

P.O. Box 1976  
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 (307)857-5505  
 Fax (307)857-5711

[www.rrrigservice.com](http://www.rrrigservice.com)

**Employment Application**

Successful applicants must pass pre-employment drug screening and submit a valid Motor Vehicle Report (MVR)

CDL applicants must meet a **minimum age** requirement of **23** years due to insurance guidelines.

Must have a valid driver's license.

**Applicant Information**

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

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

Mailing Address (if different from above): \_\_\_\_\_  
Address City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Date Available: \_\_\_\_\_ SSN: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Company Applying To:  CC&T (Trucking)  Majors Equipment (Construction)  R&R Rig Service (Oilfield)

Position Applied For: \_\_\_\_\_

	Yes	No		Yes	No
Are you a citizen of the United States?	<input type="checkbox"/>	<input type="checkbox"/>	If no, are you authorized to work in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No		Yes	No
Have you ever applied to this company?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever worked for this company?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No		Yes	No
Can you handle heavy lifting?	<input type="checkbox"/>	<input type="checkbox"/>	Can you work in varying weather conditions?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No		Yes	No
Can you travel, if required?	<input type="checkbox"/>	<input type="checkbox"/>	Can you stay overnight, if required?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No		Yes	No
Can you work overtime (40+hrs./wk.)	<input type="checkbox"/>	<input type="checkbox"/>	Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No		
Do any of your friends or relatives work here?	<input type="checkbox"/>	<input type="checkbox"/>			
If yes, state name and relationship:	_____				

Are you available to work  Full Time  Part Time  Yes  No Do you have a valid WY Driver's License?  Yes  No  
 If yes, license number: \_\_\_\_\_ Class: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No  MVR ATTACHED (see above)  
 If yes, please explain: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

**Education**

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Years Completed (circle): 9 10 11 12

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Years Completed (circle): 1 2 3 4

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Years Completed (circle): 1 2 3 4

**Experience**

Indicate Equipment Operating Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate Work Related Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Previous Employment**

(Begin with most recent)

Company: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Wage:\$ \_\_\_\_\_ Ending Wage:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Yes No

May we contact?  Yes  No

Company: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Wage:\$ \_\_\_\_\_ Ending Wage:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Yes No

May we contact?  Yes  No

Company: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Wage:\$ \_\_\_\_\_ Ending Wage:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Yes No

May we contact?

### Professional References

(DO NOT include family members, non-work related friends or above listed supervisors)

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone:( \_\_\_\_\_ ) \_\_\_\_\_

Alt. Phone:( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone:( \_\_\_\_\_ ) \_\_\_\_\_

Alt. Phone:( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone:( \_\_\_\_\_ ) \_\_\_\_\_

Alt. Phone:( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

### Applicant's Statement

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_