



SUREFIRE WIRELINE, LLC. APPLICATION FOR EMPLOYMENT

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, or union affiliation. Applicants will be tested for illegal drugs.

1. Please review the instructions listed below carefully before filling out this Application. Failure to follow the instructions or failure to fully complete and sign this form will result in the exclusion of your Application.
2. This Application will be kept on file for 90 days. If you wish to be considered for employment after 90 days from the date you submit your Application, you need to return to the office and fill out another application.
3. Answer only the questions asked. DO NOT include any extraneous information which would indicate your race, age, color, sex, religion, national origin, disability or union affiliation. Since we are an Equal Opportunity Employer, information relating to those factors has no place in our hiring process.

PERSONAL DATA

Name: _____ First _____ Middle _____ Last _____

Address: _____ City _____ State _____ Zip _____

Best times to contact you: _____ Home Phone Number () _____
 Work Phone Number () _____ Cell Phone Number () _____

Position Sought: _____ Salary Requested: _____

- Will you accept full-time work? Yes No
- Will you accept part-time work? Yes No
- Will you work all shifts including overtime? Yes No

Date available: _____ How were you referred to Surefire? _____

- Are you of legal age to work? Yes No
- Are you a U.S. citizen or have a legal right to be employed in the U.S.? (If yes, proof is required) Yes No
- Can you perform the essential functions of the job(s) for which you are applying? Yes No
- Do you have a position with another employer that would continue if employed by us? Yes No
- If travel is required, do you have any restrictions? Yes No
- Can you work overtime without prior notice? Yes No
- Do you have any experience from military service that would be relevant to the Job(s) for which you are applying? If Yes, please explain: Yes No
- Have you ever been convicted of a felony or released from prison in the past five years? Yes No
- If Yes, please explain (Note: A yes answer does not automatically disqualify you from employment, since the nature of the offense, date and type of job for which you are applying will be considered):

***DRIVER APPLICANT ONLY**

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

*Signature _____

*Date _____

***The US Department of Transportation requires that driver applicants state their date of birth (391.21(b)(2))**

*Date of Birth _____

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceeding 3 years including DOT-regulated employers under whose authority they operated as a contract or leased driver. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle that requires a CDL in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

May we contact your most recent employer?

Yes

No

Employer: _____

Phone Number: () _____

Address: _____

Employed From _____

To _____

Position/Title: _____

Wage/Salary: _____

Supervisor's Name: _____

Reason for Leaving: _____

*Were you subject to the FMCSRs (Federal Motor Carrier's Safety Regulations) while employed? Yes No

*Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____

Phone Number: () _____

Address: _____

Employed From _____

To _____

Position/Title: _____

Wage/Salary: _____

Supervisor's Name: _____

Reason for Leaving: _____

*Were you subject to the FMCSRs (Federal Motor Carrier's Safety Regulations) while employed? Yes No

*Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____

Phone Number: () _____

Address: _____

Employed From _____

To _____

Position/Title: _____

Wage/Salary: _____

Supervisor's Name: _____

Reason for Leaving: _____

*Were you subject to the FMCSRs (Federal Motor Carrier's Safety Regulations) while employed? Yes No

*Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Please explain any gaps in dates of employment: _____

DRIVER EXPERIENCE & QUALIFICATION

LICENSES held in the past 3 years must be shown

State	License No.	Class	Endorsements	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes* No

B. Has any license, permit or privilege ever been suspended or revoked? Yes* No

*If you answered yes to either A or B, attach a statement with details.

DRIVER EXPERIENCE - CLASS OF EQUIPMENT – Check all that apply

STRAIGHT TRUCK	TRACTOR & SEMI TRAILER	TRACTOR-MULTIPLE TRAILERS	PASSENGER VAN/BUS	OTHER

ACCIDENT RECORD for past 3 years (Attach separate sheet if more space is needed)

DATES	CHARGE	PENALTY	LOCATION

EDUCATION

School Attended	Name	City, State, Zip	Major/Course Of Study	Highest Level Completed	Degree
High School					
College					
Graduate School					
Business/Trade					
Other (Describe):					

Certifications: (Please list type and date)

Please list any special skills or training, computer and software knowledge, or equipment you can operate:

Applicant Certification

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.

Signature of applicant _____

Date _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Surefire Wireline, LLC. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned; and that relationship cannot be altered except by a written instrument signed by the CEO or CFO of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize the investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact. I agree that the Company or any of its subsidiaries shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, or omissions made by me on this application.

I understand that (1) the Company has a drug and alcohol policy that provides for pre-employment, DOT and Non DOT testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based upon successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of a job-related physical exam.

