

Toll Free • 1-866-796-WELL  
Office • (928) 636-8006  
Fax • (928) 636-8007  
Email • Info@DrillTechAZ.com  
Web • www.DrillTechAZ.com

3320 N. Hwy 89  
Chino Valley, AZ 86323



**Bonded & Insured**

Drill Lic. #239  
Class A-4 #120370  
Class C-53 #277443

*Drilling & Pump Services in the  
greater Southwest Region!*

## APPLICATION QUESTIONNAIRE

DATE OF BIRTH \_\_\_\_\_

DO YOU HAVE CDL? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF NOT, WOULD YOU BE WILLING AND CAPABLE OF GETTING ONE  
WITHIN 30 DAYS? YES: \_\_\_\_\_ NO: \_\_\_\_\_

DO YOU HAVE A VALID AZ. DRIVERS LICENSE? YES: \_\_\_\_\_ NO: \_\_\_\_\_  
DRIVERS LICENSE # \_\_\_\_\_

DO YOU HAVE RELIABLE TRANSPORTATION TO WORK? YES: \_\_\_\_\_ NO: \_\_\_\_\_

DO YOU MIND WORKING OUT OF TOWN? YES: \_\_\_\_\_ NO: \_\_\_\_\_  
(WORK MAY REQUIRE THAT YOU STAY OUT OF TOWN FOR EXTENED PERIODS OF TIME)

DO YOU AGREE TO TAKE A PRE-EMPLOYMENT DRUG SCREENING? YES: \_\_\_\_\_ NO: \_\_\_\_\_

DO YOU UNDERSTAND THAT IT IS YOUR RESPONSIBILITY TO PAY FOR  
PRE- EMPLOYMENT DRUG SCREENING TEST? YES: \_\_\_\_\_ NO: \_\_\_\_\_

(CDL TEST COST: \$50.00 / NON CDL TEST COST: \$30.00)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**APPLICATION  
FOR  
EMPLOYMENT**

DRILL TECH, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

**PERSONAL INFORMATION**

**NAME:** (Last, First, Middle)

**DATE:**

\_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**HOME ADDRESS:**                      **CITY**    **STATE**    **ZIP**

\_\_\_\_\_

**HOME PHONE:**

**BUSINESS PHONE:**

\_\_\_\_\_

**CAN YOU PROVE U.S. CITIZENSHIP? – (CIRCLE ONE)    YES    NO**  
**IF NOT, A U.S. CITIZEN GIVE VISA NO. & EXPIRATION DATE:**

\_\_\_\_\_

**POSITION YOU ARE APPLYING FOR:**

**TITLE:**

**SALARY REQUIREMENT:**

\_\_\_\_\_

**REFERRED BY:**

**DATE YOU CAN START:**

\_\_\_\_\_

**EDUCATION RECORD**

**HIGH SCHOOL:** (NAME, CITY, STATE)

\_\_\_\_\_

**GRADUATION DATE:** \_\_\_\_\_

**BUSINESS OR TECH. SCHOOL:** (NAME, CITY, STATE)

\_\_\_\_\_

**DATES ATTENDED:**

**DEGREE MAJOR:**

\_\_\_\_\_

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### WORK HISTORY

(GIVE INFORMATION ABOUT YOUR LAST 3 JOBS, STARTING WITH THE MOST RECENT)

#### #1. – EMPLOYER

DATE TO:

FROM:

ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

TITLE / DUTIES: \_\_\_\_\_

MANAGER'S NAME AND TITLE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

#### #2. – EMPLOYER

DATE TO:

FROM:

ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

TITLE / DUTIES: \_\_\_\_\_

MANAGER'S NAME AND TITLE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

#### #3. – EMPLOYER

DATE TO:

FROM:

ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

TITLE / DUTIES: \_\_\_\_\_

MANAGER'S NAME AND TITLE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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### BUSINESS REFERENCES

**#1. – REFERENCE NAME:**

\_\_\_\_\_

WORK PHONE:

HOME PHONE:

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY:

STATE:

ZIP:

RELATIONSHIP TO YOU: \_\_\_\_\_

**#2. – REFERENCE NAME:**

\_\_\_\_\_

WORK PHONE:

HOME PHONE:

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY:

STATE:

ZIP:

RELATIONSHIP TO YOU: \_\_\_\_\_

**#3. – REFERENCE NAME:**

\_\_\_\_\_

WORK PHONE:

HOME PHONE:

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY:

STATE:

ZIP:

RELATIONSHIP TO YOU: \_\_\_\_\_

### PLEASE READ & SIGN

EMPLOYEE MUST BE 18 YEARS OLD & MUST HAVE VALID AZ. DRIVERS LICENSE TO WORK FOR DRILL TECH INC.  
EMPLOYEE MUST BE ABLE TO CONSISTENTLY PASS RANDOM DRUG SCREENINGS.  
EMPLOYEE MUST AGREE & UNDERSTAND THAT TESTING POSITIVE FOR DRUG USE WILL RESULT IN IMMEDIATE DISMISSAL.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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### **Employee Drug & Alcohol Screening Consent Form**

I consent to Drill Tech, Inc.'s request for a sample for the purpose of determining the presence of drugs, alcohol or other controlled substances and I authorize the selected laboratory, its physicians, technicians and laboratories to do so.

Further, I understand and consent that the results of those tests may be given, by the company's authorized laboratory and / or it's agent, to a Medical Review Officer (MRO) and / or a company designee for review. Based on the results, appropriate action, as per the company's Substance Abuse Policy, if necessary, will be taken.

Employee Name (Print) \_\_\_\_\_

Employee Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

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