

# APPLICATION FOR EMPLOYMENT

WISCO MORAN DRILLING COMPANY PROVIDES EQUAL EMPLOYMENT OPPORTUNITY FOR ALL QUALIFIED PERSONS WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS OR ANY OTHER CHARACTERISTIC PROTECTED BY APPLICABLE LAW. IT IS THE COMPANY'S INTENT TO MAKE REASONABLE ACCOMMODATIONS FOR QUALIFIED APPLICANTS. THIS POLICY ALSO APPLIES TO PROMOTION, DEMOTION, TRANSFER, LAYOFF, TERMINATION, SELECTION FOR TRAINING, RATES OF PAY AND ALL OTHER FORMS OF COMPENSATION AND BENEFITS. PLEASE COMPLETE THIS APPLICATION AND EMAIL TO APPLY@WISCOMORAN.COM

PLEASE PRINT CLEARLY & USE BLACK PEN ONLY

## PERSONAL INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
LAST FIRST MI

Present Address: \_\_\_\_\_  
NUMBER / STREET CITY / STATE ZIP

Social Security #: \_\_\_\_\_ Are you at least 18 years of age?  YES  NO

Driver's License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Commercial DL?  YES  NO

Can you, if offered employment, submit verification of your legal right to work in the United States?  YES  NO

In case of emergency, whom should we notify?

NAME	ADDRESS	PHONE #	RELATIONSHIP
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## OCCUPATIONAL INFORMATION

Position Applying for: \_\_\_\_\_

Salary required: \_\_\_\_\_ Date you are available: \_\_\_\_\_

Special skills or training that qualifies you for the type of work desired: \_\_\_\_\_

Are you currently employed?  YES  NO If yes, may we contact your present employer?  YES  NO

Have you previously worked for Wisco Moran or affiliated company?  YES  NO If yes, when? \_\_\_\_\_

Previous job title: \_\_\_\_\_ Previous location: \_\_\_\_\_

## GENERAL INFORMATION

Were you in the armed forces?  YES  NO If so, what branch? \_\_\_\_\_

Length of time (years) in the military service: \_\_\_\_\_ Rank at separation: \_\_\_\_\_

Briefly describe your duties: \_\_\_\_\_

Have you ever been convicted of a crime (Felony /Misdemeanor) within the past 7- years?  YES  NO

If yes, please explain: \_\_\_\_\_

**NOTE: A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM THE JOB FOR WHICH YOU ARE APPLYING. A CONVICTION WILL BE JUDGED ON ITS OWN MERITS WITH RESPECT TO TIME, CIRCUMSTANCES AND SERIOUSNESS.**

## EMPLOYMENT HISTORY

START WITH YOUR PRESENT OR LAST JOB. INCLUDE ALL EMPLOYERS FOR THE LAST **10 YEARS**. YOU MAY INCLUDE ANY MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES IF JOB RELATED. YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, HANDICAP OR OTHER PROTECTED STATUS.

Most Recent Employer: \_\_\_\_\_ Left: \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_  
Month / Year

Address / City, State: \_\_\_\_\_ Started: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_  
Month / Year

Type of Business: \_\_\_\_\_ Phone #: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_ His / Her Title: \_\_\_\_\_

Your Position: \_\_\_\_\_ Your Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Previous Employer: \_\_\_\_\_ Left: \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_  
Month / Year

Address / City, State: \_\_\_\_\_ Started: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_  
Month / Year

Type of Business: \_\_\_\_\_ Phone #: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_ His / Her Title: \_\_\_\_\_

Your Position: \_\_\_\_\_ Your Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Previous Employer: \_\_\_\_\_ Left: \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_  
Month / Year

Address / City, State: \_\_\_\_\_ Started: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_  
Month / Year

Type of Business: \_\_\_\_\_ Phone #: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_ His / Her Title: \_\_\_\_\_

Your Position: \_\_\_\_\_ Your Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Previous Employer: \_\_\_\_\_ Left: \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_  
Month / Year

