

ATTENTION

All parts of this application must be completed in order to be fully considered for employment with our company.

Resumes can be attached and referred to as long as they contain ALL of the information that is requested in the employment history section on page 4 (wage, dates, etc.).

THANK YOU

ATENCION SI ESTE BUSCANDO TRABAJO:

Para trabajar aqui, se tiene que poder hablar y leer y escribir Ingles.

REQUERIDO PARA TRABAJAR AQUI:

Licencia de manejar del estado de Oregon (No Expirado).

**SCHNEIDER EQUIPMENT, INC.
& DRILLING CO.**

EMPLOYMENT APPLICATION PREREQUISITE

PRE-EMPLOYMENT CONSENT

I, _____,
authorize **SCHNEIDER EQUIPMENT, INC.** to conduct through its designated physician
or a laboratory testing facility a drug screening test as a requirement of employment.

In applying for employment, I understand that I have agreed to undergo a physical
examination as a requirement of such employment. I understand that a urine screening test
to determine the presence of one or more of those drugs may cause my rejection from
further consideration for employment.

I also understand that refusal to submit to the drug screening test will constitute voluntary
withdrawal of my application for employment.

SIGNED: _____

DATE: _____

I am applying for: _____ *(position description)*

PART-TIME: _____
(Describe days/hours available etc.)

SEASONAL: From: _____ To: _____

FULL TIME

**APPLICATION FOR EMPLOYMENT
SCHNEIDER EQUIPMENT, INC.
dba SCHNEIDER DRILLING CO.**

21881 River Road NE

St. Paul, OR 97137

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of non-job related medical condition or handicap.

DO NOT LEAVE ANY QUESTIONS UNANSWERED ON THIS OR THE FOLLOWING PAGES

PERSONAL INFORMATION

DATE:

NAME:

PRESENT ADDRESS:

PERMANENT ADDRESS: *STREET* *CITY* *STATE* *ZIP CODE*

STREET *CITY* *STATE* *ZIP CODE*

OTHER ADDRESSES
FOR PAST THREE
YEARS:

PHONE NO(s):

SOCIAL SECURITY NO.:

REFERRED BY:

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. of YEARS ATTENDED	MONTH & YEAR GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

LIST WELL DRILLING LICENSE(S) BY STATE BY STATE & NO.

DO YOU HAVE A CURRENT CPR/FIRST AID CARD? **Yes No**

DATE OF ISSUE:

US MILITARY SERVICE?:

RANK:

CURRENTLY IN NAT'L GUARD OR RESERVES?

ACTIVITIES OTHER THAN RELIGIOUS (CIVIC, ATHLETIC, FRATERNAL, ETC.):

Exclude organizations the name or character of which indicates the race, creed, color or national origin of its members.

SCHNEIDER EQUIPMENT, INC.

EMPLOYMENT APPLICATION

Name _____

Date _____

POSITION APPLYING FOR: _____

DATE YOU CAN START: _____

SALARY DESIRED: _____

ARE YOU EMPLOYED NOW? **Yes No**IF SO, MAY WE INQUIRE OF
YOUR PRESENT EMPLOYER?

APPLIED TO THIS COMPANY BEFORE? _____

WHERE _____

WHEN _____

LIST ANY HANDICAP THAT PREVENTS YOU FROM DOING CERTAIN KINDS OF WORK:

ARE YOU PHYSICALLY CAPABLE OF HEAVY MANUAL WORK FOR EXTENDED PERIODS?: **Yes No**
IF NOT, WHY?:

TIME LOST FROM WORK IN THE PAST THREE YEARS FOR ILLNESS & EXPLANATION:

WHAT IS YOUR HEIGHT?:

WHAT IS YOUR WEIGHT?:

DEFECTS IN HEARING?: **Yes No**IN SPEECH?: **Yes No**IN VISION?: **Yes No**GLASSES OR CONTACTS REQ'D FOR DRIVING?: **Yes No**FOR READING?: **Yes No**DO YOU MIND PERIODIC WORK AWAY FROM HOME?: **Yes No**DO YOU MIND OVERTIME WORK CONCENTRATED DURING THE PERIOD MAY 1ST TO SEPT. 1ST?: **Yes No**HAVE YOU WORKED UNDER LITTLE OR NO SUPERVISION ELSEWHERE?: **Yes No**

