

Application for Employment

Please answer all questions completely and print name clearly.

Date:	Email:			
Name:				
Last	First	Middle Initial		
Address:				
Number & Street	City	State Zip Code		
Cell Phone:	Home/Other Pho	ne#		
Are you legally authorized to work in the U.S.?	Yes NoState ag	e if under 18		
GI	ENERAL INFORMATION			
Position applying for Preferred Shift(s): 1st 🔲 2nd 🔲 3rd 🗌		Part Time 🗌 Full Time 🗌 Date available to start work		
Have you ever applied to Viking Drill & Tool befor Have you ever been employed by Viking Drill & Do any of your Family/Friends works at Viking D	re? Yes ☐ No ☐ Tool? Yes ☐ No ☐	If Yes, When? If Yes, When? If Yes ,Please state:		
Name: Name: How did you find out about us? Voluntary	Relationship: Relationship:			
Job Posting (Specify job)]		
EDU	CATIONAL BACKGROUN	ND		

EDUCATION: High School, College, Graduate, Trade School & Other Specialized Training

Name or School and Location	Degree or Diploma	Field of Study	Overall Grade Average
			,

Other specialized training

REFERENCES				
List below the names of three persons not related	d to you, whom you have known at least one year.			
Name	Address/Phone#			
Name	Address/Phone#			
Name	Address/Phone#	AFE100		

EMPLOYMENT HISTORY

Please list all Part-time and Full-time positions, start with most recent position first.

(Use an additional sheet of paper if necessary)

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Dates from Month Year	Name of Employer	Phone Number	Job Title
Dates to Month Year	Address of Employer	May We Contact This Employer?	Name of Supervisor
	Description of Duties		Reason for Leaving
Dates from Month Year	Name of Employer	Phone Number	Job Title
Dates to Month Year	Address of Employer	May We Contact This Employer?	Name of Supervisor
	Description of Duties		Reason for Leaving
Dates from Month Year	Name of Employer	Phone Number	Job Title
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Dates to Month Year	Address of Employer	May We Contact This Employer?	Name of Supervisor
	Description of Duties		Reason for Leaving
		1	

COMMENTS & ACCOMPLISHMENTS

Please highlight any specific experiences, achievements or special capabilities which you feel will uniquely qualify you for employment.

Date__

Signature:

Print Name: ____

Notice to Applicants

Please be advised that offers of employment with Viking Drill & Tool are not effective unless and until they are communicated to an applicant in writing by an authorized company representative. In addition, all offers of employment are conditioned on an applicant successfully passing a pre-employment background check and drug test. All applicants selected for an interview will be asked to disclose any record of criminal convictions that may be deemed disqualifying by the Company. Please do not provide or share with us any criminal convictions information unless and until you are selected for an interview and the same is requested from you.

Application Certification

By my signature below, I confirm that everything stated in this Employment Application is entirely truthful, complete and accurate. I understand and agree that any failure on my part to provide truthful, complete and accurate information in the course of any interviews, communications with Company personnel, or other activities related to my pursuit of a position with Viking Drill & Tool, shall be legitimate and just grounds for rescinding any employment offer extended to me by Viking Drill & Tool or terminating any position of employment obtained by me with the Company, regardless of when and how the Company learns of any misrepresentation or omission by me.

I understand and agree no offer of employment with Viking Drill & Tool is effective unless and until it is provided to me in writing and signed by an authorized representative of the Company. I understand that no other statement, comment or representation made by anyone at Viking Drill & Tool is a binding offer of employment, and that I should not and will not rely on the same in making any changes in my employment, residency, or other life circumstances.

I also understand and agree that any employment I obtain with Viking Drill & Tool will be atwill, meaning that either I or the Company can terminate the employment relationship at any time, with or without notice, for any lawful reason or no reason, without recourse by either of us. I understand and agree that the at-will nature of the employment relationship may be changed only in a written agreement signed by the Company President.

Date_____

Print Name_____