

Unison Drilling, Inc.
Application for Employment

In Compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date: _____

NAME IN FULL: _____

ADDRESS: _____ **CITY:** _____ **STATE, ZIP CODE:** _____

PHONE: _____ **SOCIAL SECURITY NUMBER:** _____

IN CASE OF EMERGENCY NOTIFY:

NAME: _____ **RELATIONSHIP:** _____

ADDRESS: _____

PHONE: _____

POSITION APPLIED FOR: _____ **YEARS EXPERIENCE:** _____

WITH WHOM DID YOU GET THIS EXPERIENCE? _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE USA? _____

REFERRED BY: _____

HAVE YOU EVER BEEN INJURED ON THE JOB? IF YES EXPLAIN BELOW:

EMPLOYER AT TIME OF INJURY: _____

APPROXIMATE DATE OF INJURY: _____ **NATURE OF INJURY:** _____

TIME OFF WORK: _____

PREVIOUS EMPLOYMENT

LAST EMPLOYER: NAME _____

ADDRESS _____ **Phone Number:** _____

POSITION HELD _____ **FROM** _____ **TO** _____ **SALARY** _____

REASON FOR LEAVING _____

2nd LAST EMPLOYER: NAME _____

ADDRESS _____ **Phone Number:** _____

POSITION HELD _____ **FROM** _____ **TO** _____ **SALARY** _____

REASON FOR LEAVING _____

**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY PRIOR
TO SIGNING THIS APPLICATION**

I hereby apply for employment with Unison Drilling, Inc. I specifically verify that all the information provided in this application is true, complete and correct.

I understand and agree that the omission or misrepresentation of any fact in this application will be sufficient reason for Unison Drilling, Inc to deny me employment. I also understand and agree that should I become employed by Unison Drilling, Inc., and it is later discovered I have omitted or misrepresented any fact in this application; Unison Drilling, Inc. may terminate my employment.

I will abide by the safety rules of this company. Failure to abide by these safety rules will result in immediate termination.

It is agreed and understood if hired, the employee may be placed on a trial basis which time he/she may be discharged without recourse.

"The undersigned understands that employment with Unison Drilling, Inc and all companies owned or operated by Unison Drilling Inc. is *at will* employment, which means that an *employee* can terminate his or her employment at any time with or without a reason, good or bad; and that, Unison Drilling, Inc can terminate an employee's employment at any time with or without a reason, good or bad; that the nature of the work with Unison Drilling, Inc may be seasonal or subject to economic conditions; and that the employees are subject to be laid off or terminated with or without cause. The undersigned acknowledges the foregoing as a condition to any employment that may be offered by Unison Drilling, Inc. and is accepted by the undersigned who acknowledges receipt of a copy of this document.

APPLICANTS SIGNATURE: _____ DATE: _____

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*****PLEASE GIVE CORRECT ADDRESS SO THAT YOUR
PAYROLL CHECK, W-2 AND ANY OTHER CORRESPONDENCE IS
MAILED TO THE CORRECT ADDRESS*****

It is understood that a faulty address can result in a payroll check and/or W-2 receiving problem. If you DO NOT receive your payroll check due to FAULTY ADDRSS we are NOT responsible AFTER the mailing of the payroll check. WE will reissue with a \$45.00 stop payment fee, only if the original check has not cleared our bank after TWO WEEKS. There are no exceptions!!

I understand if I quit or I am terminated, my final check will be mailed "Return Receipt" and there will be a deduction of \$12.00 to cover this expense. My final check will be mailed the Monday following my last payday.

APPLICANTS SIGNATURE: _____ DATE: _____



AUTHORIZATION TO RELEASE WORK HISTORY

I, _____ SS# _____
Authorize Unison Drilling, Inc. to have any work related
history/information from my prior employer.

Signature of Employee: _____

Any questions or comments please feel free to contact us.

Thank you

Unison Drilling, Inc.
Annie Mello



Consent to Drug & Alcohol Testing

I hereby agree, upon a request made under the drug/alcohol testing policy of Unison Drilling Inc. (referred to as The Company) to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have The Company and/or its Company physician send the specimen or specimens collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to The Company and/or any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize The Company to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent necessary to make employment decisions and to respond to inquiries or notices from governmental entities.

