



P.O. Box 342  
 Estes Park, CO 80517  
 P: 800-410-4542

**APPLICATION FOR EMPLOYMENT**

Last Name:		First Name:		Middle:		
Mailing Address/Physical:			City/State/Zip:			
E-Mail Address:			Phone:			
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Social Security Number		Position Applying For		Desired Salary		
How many hours a week can you work?			Can you work nights? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No			Available to start date:			
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please explain:			
US Military Branch of Service	Rank	Entry Date / /	Discharge Date / /	Type of Discharge	Are you under notice to report to duty? <input type="checkbox"/> Yes <input type="checkbox"/> No	If male, 18-25, are you registered with Military Selective Service Act? <input type="checkbox"/> Yes <input type="checkbox"/> No

**EMPLOYMENT HISTORY**

*Chronologically list employment for the past 7 years beginning with most recent. If self-employed, or unemployed, give name, address and phone number of reference who can verify activities during that period.*

**Current Employer**

Company	Position	From Month/Year	To Month/Year
Address		City/State/Zip	Start Pay
Supervisor		Phone	Ending Pay
Job Duties			
Reason leaving			
Were you subject to the FMCSRs* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(GVWR over 26,000 to transport 16 + passengers or any size vehicle used to transport hazardous materials in a quantity requiring placarding)</small>			
Was your job designated a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## APPLICATION FOR EMPLOYMENT

### Past Employer

Company	Position	From Month/Year	To Month/Year
Address		City/State/Zip	Start Pay
Supervisor		Phone	Ending Pay
Job Duties			
Reason leaving			
Were you subject to the FMCSRs* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No (GVWR over 26,0001 to transport 16 + passengers or any size vehicle used to transport hazardous materials in a quantity requiring placarding)			
Was your job designated a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### Past Employer

Company	Position	From Month/Year	To Month/Year
Address		City/State/Zip	Start Pay
Supervisor		Phone	Ending Pay
Job Duties			
Reason leaving			
Were you subject to the FMCSRs* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No (GVWR over 26,0001 to transport 16 + passengers or any size vehicle used to transport hazardous materials in a quantity requiring placarding)			
Was your job designated a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## EDUCATION HISTORY

Type of School	Name of School	Location	# of Years Completed	Major/Degree
High School				
College				
Business/Trade				
Professional				

## DRIVING HISTORY

Do You Have A Valid Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License #	State Issued	Date of Birth ____/____/____
CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Endorsements:		

Have you had any moving violations in the last 3 years?     Yes     No

Accident Record for the past 3 years (if none, please write "NONE")

Accident Date	Nature of Accident	Fatalities	Injuries	Hazardous Spill

Traffic Convictions for the past 3 years (other than parking) (if none, please write "NONE")

Location	Date	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle?     Yes     No

Has any license, permit or privilege been suspended or revoked?     Yes     No

If "Yes" to either question, please provide details:

Please list any driver's licenses or permits held in the past 3 years.

State	License No.	Class	Endorsement	Expiration Date

## CDL DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Truck, Flat, Dump, Refer)	Date From Mo/Yr to Date Mo/Yr	Approx # of Miles
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor or Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor & 2 Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor & 3 Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No			
Bus more than 8 pass <input type="checkbox"/> Yes <input type="checkbox"/> No			
Bus more than 15 Pass <input type="checkbox"/> Yes <input type="checkbox"/> No			

## EXPERIENCE AND QUALIFICATIONS

Provide any trucking, transportation or other experience that may help in your work for this company:

Provide any qualifications or training courses that relate to position you are applying for:

## REFERENCES

Please list 3 professional and 3 personal references. The references you list must not be related to you, know you well and are aware that we will be contacting them.

Name	Address	City, State, Zip	Phone Number

***This is not a valid application for employment unless signed below. By signing this application, I certify that all information is accurate and true to the best of my knowledge, I consent to authorization of contacting references provided, and I have read the statements below and agree to the terms and conditions therein:***

**RELEASE OF INFORMATION**

I hereby waive all provisions of law forbidding the release of any information, and I give my unqualified consent to the release of any and all information requested about my ability and fitness for employment agencies, and other individuals and organizations to investigators and authorized representatives of INGRAM DRILLING in compliance with the Fair Credit Reporting Act.

**DRUG FREE WORKPLACE ACT**

In accordance with the Drug Free Workplace Act, as a condition of employment, I hereby agree to submit to a pre-employment drug screening test and if hired, submit to random drug screenings at any time during my employment with INGRAM DRILLING. I understand that my consent to participate in this program is considered a condition of potential employment and failure to submit to such a pre-employment drug screening will result in withdraw of my application of employment with INGRAM DRILLING. I further understand that if hired, consent to drug testing is a condition of employment, and failure to cooperate or the result of a positive drug test will subject me to disciplinary action up to and including termination.

**EMPLOYMENT AT WILL**

I understand that nothing herein shall be constructed as creating an obligation on the company to employ me for a particular length of time. If hired, my employment with INGRAM DRILLING is at-will. Either party may terminate my employment with the company, with or without cause. I further understand that no representative of the company has the authority to make any representations to the contrary, either oral or written.

**AMERICANS WITH DISABILITIES ACT**

Title I of the Americans with Disabilities Act requires that reasonable accommodation is provided for individuals with disabilities for the interview process. Applicants who need accommodations for an interview should request this in advance. I understand that any offer of employment by INGRAM DRILLING may be conditioned upon the satisfactory outcome of a medical examination. In the event that I have a disability which may affect my ability to take a medical, performance or other employment related test, I will so inform the Company prior to the administration of the test so that a reasonable accommodation can be made. INGRAM DRILLING reserves the right to require medical documentation concerning the need for the accommodation.

**MISREPRESENTATIONS**

It is understood and agreed that any misrepresentation made by me will constitute a fraudulent attempt to secure employment and will be sufficient cause for cancellation of this application and/or separation from INGRAM DRILLING or any of it subsidiary companies, if I have been employed.

*I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize INGRAM DRILLING to verify their accuracy and to obtain reference information on my work performance. I hereby release INGRAM DRILLING from any/all liability of whatever kind and nature which at any time could result from obtaining and having an employment decision based on such information. I understand that should an offer be extended to me and accepted, that I will fully adhere to the policies, rules and regulations of employment with INGRAM DRILLING. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract.*

Signature \_\_\_\_\_

Date \_\_\_\_\_