

Spiradrill, Inc. March 1, 2022

SPIRADRILL, INC. APPLICANT INSTRUCTIONS

Thank you for your interest in employment with our Company. We appreciate your application, and look forward to the possibility of you joining our team. This sheet is for your information. Please read it carefully.

If you need any assistance or accommodation to facilitate the filling out of this form or during any of the application process, please contact Danielle Mitchell by email (danielle.mitchell@spiradrill.net) and, if possible without undue hardship, we will provide reasonable accommodation(s).

Please print all information clearly so it can be easily read. Be certain that all questions are **completely** answered. Incomplete information forms will not be considered. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you. If you need additional space, you may use the back of the form.

This application form is intended for use in evaluating your qualifications for employment. This is not a contract for employment. False or misleading information given in this form or during the interviewing process are grounds for terminating the application process or, if discovered after employment, for terminating employment. A background check and/or consumer report may be requested by the Company.

Employment decisions are made on the basis of qualifications to perform the work for which you are applying or other legitimate business factor. Qualifications include education, training, and work experience. Credentials and experience will be verified through schools, former employers, and any other applicable sources. As an Equal Opportunity Employer, we make decisions to hire and promote without regard to race, color, national origin, religion, sex (including pregnancy, sexual orientation, and gender identity or expression), age, disability, veteran status or other legally protected status.

You should understand that the position for which you are applying is considered at-will, which means that either you or the company can terminate employment for any reason or no reason at any time. No one except the company president has the authority to amend this agreement and then only if in writing and signed.

Our business is a subscriber to Workers' Compensation of Tex	cas.
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We appreciate your interest.

I have read and understood the above information.

Applicant Signature ______ Date _____





APPLICATION FOR EMPLOYMENT

	(Please Print	*)		
Position Desired		Date		
How did you learn about us?	☐ Friend ☐ Walk-In	☐ Relative ☐ O	ther	
Name (Last)	(First)	(Middle)		
Address	City	State	Zip	
Telephone Number(s)	En	nail		
Are you over 18 years of age? If you are under 18 years of age, ca	an you provide proof of your eligi	bility to work?	Yes Yes	☐ No ☐ No
Did you receive a copy of the Job Description for the position?			Yes	☐ No
Can you, with or without reasonal	ole accommodation, perform the	duties of the job?	Yes	☐ No
Are you subject to any agreement that could restrict your ability to perform the job? For example: nondisclosure, noncompetition Yes No and/or nonsolicitation agreements?			s? Yes	☐ No
Are you currently employed?		ontact your present employer		☐ No
If offered employment, can you submit proof of your identity and legal authorization to work in the United States? Proof of identity and work authorization will be required upon employment. Yes			es?	
On what date would you be availal	ble for work?			
Are you currently on "lay-off" status and subject to recall?			Yes	☐ No
Are you willing to travel or work overtime if a job requires it?		Yes	☐ No	
Have you ever been convicted or pled guilty or no contest to a felony offense?			Yes	☐ No
For purposes of employment with placed on probation (including de	-		t, paid fine, tin	ne served,
City/State	Cha	arge	·	
*Please explain:				

^{*}Conviction of a felony will not necessarily bar you from employment.



March 1, 2022



SPECIALIZED SKILLS

Please list any skills used or learned that may be applicable to the job position for which you are applying:			
-			
EDUCATION			
Highest grade completed in school or degree obtained? (include major)			
Name and location of last school attended:			
Current Certifications/Licenses held:			
List any names of friends or relatives currently employed by Spiradrill, Inc.			



WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

(last 10 years — attach additional sheets if necessary)

Start with your present or last job. You may also include any activities which you believe demonstrate your qualifications for the position applied. "See Resume" is not acceptable.

CURRENT OR MOST RECENT EMPLOYER:		
Name	Address	
Telephone	Supervisor	
Position	Duties	
Dates of Employment	Starting Salary	Ending Salary
Reason for leaving		
NEXT PREVIOUS EMPLOYER:		
Name	Address	
Telephone	Supervisor	
Position	Duties	
Dates of Employment	Starting Salary	Ending Salary
Reason for leaving		
NEXT PREVIOUS EMPLOYER:		
Name	Address	
Telephone	Supervisor	
Position	Duties	
Dates of Employment	Starting Salary	Ending Salary
Reason for leaving		



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, 11, 0	r a position that requires use of a vehicle while conducting ng a safe driving record and being insurable by Company's		
How many traffic violations have you had during the last	st two years?		
Drivers License Number:, State			
REFERENCES			
Name only those persons who are familiar with your work	k capabilities. Do not list relatives.		
Name	Phone		
Company	Email		
Position			
Name	Phone		
Company	Email		
Position	Years Known		
Name			
Company			
Position	Years Known		
application for employment and disclosure of responsive information, trade secrets, or proprietary information belon information, in the company information that is directly or proprietary information belon information, trade secrets, or proprietary information belon information.	until the position is filled or otherwise closed. Any applicant wishing ngs must submit new applications. e a pre-employment drug screening to be considered for employment. extended, I may be required to undergo a pre-employment physical to determine my ability to perform the essential functions of the job. apployment, become associated with or engage in any work or business or that otherwise conflicts with the best interests of the Company.		
my employment with Company.			
Signature of Applicant	Date		