



Advanced Drilling Equipment Supply Company, LLC Application Form

Date: _____

** Please print clearly**

Name (Last) (First) (Middle) Social Security #

Mailing Address: (Street) (City) (State) (Zip)

Phone: Home: () Cell: () Are you over 18 years of age? Yes No

E-Mail Address: _____

Before employment, can you submit proof of your legal right to work in the United States? Yes No

EDUCATION

School	Name and Address of School	Course of Study	Years Attended		Circle last year completed	Did you Graduate?
			From	To		
High School					1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
College					Degree	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tech School						<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Type of School						<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES *(Do not list relatives)*

Name Address City State Zip Phone Number

GENERAL INFORMATON

Name (other than the above) used on work history/education records. _____

Have you been convicted or plead guilty of a crime within the past seven (7) years? Yes No

If yes, when? _____ Where? _____ Disposition? _____
(If you answered, "yes" to this question, you may still be eligible for positions for which you are qualified.
A conviction will not necessarily disqualify you from employment)

RECORD OF PREVIOUS EMPLOYMENT

List all jobs and other activities (including military record of service), covering FULL deposition of your time whether or not you were employed. If currently employed, may we contact your present employer? Yes No

Employers (current or most recent employer first)

Company Name: _____ Job Title: _____

Address: _____ City _____ State _____ Zip _____

Supervisor: _____ Phone Number: _____

Reason for Leaving: _____

Start Date: _____ End Date: _____

Description of Duties: _____

Company Name: _____ Job Title: _____

Address: _____ City _____ State _____ Zip _____

Supervisor: _____ Phone Number: _____

Reason for Leaving: _____

Start Date: _____ End Date: _____

Description of Duties: _____

Company Name: _____ Job Title: _____

Address: _____ City _____ State _____ Zip _____

Supervisor: _____ Phone Number: _____

Reason for Leaving: _____

Start Date: _____ End Date: _____

Description of Duties: _____

ADESCO's positions have various requirements. Some positions require lifting, bending, standing & being outdoors for extended periods of time.

- A. Lifting requirements 0 to 50 lbs. Are you capable of performing this function? Yes No
- B. Must be able to bend and lift various items throughout the shift. Are you capable of performing this function? Yes No
- C. Position requires you to be outdoors for extended periods of time. Are you capable of performing this function? Yes No

If you answer "No" to any or all of these above questions, you may still be eligible to obtain a position for which you are qualified.

Application Certification

I represent that all answers given in this application are correct. I authorize ADESCO to investigate and verify all information furnished, including education, prior employment and references and I authorize the release of any such information to ADESCO. I agree that any falsification, misrepresentation, or omission of any fact on this application is cause of dismissal.

I understand that all employment with ADESCO is at-will, meaning that either the employee or employer may terminate the employment relationship at any time with or without cause or prior notice. Nothing contained in this application or attached documents is intended to change or can be interpreted as changing this basic nature of the employer-employee relationship, nor can the verbal or written statements by supervisors or other management change the fact that employment with ADESCO is at-will.

Applicant's Signature

Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

ADESCO does not discriminate on the basis of Race, Color, Sex, Age, Religion, Creed, Ancestry, National Origin, Disabilities or Disability Conditions, Martial Status and Affectional Preference.