



Kenai Drilling Limited

2651 Patton Way, Bakersfield, CA 93308
Phone: (661) 587-0117 Fax: (661) 587-0116

EMPLOYMENT APPLICATION

FOLLOW ALL INSTRUCTIONS CAREFULLY

1. Please print in ink.
2. Answer all questions completely.
3. All statements are subject to verification.
4. Your employment may depend on the accuracy and completeness of this form.

1. Position desired? _____	2. Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Were you ever forced to resign or fired from any employment? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, describe on reverse side)	4. Have you been convicted of a felony within the last seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Have you applied for work at Kenai Drilling before? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", when) _____		6. Have you ever worked for Kenai Drilling? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes") When? _____ Rig # _____ Where? _____		
8. Experience: Begin with your present or most recent position - List separately all positions you have held. Attach an additional sheet if necessary			EMPLOYER	
Dates of Employment		Occupations and Descriptions of Duties		Name, Address & Phone #
From: _____ To: _____ Month Year Month Year	Your Title: Your Duties: Your Supervisor: Reason for leaving:			
From: _____ To: _____ Month Year Month Year	Your Title: Your Duties: Your Supervisor: Reason for leaving:			
From: _____ To: _____ Month Year Month Year	Your Title: Your Duties: Your Supervisor: Reason for leaving:			
From: _____ To: _____ Month Year Month Year	Your Title: Your Duties: Your Supervisor: Reason for leaving:			
From: _____ To: _____ Month Year Month Year	Your Title: Your Duties: Your Supervisor: Reason for leaving:			
9. Education - Answer questions below:				
Circle highest grade completed		Did you graduate?		Please show names and locations of schools
Grammar School: 1 2 3 4 5 6 7 8		<input type="checkbox"/> Yes <input type="checkbox"/> No		
High School: 9 10 11 12		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College: 13 14 15 16 +		<input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Related Experience:			11. In case of emergency, contact:	
Classification		Years		
Drilling Foreman				
Driller		Name		Relationship
Derrick				
Motor		Address		Phone
Floor				
Mechanic		City		State Zip
Welder				
Other				
12. Certificate of applicant (Read carefully before signing) I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by Kenai unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom Kenai contacts, to provide Kenai any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to Kenai as well as from any use or disclosure of such information by Kenai or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment. In consideration of my employment, I agree to conform to the rules and standards of Kenai. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of Kenai. I understand that no employee or representative of Kenai, other than its president, has the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Further, the president of Kenai may not alter the at-will nature of the employment relationship unless the president and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this constitutes integrated agreement with respect to the at-will nature of my employment relationship, that it is final and fully binding, and that there are no oral or collateral agreements regarding this issue. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States, as well as the satisfactory completion of a post-offer drug and alcohol screen, medical examination, and functional capacity evaluation. Signature: _____ Date: _____				
13. Use other side of this form for explanations and additional remarks. Incomplete application forms will be rejected.				
City		Address		Position Desired
State		Social Security No.		Last Name
Zip Code		Phone #		First
				Middle
				Date: / /