

# Blackshirt

Oilfield Service

1619 30<sup>th</sup> St – Brookings SD, 57006

ph. 605-228-0638

## Application for Employment

Name \_\_\_\_\_ Phone \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_ # Years \_\_\_\_\_  
(Street) (City) (State & Zip Code)

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Email Address \_\_\_\_\_ Hire Date \_\_\_\_\_

## Previous Three Years Residency

Address \_\_\_\_\_ # Years \_\_\_\_\_  
(Street) (City) (State & Zip Code)

Address \_\_\_\_\_ # Years \_\_\_\_\_  
(Street) (City) (State & Zip Code)

Address \_\_\_\_\_ # Years \_\_\_\_\_  
(Street) (City) (State & Zip Code)

(Attach sheet if more space is needed)

## Driver's License Information

State \_\_\_\_\_ License No. \_\_\_\_\_ Type \_\_\_\_\_ Exp. Date \_\_\_\_\_

## Driving Experience

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. NO. OF MILES (Total)
		From	To	

## Accident Record for Past Three Years

DATE CONVICTED (Month/Year)	STATE OF VIOLATION (Location)	CHARGE/VIOLATION	PENALTY (Forfeited Bond, Collateral and/or Points)	

**Position**

Position or Type of Employment Desired	Will Accept <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	

**Education and Training**

High School Graduate or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the highest grade completed						
College, Business School, Military (most recent first)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major Or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From					
	To					
	From					
	To					
	From					
	To					
Occupational License, Certificate or Registration		Number		Where Issued		Exp. Date
Occupational License, Certificate or Registration		Number		Where Issued		Exp. Date
Languages Read, Written or Spoken Fluently Other than English						

**Employment History (most recent first)**

Employer	Phone	From (Month to Year)
Address		To (Month to Year)
Job Title		Hours Per Week
Specific Duties		Last Salary
		Supervisor

Employer	Phone	From (Month to Year)
Address		To (Month to Year)
Job Title		Hours Per Week
Specific Duties		Last Salary
		Supervisor

Employer	Phone	From (Month to Year)
Address		To (Month to Year)
Job Title		Hours Per Week
Specific Duties		Last Salary
		Supervisor

Employer	Phone	From (Month to Year)
Address		To (Month to Year)
Job Title		Hours Per Week
Specific Duties		Last Salary
		Supervisor

**Veteran Information**

Branch of Service	Date of Entry	Date of Discharge
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## Special Skills

(list all pertinent skills and equipment that you can operate)

I certify the information contained in this application is true, correct and complete to the best of my knowledge. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



Name of Applicant/Employee: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

License Number: \_\_\_\_\_

License State: \_\_\_\_\_

Motor Vehicle Reports (MVR's) may be obtained as part of the company's evaluation of my job application or employment. The reports may be procured by Leavitt Group on behalf of the company and will include my driving record and assessment of my insurability under the company's insurance coverages.

By signing this disclosure, I hereby authorize the company to procure such reports, as it deems appropriate to evaluate my insurability.

Sincerely,

\_\_\_\_\_  
(Applicant/Employee Signature)

\_\_\_\_\_  
(Date)

LEAVING *Nothing You Value* TO CHANCE

# Background Check Authorization Form

I authorize Blackshirt LLC and Trusted Employees, to conduct a criminal background investigation as part of its volunteer screening and/or selection process. This information in part or in whole will be provided to Blackshirt LLC in the form of a report provided by ADP.

I authorize and consent, without reservation to the retrieval of information that may include but is not limited to organizations, federal, state, or county level agencies, insurance sources, driving and criminal history.

I certify that all of the statements and answers set forth on the application form are true and complete to the best of my knowledge. I understand that should any statements or answers be found to be false or information has been omitted, such false statements or omissions will be just cause for termination of employment.

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

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

SSN: \_\_\_\_\_

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

DOB: \_\_\_\_\_

Note: The following information will be used as identification purposes only in obtaining information to perform the background investigation.

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Street Address City State Zip Code List any other cities and states in which you have lived during the previous 7 years:

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List any other Last Names you have used during the previous 7 years:

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