## **EMPLOYMENT APPLICATION**

Please complete the entire application.

1. Employer Information '

Employer:	Bowman's Oilfield Service, LLC
Address:	608 East Main Street
City/State/ZIP:	Henderson, Texas 75652
Telephone:	903-657-0698

It is the policy of Bowman's Oilfield Service,LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Information

Appli	icant Full Name:		
Home			
City/S	State//IP·		
Numl	ber of years at this address:		
	me phone:	Evening phone:	
Mobil	le phone:	Evening phone.	
Social	l Security Number:		
	r's License (State/Number)		
3.	Emergency Contact		
Who s	should be contacted if you are involved in	07 07 00 00 00 00 00	
Conta	Ct Name:	•	
	prehin to you		
Addre	SS'		
City/S	tate/ZIP:		
	ne phone:	Evening phone:	
4.	Job Position Applied For:Field Operato	r	
5.	Who referred you to our company?		
	Do you have any friends or relatives wh	0 Work here? If yes please	
		yes, picas	
6.	Are you at least 18 years old?	Yes	No

7. If you are offered employment, when would you be available to begin work?

8. If hired, are you able to submit proof that you are legally eligible for employment in the United States? \_\_\_\_\_Yes No

9. Have you ever been convicted of a felony or misdemeanor?

\_\_\_\_\_Yes, I was convicted of \_\_\_\_\_\_on \_\_\_\_\_(date) in \_\_\_\_\_\_(city), \_\_\_\_\_\_(state)

\_\_\_\_No

## THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

10. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name:			
Supervisor Name:		1	
Address:	.1		
City/State/ZIP:	45		
Job Duties:			
Reason for Leaving:			
Dates of Employment	t (Month/Year):		
Employer Name:			
Supervisor Name:			
Address:			
City/State/ZIP:			
Job Duties:			
Reason for Leaving:			
Dates of Employment	(Month/Year):		
-			
Employer Name:	-		
Supervisor Name:			
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## CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Bowman's Oilfield Service,LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its President, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Bowman's Oilfield Service,LLC, except in a specific written contract of employment signed on behalf of the organization by its President, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

## APPLICANT SIGNATURE

DATE

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