



## Employment Application

Please Print

An Equal Opportunity and Affirmative Action Employer

Birth Date (Month/Day/Year): \_\_\_/\_\_\_/\_\_\_

Position Applying for: \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Salary Desired: \_\_\_\_\_

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



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			
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.			
Date (Month/Day/Year): ___/___/___		Applicant's Signature: _____	



## MDR Incorporated Equal Employment Opportunity Information Self-Identification

MDR 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 MDR 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.

MDR 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.

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**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, \_\_\_\_\_
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.

**Authorization of Background Investigation**

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc. (“HireRight”), and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period from HireRight and/or other consumer reporting agencies.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize all of the following, without limitation, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local agencies, learning institutions (including public and private schools, colleges and universities), testing agencies, information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

**California, Minnesota or Oklahoma applicants only:** Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

Applicant First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ Date \_\_\_\_\_

Full Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_