Especial

