

**Triple J Oilfield Services, Inc.
Triple J Transport, Inc.
PO Box 1665
Mission, TX 78573**

Employment Application and Questionnaire

Name in Full _____
(First) (Middle) (Last)

Present Address: _____

Permanent Home Address: _____

Social Security Number: _____ Phone Number _____

Date of Birth: _____ No. of Dependents _____ Marital Status _____

Height: _____ Weight: _____

Do you have relatives employed by this Company? _____ If yes, name of relative and relationship _____

Person to notify in case of accident, phone number and address _____

Type of Drivers License _____ Drivers License Number _____

Expiration Date _____ State Issuing License _____

Restrictions on License _____

Will you abide by the safety and vehicle operating rules of the company? _____

Have you ever been convicted of a felony? _____ If so, give date and details _____

Have you ever had First Aid Training? _____ Type of training _____

Date of training _____

Have you had a physical examination in the past 5 years? _____ Date _____

Reason for examination _____

To your knowledge, do you have or have you ever had any of the following ailments?

Rupture? _____ Kidney Trouble? _____ Back Trouble? _____

Epilepsy? _____ Dizziness? _____ Rheumatism or Arthritis? _____

Defective Sight? _____ Defective Hearing? _____ High Blood

Pressure? _____ Heart Disease? _____ Silicosis or

Tuberculosis? _____ Illness due to working with chemicals? _____

Skin Eruptions? _____ Metal Fever? _____ Others? _____

Lead poisoning? _____ Any other ailments which might affect your work? _____ If so explain _____

Have you any physical deformities or disabilities? _____ If so, explain

Have you ever been injured at work? _____ If so, give nature of
injury(ies), employer(s), year(s) and cause(s) of
injury(ies) _____

Have you ever been paid Workers' Compensation because of an injury? _____
If injured while in the employment of this Company will you accept the
medical facilities recommended? _____

Work Experience: Give NAME and ADDRESS of FOUR LATEST
EMPLOYERS, KIND OF WORK AND DATES OF EMPLOYMENT.

1. _____

2. _____

3. _____

4. _____

I understand that I may be requested to work nights, weekends and/or
holidays in certain situations, and my refusal to do so, without cause, might
be grounds for dismissal.

Job category requested: _____

(Date)

(Signature)

**Triple J Oilfield Services, Inc.
Triple J Transport, Inc.
PO Box 1665
Mission, TX 78573**

All employees are subject to Criminal Background checks. This will include checking background history for:

Violent crimes.

Crimes involving dishonesty.

Theft

Verbal abuse or threatening behavior.

Commission of a crime with a motor vehicle.

Drug related crimes.

I hereby submit to this background check upon being hired by Triple J Oilfield Service, Inc./Triple J Transport, Inc.

Employees Name _____ Date _____

Social Security # _____ Drivers Lic # _____

Employee Signature _____

Witness Signature _____

**Triple J Oilfield Services, Inc.
Triple J Transport, Inc.
PO Box 1665
Mission, TX 78573**

My initial and continued employment is dependent upon my compliance with the terms and conditions of the Company Policy for elimination of Substance Abuse in the workplace, including controlled substances and/or alcohol; Section 7.10 of the Texas Workers Compensation Commission Act; and /or the United States Department of Transportation 49 CFR Part 40 covering transportation workplace; 49 CFR part 391, covering surface transportation; 49 CFR part 199, covering Natural Gas and Hazardous Liquid Pipeline Operations.

Agreement to the above cited policies and regulations authorizes the company to collect a urine or other specimen as cited in the Company policy for the purpose of administering a controlled substance/alcohol test in accordance with company policy at the time and location determined by the company, and to obtain the results from the testing agency or laboratory.

In the event my specimen tests positive and is confirmed positive for the presence of a controlled substance or substances, and/or alcohol, I understand that my employment may be terminated. Any further consideration for employment will be in accordance with the terms and conditions in the company substance abuse policy.

The results of the test will be reported by the testing laboratory to the Medical Review Officer who will report the test results to the designated company officer and the Substance Abuse Program Administrator for the company for record keeping. These results will not be released to any additional parties without express written permission of the employee names below.

I hereby agree to submit a controlled substance an/or alcohol test upon demand by the company.

Employees Name _____ Date _____

Social Security # _____ Drivers Lic # _____

Employee Signature _____

Witness Signature _____