

Employment Application

Schlumberger Lift Solutions

Please print or type clearly in ink and return application to:

Personal							
Last Name		First	Middle	Social Security Number (optional)			
Permanent Address - Number and Street			City		State	Zip Code	
Do you have the legal right to work in the USA? (If yes, verification will be required)		Are you over 18? (21 if applying for DOT position)		Primary Phone Number		Secondary Phone Number	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO					
If you lived at the address above for less than three years, please provide all addresses where you lived during the last three years							

Job Interest					
Position Desired		Company or Division Preferred (if any)			
Are you seeking <input type="checkbox"/> Full-Time Position <input type="checkbox"/> Part-Time Position		Date Available	Salary Desired		
Referred By (if anyone)		Date of Application			
Will you consider shift work? <input type="checkbox"/> YES <input type="checkbox"/> NO		Will you relocate? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you willing to travel? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is this your first time applying with us? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you ever been employed with us? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes then give Company Name and Location _____					
Dates employed _____ Position _____					

Miscellaneous							
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO				If yes, explain (convictions are not an automatic bar to employment):			
Do you have working knowledge of the fundamental job duties (essential function) of the position for which you are applying? If yes, can you perform the essential functions of the job with or without reasonable accommodations? (Please specify)				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you related to anyone employed by the Company? (To be used for assignment purposes)		Names(s)		Company & Department		Location	
<input type="checkbox"/> YES <input type="checkbox"/> NO							

Company policy is to provide every individual a fair and equal opportunity to seek employment and advancement at the Company without regard to race, color religion, sex, age, national origin, veteran's status, disability or factors protected by federal, state or local laws. "An Equal Opportunity Employer"

All Applicants

Please read carefully before signing

I certify that any information I give during the course of applying for employment is true and complete. I understand that any false, incorrect or misleading information or the omission of any pertinent information, including that given at the time of my application, may be considered as sufficient reason for my discharge. If hired, I further understand that this application is not intended to be a contract of employment and that if I am hired, my employment is at will and can be terminated at any time by either me or the Company, with or without notice, for any or no reason. No supervisor or manager has authority to make an agreement to the contrary changing employment at will. This application will be in effect for 90 days from the date indicated below and, if employment is not offered within the 90-day period, I understand that I must reapply to be considered for future employment. I also understand that this application for employment in no way obligates the Company to employ me.

I do hereby authorize Schlumberger Lift Solutions to investigate my former employment and other references and to make any further investigations deemed necessary in connection with my application for employment and I do hereby release Schlumberger Limited, Schlumberger Technology Corporation, Schlumberger Lift Solutions and all informants of all liability whatsoever resulting from such investigations.

SIGNATURE

DATE

Supplement to employment application

I understand that an offer of employment I may receive is subject to my subsequent completion, satisfactory to the Company, of all pre-employment procedures, including a drug and alcohol screen test, and submission of documentation establishing my right to work in the U.S.

SIGNATURE

DATE

Education

TYPE OF SCHOOL	SCHOOL NAME AND ADDRESS	TYPE OF DEGREE EARNED	MAJOR	NUMBER OF YEARS COMPLETED	GRADUATED		GRADE POINT AVG.
					YES	NO	
High School							
Business Trade, Technical or Vocational							
Junior College							
College or University							
Any Further Education Planned:							

Skills (Only if applicable to the position for which you are applying)

List office equipment you can operate:

Typing (WPM):

Shorthand (WPM):

Computer hardware:

Computer software:

What foreign language(s) do you speak? (respond if you believe this information is relevant to the position applied for):

Do you have any commitment to another employer or business which might effect your employment with us?

YES

NO

If yes, explain:

Work History (Including U.S. Military, if any)

List names and addresses of all former employers, beginning with the **most recent**. If the applicant will be operating a commercial motor vehicle (CMV), the work history must go back 10 years. (Attach additional sheet if necessary)

EMPLOYERS NAME, ADDRESS, PHONE NUMBER AND SUPERVISOR'S NAME	DATES OF EMPLOYMENT FROM/TO	POSITION/JOB TITLE, ROLES & RESPONSIBILITIES (Please also include reason for leaving)	RATE OF PAY
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

List any additional skills, knowledge, experience or other relevant qualifications that might benefit the Company:

References

Business and Personal (Do not include relatives)

NAME	POSITION OR OCCUPATION	RELATIONSHIP	ADDRESS	YEARS KNOWN	TELEPHONE NUMBER

This section to be completed by applicants who will be using Company car or participate in car allowance programs.

Driver's License

Driver's License No.	Date of Expiration	State Issued	Type or class of license Class _____ <input type="checkbox"/> Operator <input type="checkbox"/> Commercial <input type="checkbox"/> Chauffeur <input type="checkbox"/> Other _____
Have you ever been denied a license, permit, or privilege to operate a motor vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has any license, permit or privilege ever been suspended, denied or revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO	If the answer to either of these questions is yes, attach a statement giving details.	

Accident Record

Attach sheet if more space is needed.

DATES (BEGIN WITH MOST RECENT)	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

Traffic convictions and forfeitures (other than parking violations) for the past 3 years and any convictions or forfeitures involving possession, sale, manufacturing, transportation, or use of drugs.

LOCATION	DATE	CHARGE	PENALTY

I understand that the information on this application will be used and that prior employers will be contacted for the purpose of investigation as required by 391.23 of the motor carrier safety regulations.

Special Skills Experience (Complete only if applicable to the position for which you are applying)

SKILL TYPE	SKILL DETAILS	DATE	
		CERTIFIED?	Last Performed
Heavy Vehicles & Equipment (Trucks, Tractors, Trailers, Forklifts, Bulldozers, Excavators, Cranes, etc.)			
Machining (Mills, lathes, grinders, CNC,			
Welding (Steel, Aluminum, Pipe, Arc, Gas, Resistance, etc.)			
Mechanical Skills (Automotive, Heavy Engine, etc.)			
Electrical Skills			
Other Skills			
Do you hold any safety related awards, and from whom?			