



RELEASE AUTHORIZATION

PLEASE PRINT CLEARLY

Last Name First Name Middle Initial Maiden Name

Social Security Number/Tax Id Driver's License Number State of Issuance Date of Birth

Current Address City State Zip Code No. of Years

RESIDENCES IN PAST (7) YEARS

Address City State Zip Code No. of Years

Address City State Zip Code No. of Years

Address City State Zip Code No. of Years

I expressly authorize any person associated with any educational institution, past or previous employer, any law enforcement agency (federal, state or local), any credit reporting agency, or any person who has knowledge of my character, work experience, educational, medical, criminal or driving history to release the information to Nabors Industries & Subsidiaries or their employees or agents. I will not hold Nabors Industries or their employees or any person requesting or releasing the information responsible for any damage whatsoever resulting from the acquisition, use, retention or disclosure of any such information. I will not hold Nabors Industries & Subsidiaries or their employees or any person responsible for error or inaccuracies in the acquisition of transmittal or information pertaining to the verification of my background. This information may be obtained for pre-employment purposes, annually or any time during my tenure at Nabors Industries. Where applicable for positions subject to DOT, this investigation is conducted in accordance with Part 391, Section 391.23 of the Federal Motor Carrier Safety Regulations.

Signature of Applicant/Sub-Contractor

Date Signed

For office purposes only. Please do not write below this line.

Please perform those pre-employment screening(s) circled below:

- Criminal History Employment Verification Credit Report
- Education Verification Motor Vehicle Report Civil History
- Social Security Verification Reference Verification



APPLICATION FOR HOURLY AND DAILY EMPLOYMENT

NABORS DRILLING
PO BOX 2396
WILLISTON ND 58802-2396

Employment Information

Employment Company	<input type="checkbox"/> NCS/014	<input type="checkbox"/> Canrig/155	<input type="checkbox"/> NOC/716	<input type="checkbox"/> NIML/302	<input type="checkbox"/> NAD/102
	<input type="checkbox"/> NDUSA/200	<input type="checkbox"/> Epoch/280	<input type="checkbox"/> NII/301	<input type="checkbox"/> NDIL/352	<input type="checkbox"/> Peak USA/129
	<input type="checkbox"/> NDL/158	<input type="checkbox"/> NWSL/816	<input type="checkbox"/> NWSC/808	<input type="checkbox"/> SeaMar/806	<input type="checkbox"/> Other/

WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, COLOR, SEX, AGE OR DISABILITY. IT IS OUR INTENT THAT ALL APPLICANTS BE GIVEN EQUAL OPPORTUNITY AND SELECTION DECISIONS BE BASED ON JOB RELATED FACTORS.

Personal

Last Name	First Name	Middle name	Social Security No.
Present Street Address	City/State	Zip Code	Phone No.
Permanent Street Address	City/State	Zip Code	Phone No.
In Emergency, Contact	Relationship	Phone No.	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City/State	Zip Code	Do you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No

Miscellaneous

Date of Application	Date you can start work	Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position(s) Desired
Do you have any relatives in our employ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name		Relationship
Drivers License No.	Date Expires	State issued	
Passport No.	Country of Issue	Date Issued	Date Expires
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please explain. (An affirmative response will not automatically disqualify you from being considered as a candidate for employment)		

Skills and Qualifications

Describe Size And Type Of Equipment On Which You Are Experienced	Drilling Experience	YRs	MOs
	Toolpusher		
	Driller		
	Derrickman		
	Motorman		
	Floorman		
	Rig Mechanic		
	Rig Electrician		
Foreign Languages	Speak	Read	Military Experience
			Did you serve in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Military occupational specialty
			Crane Operator
			Roustabout
			Other (specify)



APPLICATION FOR HOURLY AND DAILY EMPLOYMENT

Employment History

Have worked for a Nabors Company? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name subsidiary:	Dates of employment with Nabors:	
Name and address of previous employers, starting with the most recent.				
1.	From	To	Employer	Telephone No.
	Job Title		Address	
	Immediate Supervisor's Name		Summarize the nature of work performed and job responsibilities	
	Supervisor's Title			
	Reason for Leaving		Hourly Rate / Salary Start \$ _____ Per _____ Final \$ _____ Per _____	
2.	From	To	Employer	Telephone No.
	Job Title		Address	
	Immediate Supervisor's Name		Summarize the nature of work performed and job responsibilities	
	Supervisor's Title			
	Reason for Leaving		Hourly Rate / Salary Start \$ _____ Per _____ Final \$ _____ Per _____	
3.	From	To	Employer	Telephone No.
	Job Title		Address	
	Immediate Supervisor's Name		Summarize the nature of work performed and job responsibilities	
	Supervisor's Title			
	Reason for Leaving		Hourly Rate/Salary Start \$ _____ Per _____ Final \$ _____ Per _____	

Educational Background

Name and Location of School	Circle Highest Grade Completed	Major Field of Study	Degree	GPA
High School	8 9 10 11 12			
College/Univ.	1 2 3 4 5 6			
Grad. School	1 2 3 4			
Other				

Special schools and courses attended. Include any training and completion dates, i.e., B.O.P., 1st aid, H₂S, etc.

