

O'Keefe Drilling

P.O. Box 3810
2000 Four Mile Road

Employment Application

Butte, Montana
Phone 494-3310

Personal Information

Name	_____	Date	_____
Present Address	_____	Social Security	_____
City, State	_____	Telephone	_____
Permanent Address	_____	Date of Birth	_____
City, State	_____		

Military Status _____ Marital Status: Married Single Divorced Widow

Spouse's Name _____

Wage Exemptions _____ Number of Dependents _____

Ages of Dependents _____

Special Skills and Training

Drilling _____

Heavy Equipment _____

Welding _____

Other _____

Former Employers

Month/yr From - To	Company/Address Supervisor	Salary	Position	Reason For Leaving

References:

Give the names of three persons not related to you, whom you have know at least one year

Name	Address	Business	Years Acquainted

Driver Experience & Qualification

Licenses	State	License No	Type	Expiration Date
Driver Licenses held in past 3 years must be shown				

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

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety regulations?

Yes No

If you answered "yes" to A. B. C. attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Apx Miles
		To	From	
Straight Truck				
Tractor & Semi-Trailer				
Twin Trailers				
Other				

List States operated in during last five years. _____

List special courses or training that will help you as a driver. _____

List safe driving awards held and who awards were presented by? _____

Accident Review past 3 years. (Attach separate sheet if more space is needed)

Dates	Nature of Accident	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the past 3 years.

(not parking violations)

Location	Date	Charge	Penalty

Signature

The information provided in this Employment Questionnaire is true, correct and complete.

If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I authorize investigation of all statements and references listed on this employment form.

Date

Signature

Date

Approved by Supervisor

**O'KEEFE DRILLING COMPANY
EMPLOYMENT APPLICATION**

Health and Safety

Per the job description attached, the job may require lifting up to 50 pounds. Do you have any physical limitations or prior injuries to the back, knee, thighs or shoulders that would limit your ability to perform the job described?

NO _____ YES _____ If YES, Please Explain:

This job may require a great deal of hand dexterity, do you have any prior injuries or limitations with regard to the arms, hands, wrist or fingers which could interfere with completion of the job duties?

NO _____ YES _____ If YES, Please Explain:

To your knowledge, do you have any other limitations or prior injuries which could interfere with the completion of job duties?

NO _____ YES _____ If YES, Please Explain:

ACKNOWLEDGEMENT

I have read and acknowledge the receipt of the attached O'Keefe Drilling Company Job Description and Controlled Substance Policy from the Safety Manual. I agree to submit to a urinalysis screening test at the time of the pre-employment and D.O.T. physical exam. I understand that if I refuse this test I will not be considered for employment.

I understand full-time employees newly hired are subject to a 6 month evaluation or introductory period to verify skills, capabilities and suitability for our company. The 6 month evaluation period does not include lay off time and begins when actually beginning to work for O'Keefe Drilling. At the end of the 6 months, the supervisor may extend the period for additional time at his or her discretion.

Signature

Date