IF YES, DESCRIBE:

ARE YOU SELF MOTIVATED?: **Yes No**

WHAT ARE YOUR SHORT-TERM CAREER GOALS?:

WHAT ARE YOUR LONG-TERM CAREER GOALS?:

EMERGENCY CONTACT: _____ RELATIONSHIP: _____
HOME PHONE _____ WORK PHONE _____
ADDRESS _____**PERSONAL REFERENCES** (List two people, unrelated, whom you have known at least one year):

Name	Address	Business
Phone		years acquainted

Name	Address	Business
Phone		years acquainted

EXPERIENCE & QUALIFICATIONS:

ATTACH A COPY OF YOUR CURRENT DRIVER'S LICENSE. Copy both the front & back of the license.

DATE OF BIRTH (required for all commercial motor vehicle drivers): _____ / _____ / _____.

Can you provide proof of your age? _____ Are you a citizen of the United States? _____

Can you read, speak & write the English Language for daily reports, records, & communication? _____

DRIVER LICENSE(s)	STATE	LICENSE NO.	TYPE	EXP. DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? **Yes No**

B. Has any license, permit, or privilege ever been suspended or revoked? **Yes No**

If the answer to either A or B is yes, give or attach a statement with details.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (van, tank, flat, etc)	DATES		APPROX NO OF MILES (total)
		From	To	
Straight Truck				
Tractor and Semi trailer				
Tractor-two trailers				
Other				

List States operated in for last (5) five years: _____

Describe special courses or training that will help you as a driver: _____

ACCIDENT RECORD for the past (3) three years or more (attach sheet if more space is needed)

DATES	NATURE OF ACCIDENT (head-on, rear end, upset, etc.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS and forfeitures for the past (3) three years (other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

Have you ever been convicted of a criminal offense (felony or misdemeanor)? **Yes No**

If yes, please explain: _____

(Note: A conviction will not necessarily bar you from employment and will be considered only if it relates to the job duties).

SCHNEIDER EQUIPMENT, INC.

EMPLOYMENT APPLICATION

Name _____

Date _____

All applicants must be qualified to drive in interstate commerce with vehicle GVW's over 10,000 pounds. You must provide the following information on all employers that you worked for during at least the preceding 3 years (more is better).

The job covered by this employment application may involve driving vehicles with a GVW of over 26,000 pounds, which requires a Commercial Drivers License (CDL). CDL applicants must provide the following information on all employers that you worked for during at least the preceding 10 years (more is better).

(NOTE: List employers in reverse order starting with the most recent.)

EMPLOYMENT HISTORY—MUST BE COMPLETELY FILLED OUT

EMPLOYER	FROM (date)	TO (date)	POSITION HELD	SALARY
NAME				
MAILING ADDRESS	SUPERVISOR		PHONE NO.	
CITY & STATE	ZIP	REASON FOR LEAVING		

EMPLOYER	FROM (date)	TO (date)	POSITION HELD	SALARY
NAME				
MAILING ADDRESS	SUPERVISOR		PHONE NO.	
CITY & STATE	ZIP	REASON FOR LEAVING		

EMPLOYER	FROM (date)	TO (date)	POSITION HELD	SALARY
NAME				
MAILING ADDRESS	SUPERVISOR		PHONE NO.	
CITY & STATE	ZIP	REASON FOR LEAVING		

SCHNEIDER EQUIPMENT, INC.
EMPLOYMENT APPLICATION

Name _____

Date _____

EMPLOYER	FROM (date)	TO (date)	POSITION HELD	SALARY
NAME				
MAILING ADDRESS	SUPERVISOR		PHONE NO.	
CITY & STATE	ZIP	REASON FOR LEAVING		

EMPLOYER	FROM (date)	TO (date)	POSITION HELD	SALARY
NAME				
MAILING ADDRESS	SUPERVISOR		PHONE NO.	
CITY & STATE	ZIP	REASON FOR LEAVING		

EMPLOYER	FROM (date)	TO (date)	POSITION HELD	SALARY
NAME				
MAILING ADDRESS	SUPERVISOR		PHONE NO.	
CITY & STATE	ZIP	REASON FOR LEAVING		

EMPLOYER	FROM (date)	TO (date)	POSITION HELD	SALARY
NAME				
MAILING ADDRESS	SUPERVISOR		PHONE NO.	
CITY & STATE	ZIP	REASON FOR LEAVING		

SCHNEIDER EQUIPMENT, INC.