Address / City, State: \_\_\_\_\_ Started: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_  
Month / Year

Type of Business: \_\_\_\_\_ Phone #: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_ His / Her Title: \_\_\_\_\_

Your Position: \_\_\_\_\_ Your Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**EMPLOYMENT HISTORY CONTINUED**

Previous Employer: \_\_\_\_\_ Left: \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_  
Month / Year

Address / City, State: \_\_\_\_\_ Started: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_  
Month / Year

Type of Business: \_\_\_\_\_ Phone #: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_ His / Her Title: \_\_\_\_\_

Your Position: \_\_\_\_\_ Your Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Left: \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_  
Month / Year

Address / City, State: \_\_\_\_\_ Started: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_  
Month / Year

Type of Business: \_\_\_\_\_ Phone #: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_ His / Her Title: \_\_\_\_\_

Your Position: \_\_\_\_\_ Your Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you ever discharged or asked to resign from any employment?  YES  NO

If Yes, Please explain: \_\_\_\_\_  
\_\_\_\_\_

Were you ever denied unemployment benefits for any reason?  YES  NO

If Yes, Please explain: \_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL REFERENCES**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Business Phone: \_\_\_\_\_

## EDUCATIONAL BACKGROUND

**High School:** \_\_\_\_\_ Graduated:  YES  NO

Address / City, State: \_\_\_\_\_ Yrs. Attended: \_\_\_\_\_ GPA: \_\_\_\_\_

**College:** \_\_\_\_\_ Graduated:  YES  NO

Address / City, State: \_\_\_\_\_ Yrs. Attended: \_\_\_\_\_ GPA: \_\_\_\_\_

Degree: \_\_\_\_\_ Area of Concentration (Major / Minor): \_\_\_\_\_

**College:** \_\_\_\_\_ Graduated:  YES  NO

Address / City, State: \_\_\_\_\_ Yrs. Attended: \_\_\_\_\_ GPA: \_\_\_\_\_

Degree: \_\_\_\_\_ Area of Concentration (Major / Minor): \_\_\_\_\_

**Vocational School:** \_\_\_\_\_ Graduated:  YES  NO

Address / City, State: \_\_\_\_\_ Yrs. Attended: \_\_\_\_\_ GPA: \_\_\_\_\_

Degree: \_\_\_\_\_ Area of Concentration (Major / Minor): \_\_\_\_\_

**Other Education:** \_\_\_\_\_ Graduated:  YES  NO

Address / City, State: \_\_\_\_\_ Yrs. Attended: \_\_\_\_\_ GPA: \_\_\_\_\_

Degree: \_\_\_\_\_ Area of Concentration (Major / Minor): \_\_\_\_\_

Are you currently enrolled in School?  YES  NO If Yes, Where: \_\_\_\_\_

Course(s): \_\_\_\_\_

Are you planning to Enroll in School?  YES  NO

**When**

**Where**

**What Course**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## PROFESSIONAL AFFILIATION

List Professional, Trade and / or Service Organizations with which you are or have been affiliated (other than those that would reflect race, religion, sex, age, marital status, national origin or veteran status):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**APPLICATIONS WHICH ARE INCOMPLETE AND ARE NOT LEGIBLE WILL NOT BE CONSIDERED. COMPLETION OF AN APPLICATION DOES NOT INDICATE THAT A POSITION IS OPEN OR THAT EMPLOYMENT IS OFFERED. APPLICATIONS ARE CONSIDERED ACTIVE FOR A PERIOD OF 90 DAYS, AFTER WHICH AN APPLICANT MUST REAPPLY TO BE CONSIDERED FOR EMPLOYMENT. APPLICANTS ARE CONSIDERED FOR EMPLOYMENT ONLY FOR THE POSITION FOR WHICH THE APPLICANT APPLIES.**

**FAIR CREDIT REPORTING ACT**  
**CONSUMER DISCLOSURE AND GENERAL AUTHORIZATION**

In connection with the review of my application for employment with Wisco Moran, I understand that a “consumer report” about me, as that term is defined in the federal Fair Credit Reporting Act, as amended, 15 U.S.C. §§ 1681 *et. seq.* (“FCRA”), may be requested by Wisco Moran from a consumer reporting agency (“CRA”). I understand that the consumer report may be used to evaluate my eligibility for hire with Wisco Moran. I further understand that a CRA must have my written consent before providing Wisco Moran with a “consumer report” about me. In general, I understand the report(s) may include, without limitation, information concerning my creditworthiness, credit standing, character, general reputation, personal characteristics, and/or mode of living.

