



PLEASE FILL OUT THE APPLICATION COMPLETELY.

**IF APPLYING TO DICKINSON POSITIONS, PLEASE MAIL
APPLICATION TO:
STRIDE WELL SERVICE, PO BOX 1041, DICKINSON ND
58601**

**IF APPLYING FOR POSITIONS IN SIDNEY MT, PLEASE
MAIL THE APPLICATION TO:
STRIDE WELL SERVICE, PO BOX 987, SIDNEY MT, 59270**

Stride Well Service Company, Inc.

AN EQUAL OPPORTUNITY EMPLOYER

Application for Employment

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. (Application must be completed in full even if attaching a resume.) Job applications are considered active for 60 days after which the applicant must reapply for further consideration

POSITION APPLIED FOR _____ DATE OF APPLICATION _____

PERSONAL

PLEASE PRINT LEGIBLY

FULL NAME	FIRST	MIDDLE	LAST	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	STREET CITY STATE ZIP			HOW LONG	HOME TELEPHONE #
PREVIOUS 3 YEARS	STREET CITY STATE ZIP			HOW LONG	MESSAGE TELEPHONE #

IF NO PHONE, HOW MAY WE CONTACT YOU?

HAVE YOU EVER WORKED FOR THE COMPANY OR ANY DIVISIONS OF COMPLETE PRODUCTION SERVICES BEFORE?

YES NO IF YES, WHERE?

APPROXIMATE DATE: MO/YR.

HAVE YOU EVER APPLIED FOR THE COMPANY OR ANY DIVISIONS OF COMPLETE PRODUCTION SERVICES BEFORE?

YES NO IF YES, WHERE?

APPROXIMATE DATE: MO/YR.

HOW WERE YOU REFERRED:

GENERAL INFORMATION

ARE YOU UNDER THE AGE OF 18?

IF UNDER AGE 18, CAN YOU SUPPLY WORKING PAPERS? YES NO

ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

(A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS JOB RELATIONS, AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT). IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? YES NO IF YES, PLEASE EXPLAIN:

Can you perform the essential functions of the position for which you have applied? YES NO If no, please explain:

(If you have any questions about the essential functions, ask the interviewer before answering)

JOB INTERESTS

Please state type of work preferred

Position(s) desired

Date available for work

Salary desired

Geographical preference(s)

Willing to travel?

Yes No

Are you available to work:
(please check if Yes)

Full -Time
 Part -Time

Temporary
 Summer only

Overtime, if required
 Weekends, if required

EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT FOR THE LAST 3 YEARS (ATTACH ADDITIONAL SHEET IF NECESSARY) All Driver applicants driving in interstate commerce must provide the following information on all employers during the past three years. List complete mailing address, street number, city, state and zip. Applicants driving a commercial vehicle* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated a vehicle. List employers in reverse order starting with most recent. Add another sheet if necessary.

1	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
CITY, STATE, ZIP		MO.	YR.	\$		
PHONE NO.		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? [] YES [] NO
Were you subject to the FMCSR's*** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No						
2	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
CITY, STATE, ZIP		MO.	YR.	\$		
PHONE NO.		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? [] YES [] NO
Were you subject to the FMCSR's*** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No						

3	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
CITY, STATE, ZIP		MO.	YR.	\$		
PHONE NO.		TYPE OF BUSINESS				

EXPLAIN ANY PERIOD BETWEEN JOBS

Were you subject to the FMCSR's*** while employed? Yes No Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

MAY WE CONTACT EMPLOYER?
 YES NO

4	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
CITY, STATE, ZIP		MO.	YR.	\$		
PHONE NO.		TYPE OF BUSINESS				

EXPLAIN ANY PERIOD BETWEEN JOBS

Were you subject to the FMCSR's*** while employed? Yes No Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

* Includes vehicles having a CVWR of 26,001lbs. or more, or any size vehicle used to transport hazardous materials in a quantity require placarding.

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

MAY WE CONTACT EMPLOYER?
 YES NO

EDUCATION

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS. TRADE OTHER			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment.

U.S. MILITARY INFORMATION

Branch of Service:	Active Duty:
Rank at Discharge:	From: To:
	Date of Final Discharge:

DRIVING INFORMATION

Accident Record for the past 3 years or more (attach sheet if necessary) if NONE, write NONE.

Type of Drivers License currently held	Issuing state	Drivers License Number /Expiration Date		
<u>Dates</u>	<u>Nature of Accident</u>	<u>Fatalities</u>	<u>Injuries</u>	<u>Hazardous Mat'l Spill</u>

- 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 the answer to either A or B is Yes, please give details:

Show special courses or training that will help you as a driver:

Show safe driving awards you hold and from whom:

List any trucking experience that may help you in your work:

List special equipment and types of trucks you have experience operating:

REFERENCES

Name	Address	Phone Number	Relationship

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in dismissal.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or Company medical examination or inquiry, including a drug-screening test. I consent to the investigation, physical and drug test.

I hereby authorize the Company to investigate all statements contained in this application, to interview the references and previous employers listed in the application, and to obtain a report from a consumer-reporting agency to be used for employment purposes in accordance with the Fair Credit Reporting Act. I authorize the references and previous employers listed to give the Company all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such information to the Company, including, but not limited to, any liability or invasion of privacy.

