

APPLICATION FOR EMPLOYMENT

| PERSONAL IN | FORMATION | | | | | | | |
|--|----------------------------|-------------------|----------------------------------|------------------|-------------------------|------------------------|-------------------------------|--|
| Last Name | First Name | | | | MI | Social Security Number | | |
| Address | | | City | | | State | Zip | |
| Home Telephone | | | | Altern | ative Telephon | e | | |
| Desired Position | ☐ Full Time ☐ Part Time | | | | Desired Pay | Date Available | | |
| EDUCATION | | | | | | | | |
| Type of School | Name of School | | | | # of Years Completed | Degree Awarded | Major/Degree | |
| High School | | | | | | | | |
| College | | | | | | | | |
| Business/Trade School | | | | | | | | |
| PROFESSIONAL REFERENCES | | | | | | | | |
| Name | | Title or Position | | | | Telephone Number | | |
| Name | | Title or Position | | | | Telephone Number | | |
| Name Title or Position | | | | Telephone Number | | | | |
| EMPLOYMENT HISTORY Please include all work experience for the past ten (10) years, beginning with your most recent position. Please include any dates of unemployment. | | | | | | | | |
| Employer | | | | | From (Month | /Year) | To (Month/Year) | |
| Address | | | City | | 1 | State | Zip | |
| Position Title | | Bas | Base Pay # of Hours Worked Per V | | | Veek | Reason for Leaving | |
| Supervisor Name | | Telepho | one Numbe | r | | _ | ntact this Employer? Yes □ No | |



| Employer | | From (Mont | th/Year) | To (Month/Year) | |
|--|-------------------|-----------------------|---|------------------------------------|--|
| Address | City | | State | Zip | |
| Position Title | Base Pay | # of Hours Worked Per | Week | Reason for Leaving | |
| Supervisor Name | Telephone Number | er | | contact this Employer? ☐ Yes ☐ No | |
| Employer | | From (Mont | th/Year) | To (Month/Year) | |
| Address | City | I | State | Zip | |
| Position Title | Base Pay | # of Hours Worked Per | Week | Reason for Leaving | |
| Supervisor Name | Telephone Number | er | May we contact this Employer? ☐ Yes ☐ No | | |
| Employer | | From (Mont | th/Year) | To (Month/Year) | |
| Address | City | | State | Zip | |
| Position Title | Base Pay | # of Hours Worked Per | Week | Reason for Leaving | |
| Supervisor Name | Telephone Number | l er | May we contact this Employer? ☐ Yes ☐ No | | |
| Have you ever pled guilty to or been converged (removed) or sealed by a court? (Morrison potential Candidates). Yes No If yes, pleas | n Oilfield Servic | | minal bac | | |

ACKNOWLEDGEMENTS AND CONSENTS

Please be advised that any false or misleading information provided on this employment application or during the preemployment process may result in retraction of the employment offer or termination of employment. Please read and initial each statement.



AUTHORIZATION TO OBTAIN CONSUMER REPORTS

I hereby authorize Morrison Oilfield Services, LLC. (the "Company") to obtain consumer reports (including motor vehicle reports, criminal records, education, prior employer verification, workers compensation claims and etc.) regarding me in connection with my application for employment or, if hired, my continuing employment. I understand, agree, and take notice that the Company may obtain and use consumer reports to evaluate my application for employment and whether to continue my employment with the Company. I further recognize that the reports I authorize the Company to obtain may contain inaccurate information that could form the basis for a decision by the Company not to employ me, and I hereby release the Company, its directors, officers, agents, employees and insurers, as well as the provider of the report(s), from any and all claims arising out of or relating to the decision not to employ me and/or any inaccuracies contained in such report(s).

| Print Legal Name: | |
|---|--|
| Date of Birth: | Social Security #: |
| Driver's License #: | State Issued: |
| Reporting Act (FCRA). Morrison Oilfield Services, employees and applicants without regard to race, reli | obtaining consumer report(s) as defined by the Fair Credit LLC. provides equal employment opportunities to all gion, color, sex, age, national origin, disability status status, veteran/military status or any other legally protected |
| Signature | Date |



| applicants for employment without reg | des Equal Employment Opportunity (EEO) to all employees and gard to race, religion, color, sex, age, national origin, disability l orientation, citizenship status, veteran/military status, or any other cteristic. |
|--|--|
| | forrison Oilfield Services, LLC., I acknowledge and understand her understand that either I or MOS may terminate my employment and with or without notice. |
| | or misleading information provided or omitted on the employment nt process may result in retraction of the employment offer or |
| I understand that I will be required to pr States upon selection and acceptance for | oduce proof of my identity and legal right to work in the United r employment. |
| pages or resumes) is subject to verificate credentialing bodies to release informate credentials, and abilities. I further agree | all of the information included in this application (or any attached ation. I authorize previous employers, listed references, agencies and ation to Morrison Oilfield Services, LLC. related to my employment, we to hold harmless any and all individuals, companies, agencies, and any factual information and/or documentation, as related to this |
| CONSENT FOR | ALCOHOL/DRUG SCREENING |
| urine, blood, and/or breath samples from drugs, and/or any controlled substances | Dilfield Services, LLC. and/or its agents/representatives to collect m me for the purpose of testing to determine the presence of alcohol, as defined by MOS and their Anti-Substance Abuse Policy, esses related to the elimination of substance abuse in the workplace. |
| deemed by MOS to have a need to accommay be disclosed to authorized members | see of any and all test results to those entities and/or persons seess such results. I further acknowledge and agree that such results ers of MOS management and/or customer entities as required, and rmining my employment or continued employment with MOS. |
| e , | refusal to submit to a drug and/or alcohol test, falsification of a test, ng positive on a test can and will result in retraction of the ation of employment. |
| understand that falsification of this information can | is true and correct to the best of my knowledge and belief, and and will result in retraction of the employment offer or termination nderstanding and acknowledgement of, and agreement to, the terms ation. |
| Signature of Applicant | Date |