



# SYDCO SYSTEM INC.

ROTATING HEAD & HARDBANDING CO.

Ph.(580) 592-4851 Fax (580)592-450 P.O. Box 9, Foss, OK 73647

## APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

We consider applicant's for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

### PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI

Address: \_\_\_\_\_ Apt/Unit # \_\_\_\_\_  
Street Address  
City State Zip Code

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_.com

Position Applied For: \_\_\_\_\_ Desired Pay: \_\_\_\_\_

Special Qualifications: \_\_\_\_\_ Availability: \_\_\_\_\_

Are you 18 years or older?  Yes  No Do you have a Valid Okla. Driver's License?  Yes  No

Are you a citizen of the U. S.?  Yes  No If No, are you authorized to work in the U.S.?  Yes  No

Have you been convicted of a misdemeanor or a felony within the last 7 years?  Yes  No

If yes, please describe \_\_\_\_\_

If hired, are you willing to obtain a MVR?  Yes  No

Are you willing to sign a non-disclosure form?  Yes  No

Are you willing to sign a non-solicit agreement?  Yes  No

Are you capable of lifting up to 75 lbs?  Yes  No

Are you allergic to corrosive materials, such as paint thinner and/or paint?  Yes  No

Can you travel and/or spend night(s) away from home if a job requires it?  Yes  No

May we contact your present employer?  Yes  No

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### DRIVING INFORMATION

Do you have a clean driving record?  Yes  No

Have you ever been denied, or had revoked or suspended any license, permit, or privilege to operate a motor vehicle?  Yes  No

If yes, please describe \_\_\_\_\_

Please list all drivers licenses held in past 3 years and indicate those that are current:

State	License Number	Class	Restrictions	Endorsements	Expiration
_____	_____	_____	_____	_____	_____/_____/_____
_____	_____	_____	_____	_____	_____/_____/_____

Please list all traffic convictions and forfeitures for past 3 years: (Other than parking)

Date	Location (City, State)	Charge	Penalty
_____/_____/_____	_____	_____	_____
_____/_____/_____	_____	_____	_____
_____/_____/_____	_____	_____	_____

Please list all traffic accidents for the past 3 years:

Date	Location (City, State)	Charge	Penalty
_____/_____/_____	_____	_____	_____
_____/_____/_____	_____	_____	_____
_____/_____/_____	_____	_____	_____

List Special Training Related To Transportation: \_\_\_\_\_

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## EDUCATION

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Number of Years Attended \_\_\_\_\_ Did you graduate?  Yes  No  GED

College: \_\_\_\_\_ Address: \_\_\_\_\_

Number of Years Attended \_\_\_\_\_ Did you graduate?  Yes  No Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

Number of Years Attended \_\_\_\_\_ Did you graduate?  Yes  No Degree: \_\_\_\_\_

## REFERENCES (NON FAMILY MEMBERS)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known \_\_\_\_\_

Company: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known \_\_\_\_\_

Company: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known \_\_\_\_\_

Company: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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## EXPERIENCE – Please list current employer first

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

List your duties \_\_\_\_\_

Employed from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?  Yes  No

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

List your duties \_\_\_\_\_

Employed from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?  Yes  No

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

List your duties \_\_\_\_\_

Employed from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?  Yes  No

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## DISCLAIMER AND SIGNATURE

I understand that The SydCo System, Inc. is under no obligation to hire me, and that any employment I am offered will not be for any specified period of time, and that my employment is terminable by either party at will, with or without notice or cause, and that no representative of The SydCo System, Inc. has the authority to enter into any agreement with me contrary to the foregoing. I understand that nothing contained in my employment applications, or in granting of an interview, is intended to create an employment contract between The SydCo System, Inc. and myself for either employment or for the providing of any benefit. I understand that none of the benefits or policies in any handbook issued to me by The SydCo System, Inc. are intended by reason of its publication to confer any rights or privileges to any benefits or policies, or to entitle me to remain employed by The SydCo System, Inc. or to change my status as an "at will" employee. I understand that all statements and provisions in the handbook are procedural or are guidelines and The SydCo System, Inc. has the right to change any policy, benefit, or procedure at any time without notice.

I understand I will be required to submit to and pass a drug test or other tests, as required, as a condition of pre-employment and thereafter as warranted by The SydCo System, Inc.'s policy and/or federal regulations. I understand The SydCo System, Inc. may contract with a third party to assist in the administration of drug and alcohol testing and agree to this party being provided with all information to which The SydCo System, Inc. is entitled and subject to the same confidentiality requirements as The SydCo System, Inc. I further understand that any offers made to me will be contingent on the results of the test. A positive reading from the tests will automatically null and void any offers or considerations made to me. In accordance with the provisions of 49 CFR Part 382.413, I hereby authorize and require the employers specifically listed by me on page 3 and 4 of this application to release the results (including any refusal to test) to The SydCo System, Inc. of all drug and alcohol tests taken by me pursuant to the provisions of 49 CFR while in their employ. This includes any drug or alcohol screen completed by you, the applicant, for potential employment. I further release and agree to hold harmless each specifically listed previous or current employer as well as any employee, agent, or representative thereof from all liability or damage that may arise from the release of these results. If employed, I agree to abide by and observe all Company rules and regulations. I consent and agree that The SydCo System, Inc. has the right to search my personal property located on The SydCo System, Inc. property along with The SydCo System, Inc. desks, filing cabinets, vehicles, tool boxes, etc., for the purpose of investigating possible violations of Company rules.

It is understood that an investigative consumer report pursuant to the Fair Credit Reporting Act may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and way of living. By signing this application, I hereby consent to The SydCo System, Inc. obtaining such a report. I hereby authorize The SydCo System, Inc. to obtain any medical documentation or information concerning my past or present medical history after a job offer is made and release all persons contacted from any liability or damages. I specifically authorize employers listed on this application to release to The SydCo System, Inc. any Drug and Medical test results. I hereby authorize, without liability, any person or organization, including but not limited to any educational institution, training facility or any institution, whose name I have given as a reference, or by whom I have been previously employed, to furnish The SydCo System, Inc. any information they may have concerning my employment or training and to give such information to other companies and carriers requesting such information. I hereby release all such persons and organizations from any claims for damages of any kind, which may occur to me by reasons of furnishing such information. I hereby authorize any law enforcement agency or court of record to furnish The SydCo System, Inc. information concerning my Motor Vehicle Record, or any felony or misdemeanor of which I have been convicted. My signature below certifies that I have personally completed this application and that all information contained within it is correct to the best of my knowledge. I understand that deliberate falsification of this information would be grounds for termination in accordance with the policy of this organization.

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Print Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### FOR OFFICE USE ONLY

Date Interviewed: _____	PU: _____
First Impression: _____	CP: _____
Date Contacted: _____	CMSN: _____
Date Hired: _____	Comments: _____
Salary: _____	_____

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