In order to allow Wisco Moran to obtain such reports, I give my voluntary consent for a CRA to release such reports to Wisco Moran now, or at any time while I am being considered for employment by Wisco Moran or while I am employed by Wisco Moran. My signature below indicates my consent. I understand that giving my consent does not require Wisco Moran to hire me nor does it create any sort of contract, obligation, or duty between Wisco Moran and I.

**Please type “I Agree” in the Applicant Signature box.\***

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE OF SIGNATURE

\_\_\_\_\_  
FULL NAME PRINTED

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE OF BIRTH (MM / DD / YYYY)

\*Failure to type “I Agree” in the signature box will invalidate this application

## AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION

I, \_\_\_\_\_, hereby give consent to any and all current and prior employers of mine to provide the following information with regard to my employment with current or prior employers to Wisco Moran Drilling Company.

- (1) Dates and duration of employment;
- (2) Current or terminal pay rate and wage history;
- (3) Job description and duties;
- (4) The last written performance evaluation prepared prior to the date of this request;
- (5) Attendance information;
- (6) Results of drug tests administered within one (1) year prior to the date of this request;
- (7) Threats of violence, harassing acts, or threatening behavior related to the work place or directed at another employee;
- (8) Whether I was voluntarily or involuntarily separated and the reason(s) for the separation; and
- (9) Whether I am eligible for rehire.

This Authorization for Release of Employment Information shall be valid only for the length of time that my application with Wisco Moran is considered active but in no event longer than six (6) months after the date of my signature, below.

**Please type "I Agree" in the Applicant Signature box.\***

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\*Failure to type "I Agree" in the signature box will invalidate this application

**AGREEMENT (PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY)**

I understand and agree that Wisco Moran's consideration of my employment with Wisco Moran is contingent upon the following:

Answers to the above are true and complete, and any misrepresentation or omission will constitute sufficient cause for rejection of my application, or dismissal in the event of employment. I understand that in the event I receive a conditional offer of employment, I will be required to take a medical exam / drug test and successfully pass those elements of the exam that are job-related and consistent with business necessity. I also understand that all information obtained during this medical exam will be treated as a confidential medical record and will be maintained in a separate file for this purpose. I authorize Wisco Moran to contact previous employers, schools, and professional references to obtain any and all information which Wisco Moran considers relevant to the evaluation of my application for employment.

Should I be employed by the company, I authorize its representatives to furnish information regarding my employment at the company if such information is requested in the future. I release the company from any liability for any damage whatsoever resulting from furnishing this information.

In consideration of my employment, I agree to conform to the rules, regulations and policies of Wisco Moran and hereby acknowledge that my employment with Wisco Moran can be terminated at any time, with or without cause, at the option of Wisco Moran or myself. I further understand and acknowledge that nothing contained in the employee handbook or other Wisco Moran policies or procedures negates or modifies the foregoing and that no Manager or other representative of Wisco Moran has authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to the foregoing.

I certify that I am a genuine applicant for employment and that this application is being submitted solely for the purpose of such employment with Wisco Moran and no other reason.

**Please type "I Agree" in the Applicant Signature box.\***

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
APPLICANT PRINTED NAME

\_\_\_\_\_  
DATE

\*Failure to type "I Agree" in the signature box will invalidate this application

**Please save the completed application to your computer.  
Attach the completed form to an email message and send to:**

**[apply@wiscomoran.com](mailto:apply@wiscomoran.com)**

**You may also print the completed form and fax to:  
281-431-2689**