If I am applying for a position as a Driver within any division of Complete Production Services, I understand that information I provide regarding current and/or previous employers may be used, and those employers 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.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option, this at-will employment policy applies except where prohibited by state or other applicable law, such as in the state of Montana. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company.

I further understand and voluntarily agree as a condition of employment or my continued employment, that I may be requested by the Company to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in immediate dismissal.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____ DATE _____

**Authorization to Obtain a Consumer Credit Report and
Release of Information for Employment Purposes**

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize **Stride Well Service Company, Inc.** and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation or public agency may have. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish **Stride Well Service Company, Inc.** or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby release **Stride Well Service Company, Inc.** and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at anytime result to me, my heirs, family or associates because of compliance with this authorization and request to release. I understand that a copy of this authorization may be given at any time, provided I do so in writing.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's right will be provided to me.

Applicant/Employee Signature

Date

Applicant/Employee Printed Name

Social Security Number

Driver's License Number/State

Date of Birth

FMCSA - Applicant Authorization to Release Safety Performance History

(As required by 49 CFR Parts 40.25 and 391.23)

Name of Applicant: _____ (Print Clearly)
Social Security #: _____

I, _____, do hereby authorize you to release the following information to COMPLETE ENERGY SERVICES, MID-CONTINENT DIVISION and SUBSIDIARY COMPANIES, for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Check this box if you have NOT performed DOT functions in the past three years.

Signature of Applicant Date

Previous Employer: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone #: _____ Fax #: _____

The above named applicant has applied to this company for a position as _____ and states that he/she was employed by you as (position) _____ from (m/y) _____ to (m/y) _____.

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding the date above. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). Please phone/fax/mail the following information to:

COMPLETE ENERGY SERVICES, MID-CONTINENT DIVISION and SUBSIDIARY COMPANIES

Attn: Joyce Ryel

1312 E. Willow

Enid, OK 73768

Phone: 580-242-0513 Fax: 580-233-8562

TO BE COMPLETED BY PREVIOUS EMPLOYER

Safety Performance History:

Did he/she drive a commercial motor vehicle for you? Yes ___ No ___

If Yes, what type? Straight Truck Tractor-Semi trailer Bus
 Cargo Tank Doubles/Triples Other (specify) _____

Reason for leaving your company: Discharged Resignation Lay Off Military Duty

Check if there is no safety performance history to report, sign below and return.

Accidents: Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above.

Date	Location	No. of injuries	No. of fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information (391.23(d)(2)(ii)).

Any other remarks: _____

Signature: _____ Title: _____ Date: _____

Keep a record of this request and the response for one year.

Please Return to:

COMPLETE ENERGY SERVICES, MID-CONTINENT DIVISION and SUBSIDIARY COMPANIES.
FAX 580-233-8562

**FMCSA - Applicant Authorization to Release DOT Drug/Alcohol Test Results
(As required by 49 CFR Parts 40.25 and 391.23)**

I, _____, as the Applicant, understand that as a condition of hire with **COMPLETE ENERGY SERVICES, MID-CONTINENT DIVISION and SUBSIDIARY COMPANIES**, I must consent to the release of all DOT mandated drug and alcohol information from all of the employers for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous three (3) years.

Below, I have listed all of the employers for which I have worked during the past three years. I hereby authorize my previous employers to furnish to the prospective company the DOT information described below.

Previous Employer Name	Address	Phone Number	Fax Number	Dates of Employment

Applicant Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the check boxes below. In signing below, I certify that all of the information I have furnished on this form is true and complete, and that I have identified all of the employers for which I have worked in a DOT safety-sensitive position during the previous three years. I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional assessment, recommendations, education and treatment, including costs involving return-to-duty testing and follow-up testing yet to be completed.

- Check this box if you have NOT performed DOT functions in the past three years.
- Check this box if you have tested positive, or refused to test, on any DOT pre-employment drug or alcohol test for an employer who did not hire you during the past three years.

Signature of Applicant

Social Security Number

Date

TO BE COMPLETED BY PREVIOUS EMPLOYER

Release of Previous Employer's DOT Drug/Alcohol Testing Results

In accordance with 49 CFR Part 40.25 and meeting the new FMCSA requirements, **COMPLETE ENERGY SERVICES, MID-CONTINENT DIVISION and SUBSIDIARY COMPANIES** is required to obtain - and as a previous employer, you are required to release - DOT drug and alcohol information, listed below, concerning the applicant, named above. This information request covers any period of employment of the applicant by you going back three years from the date of this request. Please complete the following:

- | | | |
|-------------|--------------------------|--|
| YES* | NO | |
| _____ | _____ | 1. Any DOT alcohol test results of 0.04 or greater? |
| _____ | _____ | 2. Any DOT positive drug test results? |
| _____ | _____ | 3. Refusal to submit to a DOT required drug / alcohol test? (including adulterated or substituted specimens) |
| _____ | _____ | 4. Other violations of DOT drug and alcohol testing regulations? |
| _____ | _____ | 5. If "yes" for any of the above items, did the employee complete the return-to-duty process? |
| | <input type="checkbox"/> | 6. Check this box if your company and/or the applicant was <u>not</u> subject to DOT regulations. |

Note: If "yes" for item 5, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Previous Employer's Company Name

Name of Person Completing Form

Date

**FAX COMPLETED FORM TO: COMPLETE ENERGY SERVICES, MID-CONTINENT DIVISION and
SUBSIDIARY COMPANIES. FAX 580-233-8562**