



Employment Application

Please Print

An Equal Opportunity and Affirmative Action Employer

Today's Date (Month/Day/Year): ____/____/____

Position Applying for: _____

Birth Date (Month/Day/Year): ____/____/____

Salary Desired: _____

How were you referred to us? _____

Last Name:

First Name:

Middle Initial:

Current Address

Number & Street:

City:

State:

Zip:

Home phone:

Mobile/Other:

E-mail:

Date Available to Start:

Are you at least 18 years old? (If under 18, employment is subject to verification that you are of minimum legal age.)

Yes No

Have you ever worked for this company? Yes No If yes, when?

Do you have any friends or relatives working for this company? Yes No

What, if any, foreign languages do you read, speak or write fluently?

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?

Yes No

CHARGE

Type of employment desired: Full-Time Part-Time Temporary Seasonal

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

If yes, give dates and details:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The seriousness and nature of the offense, date of the violation, and the relevance of the offense to the position applied for will be considered.)

List any skills, training, or qualifications you feel make you especially suited for this position:

Employment History (starting with most recent position)

Dates of Employment: From ___/___/___ To ___/___/___ Your Position: _____

Name of Employer: _____ Telephone No.: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Your Supervisor and Title: _____

Your Duties and Responsibilities:

Reason for Leaving:

May we contact this employer for a reference? Yes No



Dates of Employment: From ___/___/___		To ___/___/___		Your Position: _____	
Name of Employer:			Telephone No.:		
Address:		City:		State:	Zip:
Phone:		Your Supervisor and Title:			
Your Duties and Responsibilities:					
Reason for Leaving:					
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Dates of Employment: From ___/___/___		To ___/___/___		Your Position: _____	
Name of Employer:			Telephone No.:		
Address:		City:		State:	Zip:
Phone:		Your Supervisor and Title:			
Your Duties and Responsibilities:					
Reason for Leaving:					
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Note: Attach additional page(s) if necessary					
<p>I certify that the answers given by me are true and correct to the best of my knowledge and understand that any omission or misstatement of information on this application shall be grounds for rejection of this application or for immediate discharge if I am employed. I authorize you to investigate my references, employment record, education, and other related matters as may be necessary for an employment decision. I hereby release the Company, former employers, schools, and all other individuals from all liability when responding to inquiries connected with my application.</p>					
Date (Month/Day/Year): ___/___/___				Applicant's Signature: _____	



CHARGE
Equal Employment Opportunity Information
Self-Identification

CHARGE Inc is considered a Federal contractor or subcontractor in terms of doing business with the US government and other prime contractors. We are required to gather and maintain certain information on individuals who reside in the US who apply for employment with us. (Those who don't reside in the United States may disregard this document.) To assist CHARGE in maintaining accurate employment records and comply with federal government reporting requirements, your assistance is requested. The information you provide (below) is considered entirely voluntary and confidential, and will be used only for data reporting requirements. If you choose not to self-identify, your employment status will not be affected in any way.

CHARGE is an Equal Employment Opportunity employer. We conduct all employment-related activities without regard to race, color, sex, religion, age, national origin, disability, veteran status, sexual orientation or any other classification protected by applicable State or Federal employment discrimination laws.

Please check the categories, which apply to you:

GENDER (SEX) INFORMATION: **Male** **Female**

RACE/ETHNIC GROUP INFORMATION:

- Hispanic (Latino):** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Black (African American) not of Hispanic Origin:** All persons having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander:** All persons having origins in Hawaii, Guam, Samoa, or Pacific Islands.
- Asian (Not Hispanic or Latino):** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, including, For Example, , for example, China, Japan, Korea, the Philippine Islands, Samoa and India.
- American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- White, not of Hispanic Origin:** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Two or More Races (Not Hispanic or Latino)** – all persons who identify with more than one of the above five races.
- Decline to State**

Printed Name: _____ **Date:** _____

Signature: _____



EMERGENCY CONTACT INFORMATION

Name _____

Emergency Contact Info:

(1) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

(2) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

I have voluntarily provided the above contact information and authorize MDR Inc/Accu-Bore Directional Drilling employees and its representatives to contact any of the above on my behalf in the event of an emergency.

I choose not to furnish any emergency contact information to MDR Inc at this time.

Employee Signature _____ Date _____



A Public Service Agency

EMPLOYER PULL NOTICE PROGRAM
AUTHORIZATION FOR
RELEASE OF DRIVER RECORD INFORMATION

I, _____, California Driver License Number, _____,
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving
record, to my employer, _____ CHARGE
COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at
least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension,
revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code
(CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my
driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY COUNTY STATE

DATE SIGNATURE OF EMPLOYEE
X

I, _____ of _____
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of
this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am
requesting driver record information on the above individual to verify the information as provided by said individual. This
record is to be used by this employer in the normal course of business and as a legitimate business need to verify information
relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any
unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal
Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five
thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I
understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to
CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY COUNTY STATE

DATE SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE
X

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program
you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website
at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND
MADE AVAILABLE UPON REQUEST TO DMV STAFF.

DO NOT RETURN THIS FORM TO DMV.

DISCLOSURE AND AUTHORIZATION

FOR CONSUMER REPORTS

In connection with my application for employment (including contract or volunteer services) with CHARGE, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: Compliance Dept. ("Agency"), 1192 East Draper Parkway suite #232, Draper, UT 84020. Telephone number 800-883-9621, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (MST) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

In connection with my application for employment, I direct the following regarding my current employer: (please check one).
Yes, my current employer may be contacted _____ / No, my current employer cannot be contacted _____

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights
_____ (initials).

Printed Name: _____

Signature: _____

Date: _____

For identification purposes:

Social Security No.: _____; Date of Birth: _____.

Drivers License No.: _____; State of Issue: _____.