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Applicant Must Read And Verify With Signature

I declare that the statements contained in this application are correct and understand that withholding information or making a false statement in this application and information submitted therewith or at any time during the application and pre-employment process will be the basis for my application not to be considered and/or dismissal. I authorize all employers, educators and other firms or person named herein to provide the Company with information regarding my education, employment and medical history and release all such individuals or entities from all liability for any damages that may result from furnishing information regarding me.

_____ - INITIALS

I understand that this application does not obligate the company to offer me employment or to hire me. I further understand that if I am employed by the Company, my employment will be on an "at will" basis and may be terminated by the Company at any time with or without cause or notice. If I am employed I understand that I will wear the prescribed personal protective equipment and will abide by all Federal, State and Company procedures and regulations while working for the Company.

_____ - INITIALS

I acknowledge that a copy of the Company's Dispute Resolution Program was available for my review at the location where I submitted this application. I acknowledge and understand that I am required to adhere to the Dispute Resolution Program and its requirements for submission of all claims to a process that may include mediation and/or arbitration and that if I refuse to sign below that my application will not be considered for employment. I further understand that my employment application submission with the Company constitutes my acceptance of the terms of this provision as a condition of employment consideration.

_____ - INITIALS

If I am hired, I hereby agree to participate in the Company's Payroll Direct Deposit System for payment of salaried/hourly employees and complete the Payroll Direct Deposit Authorization for m to implement the Payroll Direct Deposit System for my pay.

_____ - INITIALS

This application will be considered active for thirty (30) days.

Applicant's Signature

Date



NOTICE TO APPLICANTS/EMPLOYEES REGARDING CONSUMER REPORTS

Employment Company	<input type="checkbox"/> NCS/014 <input type="checkbox"/> NDUSA/200 <input type="checkbox"/> NDL/158	<input type="checkbox"/> Canrig/155 <input type="checkbox"/> Epoch/280 <input type="checkbox"/> NWSL/816	<input type="checkbox"/> NOC/716 <input type="checkbox"/> NINTL/301 <input type="checkbox"/> NWSC/808	<input type="checkbox"/> NIML/302 <input type="checkbox"/> NDIL/352	<input type="checkbox"/> NAD/102 <input type="checkbox"/> Peak USA/129 <input type="checkbox"/> Other/
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The Company may obtain a consumer report and/or an investigative consumer report including information concerning your character, general reputation, personal characteristics, mode of living, employment history, education, driving record and qualifications in connection with your application for and continued employment with the Company. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Within five days of your timely written request to the Human Resources Department of the Company. The Company will provide you with the name, address and phone number of the reporting agency and a description of the nature and scope of the consumer report the Company obtained.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency and a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

CONSENT TO OBTAINING CONSUMER REPORTS *READ CAREFULLY BEFORE SIGNING*

1. I have read the above "Notice to Applicants/Employees Regarding Consumer Reports" and hereby authorize the Company to obtain consumer reports as described.
2. I understand that I have the right to make a written request within a reasonable amount of time to receive a complete and accurate disclosure of the nature and scope of any consumer reports that are obtained by the Company, including the name, address and telephone number of the consumer reporting agency.
3. I hereby authorize any present or former employers, consumer reporting agencies, educational institutions, or any other person or agency having knowledge of me to submit information or opinions about myself, including data received from other sources, in order that my employment qualifications may be evaluated. I hold said persons and/or organizations blameless and without liability for statements or opinions made regarding my character, experience or qualifications.
4. For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box. If checked and you are a California applicant, a copy of the consumer report will be sent within three days of the employer receiving a copy of the consumer report.
5. For California applicants only, if public record information about your character, general reputation, personal characteristics, and mode of living is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information within seven days of the employer's receipt unless you check this box where you hereby waive your right to obtain a copy of the consumer report.

By my signature below, I acknowledge that I have read and understood all of the above statements.

Signature: _____
 Printed Name: _____
 Date: _____