EMPLOYMENT APPLICATION

Name _____

Date _____

Fill out the columns for “Formal Training”, “Experience”, and “Capability” after each type of work activity listed using the following key:

For training & experience

0 = none

1 = little (less than 6 months)

2 = some (6 months to 3 years)

3 = lots (at least 3 years)

For Capability

P= Poor

F = Fair

A = Average

AA = Above Average

Type of Work	Formal Training	Experience	Capability
Computer, Spreadsheets			
Computer, Word Processing			
Computer, Graphing			
Computer, Cad			
Computer, Database			
Computer, Scheduling			
Computer, Contact Management			
PLC's			
Construction, concrete, rebar placement			
Construction, concrete, forming			
Construction, concrete, finishing			
Construction, masonry, block			
Construction, masonry, brick			
Construction, carpentry, framing			
Construction, carpentry, finishing			
Construction, carpentry, roofing			
Construction, surveying			
Electrical, House wiring			
Electrical, Electro-mechanical controls			
Electrical, solid state			
Electrical, Liquid level controls			
Electrical, Telemetry			
Electrical, D. C. circuits			
Electrical, motors, submersible, trouble shooting			
Electrical, motors, single phase, trouble shooting & repair			
Electrical, motors, three phase, trouble shooting & repair			
Electrical, VFD operation & troubleshooting			
Electrical, soft start troubleshooting & repair			

For training & experience

0 = none

1= little (less than 6 months)

2 =some (6 months to 3 years)

3 = lots (at least 3 years)

For Capability

P= Poor

F = Fair

A = Average

AA = Above Average

Type of Work	Formal Training	Experience	Capability
Equipment operation, crane truck, Size:			
Equipment operation, backhoe			
Equipment operation, trackhoe			
Equipment operation, bobcat			
Equipment operation, crawler/dozer			
Equipment operation, forklift			
Equipment operation, pump setting rig			
Equipment operation, drill rig, cable			
Equipment operation, drill rig, rotary, mud			
Equipment operation, drill rig, rotary, air			
Equipment operation, drill rig, reverse circulation rotary			
Machinist, drill press			
Machinist, lathe			
Machinist, shaper			
Machinist, mill			
Mechanic, Diesel engine			
Mechanic, Gas engine			
Mechanic, Hydraulic			
Mechanic, Pump			
Mechanic, Other:			
Pilot operated control valves (water), troubleshooting & repair			
Pipeline installation, PVC			
Pipeline installation, concrete			
Pipeline installation, cast/ductile iron			
Plumbing, domestic water systems			
Plumbing, fabricated steel			
Plumbing, cast/ductile iron			
Plumbing, copper			
Plumbing, PVC			
Plumbing, drainage			

Type of Work	Formal Training	Experience	Capability
Pump Installation, Jet			
Pump Installation, Submersible up to 5HP			
Pump Installation, Submersible over 5HP			
Pump Installation, Vertical Turbine			
Plasma cutter			
Torch, oxy-acetylene			
Welding, arc, stick			
Welding, wire feed			
Welding, gas, brazing			
Welding, gas, soldering			
Welding, gas, aluminum			

TO BE READ AND SIGNED BY APPLICANT:

This certifies that I personally completed this application, and that all entries on it and information in it are true, complete and correct to the best of my knowledge.

I authorize Schneider Equipment, Inc. to make any investigations and inquiries of my personal, criminal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. I therefore release any past and present employers, schools, or persons from all liability in responding to inquiries in connection with this application.

You are hereby being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, 391.25 and 40.25 of the Federal Motor Carrier Safety Regulations.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in disciplinary action, up to and including discharge, regardless of how much time has elapsed since the date I was employed.

Applicant's Signature

Date

Print Name

Social Security Number

FOR SCHNEIDER EQUIPMENT, INC. USE

Interview by:	Drug tested:
Date interviewed:	Employment begins:
Driving record:	Division:
Hired by:	Position:
Date hired:	Wage: