



5121 Highway 90 East  
 Lake Charles, LA 70615  
 337-905-1170  
 337-598-5025 Fax  
 www.mandcoilfield.com

**APPLICATION FOR EMPLOYMENT**  
 An Equal Opportunity Employer

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

**PERSONAL INFORMATION**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp.: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Are you under 18 years old?  Yes  No

Type of Employment Desired?  Full Time  Part Time  Temporary

Convicted of a felony?  Yes  No IF YES, please explain: \_\_\_\_\_

\_\_\_\_\_

TWIC Card:  Yes  No Safety Council  Yes  No Other  Yes  No IF YES, please list \_\_\_\_\_

**REFERENCES**

List three people we may contact who are qualified to evaluate your capabilities (do not include relatives). Former Supervisors preferred.

Name	Address or Business	Years Known	Phone Number
1.			
2.			
3.			

**EDUCATION**

Type of School	Name & Location	Last Year Completed	Did you graduate?	Subjects Studied Degree Received
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade Business or Correspondence		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Special Qualifications:</b>				

**EMPLOYMENT BACKGROUND**

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Rate of Pay: Start: \$ \_\_\_\_\_ per \_\_\_\_\_ Final \$ \_\_\_\_\_ per \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Rate of Pay: Start: \$ \_\_\_\_\_ per \_\_\_\_\_ Final \$ \_\_\_\_\_ per \_\_\_\_\_

**CONDITIONS OF EMPLOYMENT**

Employee acknowledges and understands that:

1. M & C Oilfield Services, Inc. will be responsible for payroll, withholding, and timely payment of all applicable employer and employee statutory taxes and insurance to include Social Security, Unemployment, and Worker Compensation
2. This employment is at the mutual consent of the employee and employer. Consequently, both employer and/or employee may terminate this employment relationship at any time, with or without cause or notice.
3. This agreement is the entire agreement and understanding between the employee and employer and there are no other representations, warranties, terms, or conditions made by either party except those in this agreement.
4. In the event of a work related injury, I consent to a drug/alcohol testing.

**Compensation will commence on \_\_\_\_\_ at the rate of:**

**\$ \_\_\_\_\_ per hour/day/month**

I understand and agree that any consequential omissions or misrepresentations made by me on this application will be sufficient cause for cancellation of this application and/or termination by employer. I understand that the company reserves the right to terminate my employment at any time, with or without cause and without prior notice and that I am free to resign at any time with or without prior notice. I understand that no representative of the company has the authority to make any assurances to the contrary.

\_\_\_\_\_  
Employee Signature                      Date

\_\_\_\_\_  
Employer Signature                      Date