



# FRONTIER DRILLING

## Employment Application (Please print clearly)

RIG NUMBER: \_\_\_\_\_

NAME IN FULL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_

NAME

PHONE NUMBER

POSITION APPLYING FOR: \_\_\_\_\_ YEARS EXPERIENCE \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE USA? YES \_\_\_\_\_ NO \_\_\_\_\_

EDUCATION ACHIEVED: HIGH SCHOOL \_\_\_\_\_ COLLEGE \_\_\_\_\_ OTHER \_\_\_\_\_

### IMPORTANT: GIVE NAME & ADDRESS OF LAST EMPLOYERS

EMPLOYER	ADDRESS AND/OR PHONE	TYPE WORK	EMPLOYED		REASON FOR LEAVING
			from	to	

### HAVE YOU EVER HAD AN INJURY ON THE JOB?

### ...IF YES PLEASE EXPLAIN BELOW:

APPROXIMATE DATE OF INJURY	EMPLOYER TIME OF INJURY	NATURE OF INJURY	WERE YOU DISABLED?	TIME OFF WORK	WAS A CLAIM FOR BENEFITS FILED?

### PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY PRIOR TO SIGNING THIS APPLICATION

I hereby apply for employment with FRONTIER DRILLING LLC (hereinafter referred to as EMPLOYER). I specifically verify that all the information provided in the EMPLOYMENT APPLICATION is true, complete and accurate.

I understand and agree that the omission or misrepresentation of any fact in the EMPLOYMENT APPLICATION will be sufficient reason for the EMPLOYER to deny me employment. I also understand and agree that should I become employed by the EMPLOYER and it is later discovered that I have omitted or misrepresented any fact in this EMPLOYMENT APPLICATION, in any supplement thereto, or any other corporate record, EMPLOYER may immediately terminate my employment upon discovery of such omission or misrepresentation.

I will abide by the Policies and Procedures of the Employer. Failure to abide by these rules could result in immediate termination.

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_