I understand that in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be introductory for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relations with the Company is terminable at will for any reason by either party. In addition, I understand that no promise, representation or agreement to the foregoing is binding on the Company unless made in writing and signed by me and an authorized representative of the Company.

Signature of Applicant: _____

Date: _____

Thank you for completing this application form and your interest in our business.



Drug/Alcohol Test Consent Form

I understand that a copy of the Surefire Wireline, LLC. Substance Abuse Policy is included in the employee Handbook given to me. I understand I may be subject to future random testing for cause testing, and that this consent shall remain valid during my term of employment and is a term or condition of my employment. Consistent with the Policy, I may be requested by Surefire to submit to a screening test for illegal drugs, illegally used drugs and /or alcohol which may include breath analysis, the collection of urine, hair and other necessary medical tests to determine the presence or use of alcohol, drugs, or controlled substances.

I hereby voluntarily consent to provide the Company with samples of urine and / or hair for such purpose at laboratories designated by Surefire. I consent to having specimens tested at the selected laboratories. Further, I certify that the specimen collected from me will be mine and will not be adulterated or altered in any manner.

The tests will be used to detect the presence of the following substances, in addition to other substances for which Surefire may be required to test for under Federal or State law.

- Alcohol
- Cocaine
- Methadone
- Amphetamines
- Hallucinogens
- Phencyclidine (PCP)
- Benzodiazepines
- Barbiturates
- Marijuana (Cannabinoid Metabolites)
- Propoxyphene
- Opiates
- Methaqualone
- Ethanol

I understand that all screening tests for drugs will be subject to careful testing procedures with mandatory confirmation of any preliminary positive tests. I further understand that if my test indicates a confirmed positive for illegal drugs, I will not be considered for employment, or in the event I am an employee at the time of the test I may be subject to discipline including termination, in accordance with the Substance Abuse Policy. I will be given reasonable opportunity to explain confirmed positive test for substances other than illegal drugs. If I provide an unacceptable explanation I will be denied employment.

I understand that I may request a copy of any test taken, as part of the screening tests upon receipt of the results by CFO or from the laboratory.

I understand the results of these tests and other relevant medical information may be used for employment decisions. I hereby authorize the designated laboratory to release results to Surefire, CFO or its designated human resource representative. I further agree to hold Surefire, its agents, officers and employees harmless from, and waive all claims existing and future for any, and all liability (including negligence) arising in connection with the testing for drugs and/or alcohol.

Signature

Date



233 North Park Drive
Kittanning, PA 16201
724-543-1388

PREVIOUS EMPLOYER VERIFICATION

SECTION 1: PREVIOUS EMPLOYEE INFORMATION & RELEASE

NAME: _____ SSN: _____

I hereby authorize _____ to release the following requested information to SureFire Wireline LLC for the purpose of investigation for qualifying me to drive a commercial motor vehicle as required by the U.S. Department of Transportation & Federal Motor Safety Regulations Parts 382, 391, 392 & 49 CFR Part 40. You are hereby released from any and all liability that may result from furnishing such information. Your quick response to the request will be greatly appreciated.

Signature: _____ DATE: _____

SECTION 2: PREVIOUS EMPLOYEE WORK HISTORY

Employed from _____ to _____ in the position as _____
Did previous employee drive a motor vehicle for you? Yes* No
*If yes, please indicate the specific type of vehicle and time driven for you:
 Tractor/Semi-Trailer Straight Truck Tanker Flat* Doubles Van Reefer Other (Please specify) _____
Length of time _____ *If Flat was checked, what type of cargo? _____
Was previous employee a safe and efficient driver? Yes No
Was previous employee's general conduct satisfactory? Yes No
Did employee have any accidents/incidents? Yes* No
*If yes, Preventable Non-preventable

SECTION 3: NOTE: REGULATIONS OF THE DEPT. OF TRANSPORTATION (49 CFR PART 40) requires your company to provide us with information concerning named driver's past drug and alcohol test results, including refusals to be tested.

In the past two years has the previously named applicant ever:

- Tested positive for a controlled substance? Yes No
- Tested with an alcohol concentration of 0.04 or higher? Yes No
- Refused to submit to a DOT drug or alcohol test, including a verified Adulterated or substituted result? Yes No
- Had any other violations of DOT drug/alcohol testing requirements? Yes No
- Had reported violations of drug/alcohol regulations from previous employers? Yes No

Your Name: (print) _____ Title: _____
Your Signature: _____ Date: _____
Your Telephone Number _____

Please forward your response as soon as possible to the address below or e-mail to: inquiries@surefirewireline.com

THANK YOU

SureFire Wireline LLC
233 North Park Drive
Kittanning PA 16201