



D&L Oil Tools

1915 S. 49th W Ave ~ Tulsa, Oklahoma 74107
Phone (918) 587-3504 ~ FAX (918) 582-5192
www.dlmfg.com

APPLICATION FOR EMPLOYMENT

Dear Prospective Employee:

We are pleased that you have taken the time to complete this application for employment with D&L Oil Tools. We are proud of our achievements and are positive about our future in the dynamic oilfield downhole tools manufacturing industry. As we build our reputation, our success will only be possible through the efforts of our employees, who represent the very best in our industry.

If you are committed to our high standards of quality and customer service, we will look forward to considering your interest in employment. Please communicate any concerns with the employment process or needs in regard to accommodations that would assist you to or enable you to complete the application process to a company representative.

D&L Oil Tools is proud to be an Equal Opportunity Employer. Qualified applicants are considered for positions without regard to an applicants actual or perceived race, color, religion, sex, age, national origin, citizenship status, disability, genetic information, marital status, veteran status, or any other protected group status.

EMPLOYMENT DESIRED

Job title or type of position desired:

Desired work location:

Type of employment desired:

Availability to work special situations:

How did you learn about D&L Oil Tools and the job opening?

Explain:

List any special accommodations that may be necessary to enable you to perform the essential duties of the job for which you are applying:

PERSONAL DATA

Name:

Social Security Number

Last

First

Middle

Current Address:

Street

City

State

Zip

Phone Numbers:

Daytime

Home

Cell

Are you legally eligible for employment in the United States?

(Proof of citizenship or immigration status will be required upon employment)

Have you been employed previously by D&L Oil Tools?

If Yes, Where?

From Date:

to

Position:

Reason for leaving:

Are you currently employed?

If not, how long since leaving last employer?

Have you ever been convicted of a felony?

If you have been convicted of a felony, please explain (conviction of a felony will not necessarily bar you from employment, but will be reviewed as related to the job for which you have applied):

EMPLOYMENT HISTORY

List your last three employers - begin with the most recent or current employer.

EMPLOYER

DATE

Name:

From:

To:

Address:

-

City:

State:

Zip Code:

Contact Person:

Phone #:

Position Held:

Wage: \$

Reason for Leaving:

Duties:

EMPLOYER

DATE

Name:

From:

To:

Address:

-

City:

State:

Zip Code:

Contact Person:

Phone #:

Position Held:

Wage: \$

Reason for Leaving:

Duties:

EMPLOYER

DATE

Name:

From:

To:

Address:

-

City:

State:

Zip Code:

Contact Person:

Phone #:

Position Held:

Wage: \$

Reason for Leaving:

Duties:

PROFESSIONAL LICENSURE, REGISTRY, OR CERTIFICATION

If the position for which you are applying requires licensing, registration, or certification, please complete the information below. Proof of your licensing, registration, or certification must be submitted upon employment.

| Type of License, Registry, or Certification | Issuing State or Organization | Registration Number | Expiration Date |
|---|-------------------------------|---------------------|-----------------|
| | | | |
| | | | |
| | | | |

EDUCATION

| School | Location (City/State) | Course of Study/Major (If GED Received, please note) | Select Highest Completed |
|----------------------------|-----------------------|--|--------------------------|
| Grade School | | | |
| High School | | | |
| College, Vocational School | | | |
| Graduate School | | | |

SPECIAL SKILLS

Please list any special skills or qualifications that would help you perform the job for which you are applying.

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OTHER INFORMATION

List any other information that you would like us to consider in determining your qualifications. Include any special accomplishments, or recognitions including awards. Please DO NOT include any information that might suggest your race, sex, religious creed, marital status, age, national origin or disability status.

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REFERENCES

Please list references other than prior supervisors that are acquainted with your work history.

| Name | Title | Company | Phone No. |
|------|-------|---------|-----------|
| | | | |
| | | | |
| | | | |

I understand that, if hired, my employment with D&L Oil Tools is at-will and can be terminated at any time, with or without notice for any reason. I also understand that while personnel policies, programs and procedures may, of necessity, change from time to time, I will have no contract for any specific term or under any specific conditions, and will have no vested right in any such policies, programs, or procedures and such at-will status is not subject to change absent a written agreement signed by me and by D&L Oil Tools' Chief Executive Officer or a designated authorized representative.

I authorize D&L Oil Tools and/or its agents to make such investigations and inquiries of my personal, employment, financial or medical history and of her related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and of her persons from all liability in responding to inquiries and releasing information in connection with my application. I understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for dismissal from subsequent employment. I understand, also, that I am required to abide by all rules and regulations of D&L Oil Tools.

I understand D&L Oil Tools' policy requires employee's to submit to a Controlled Substance/Alcohol Screen Test. I understand the laboratory will forward the results of the test only to the Medical Review Officer signing the report, who will report only to D&L Oil Tools whether the test results were negative or positive. I also understand that the results will not be released to any additional parties without my written authorization. I understand that if I am given an offer of employment, it will be conditioned on satisfactory results of a Controlled Substance/Alcohol Screen Test.

I further understand and voluntarily agree, as a condition of employment or my continued employment, that I may be requested by D&L Oil Tools to submit to a urinalysis or other Controlled Substance/Alcohol screen test, and that my failure to take such test(s) when requested to do so, or unsatisfactory results of the test(s), will disqualify me from consideration for employment, or if I am then employed, will result in disciplinary action up to and including termination of employment.

I understand that this application is current for ninety days. At the end of this time, if I have not heard from the company and still want to be considered for employment, with D&L Oil Tools it will be necessary for me to fill out a new application.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____