I will hold harmless The Company, its Company physician, and any test laboratory The Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless The Company, its Company physician, and any testing laboratory The Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any question about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG AND /OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

Employee's Name

Employee's Signature

Date

This policy is intended for the exclusive use of Unison Drilling Inc. and is subject to revisions and updates



EMPLOYEE ACKNOWLEDGEMENT

I have read, been trained and understand the Unison Drilling, Inc. “Required Orientation.” I agree to follow the rules it contains. I also understand that failure to comply with this program could result in disciplinary action, up to and including termination.

EMPLOYEE PRINTED NAME: _____

EMPLOYEE SIGNATURE: _____

DATE: _____

Three days No call No show is immediate Termination.

Employee Signature: _____

Curfew on all Rigs is 10:00 pm

All newly hired employees are hired on a 90 day trial period. I understand that if I am hired it will be for a trial period of 90 days from my hire date.

I have read and understand the above statement regarding my employment.

Signature: _____



Personal Cell Phone/Electronic Devices Etc. Policy

Unison Drilling Inc. prohibits the use of any personal cell phone/electronic devices on any UDI work site or company vehicle. UDI is committed to the safety of all employees. Use of Personal cell phone/ electronic devices are strictly prohibited and 100% against Unison Drilling Inc. safety policies, procedures and protocols while on company time. If any UDI employee is caught on their personal cell phone/electronic device during company time they will be reprimanded according to company disciplinary action plan. Personal cell phone/ electronic devices are to stay in employee's personal vehicle during the entirety of their work shift. In case of an EMERGENCY, your family must call UDI central office phone number at 830-663-4700. In doing this employee will be informed by their supervisor ASAP. (In order for central office to contact UDI employees in a time sensitive manner, please inform family members with your rig # and supervisors name).

I have read and understand the above policy.

Signature: _____

Date: _____

UNISON DRILLING INC
Per Diem and Curfew Policy

Name: _____ Rig # _____

Employee ID #: _____ Phone #: _____

Rig Curfew Policy: Day Crew has a 10 pm curfew and Night crew has a 10 am curfew.

Per Diem Policy: As of 12/05/2014, if you are not back on the Rig before your curfew time on any day during your hitch you will forfeit your per diem pay for that particular day unless other agreements have been made and approved by your immediate supervisor and upper management.

If you are terminated or quit without providing a 2 weeks notice you will forfeit your per diem pay for the entire hitch worked.

I have read and understand the Unison Drilling Inc Per Diem & Curfew Policy

Employee Signature: _____ Date: _____

Print Name: _____ Title: _____

Signature:  Date: 12-05-14

Annie Mello Company Owner

Questions

During the past 5 years, have you been convicted of, or have you pleaded guilty or no contest to, a felony offense? If yes, please explain.

Are you over the age of 21? For Auto Insurance purposes only. _____

Are you bilingual? _____

Do you have at least 2 years experience on a drilling rig?
(If applying for a job on a rig)

"I certify that I have fully and accurately answered all questions and have given all information requested in this application for employment, and I understand that any wrong or incomplete information on the form may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for my immediate dismissal. I understand that all such information is subject to verification by the Company, and hereby give my consent to the Company to investigate my background and qualifications using any means, sources, and outside investigators at its disposal. I agree to undergo any type of drug and/or alcohol testing that the Company may require at any time. Finally, I understand that submission of this application does not necessarily mean that I will be hired, and that if I am hired, my employment will be at will, and either I or the Company may terminate my employment at any time, with or without notice or reason."

Signature:



We reserve the right to bill or deduct from your payroll check any charges for any damages to our property by you. This includes Unison Dilling, Inc and all companies owned or contracted thru us.

Employee Signature: _____

Date: _____

Annie Mello



PLEASE READ CAREFULLY!!!!

Unison Drilling, Inc. of Devine, Texas – Payroll Schedule Policy Effective March 5, 2012. Since many employees of Unison Drilling, Inc are required to wear approved Safety equipment and uniforms in order to be in compliance with industry specific Regulations. Unison Drilling, Inc. will provide employees with the necessary uniforms and safety equipment to borrow while they are working. However, the equipment (such as H2S Monitors) and these uniforms are to be returned to Unison Drilling, Inc in the event that the employee leaves Unison Drilling, Inc., no matter for the reason leaving. Therefore, all employees hired after March 5, 2012 will receive their pay behind two weeks, so that the costs of uniforms and equipment can be charged against the pay those employees who do not return the equipment and Uniforms to Unison Drilling, Inc. when they quit working for Unison Drilling, Inc. As company policy both, during and at all times after termination of employment with Unison Drilling, Inc an employee is not to disclose, publish or distribute to any person their wages or rate of benefits package with the company.

Annie Mello, Secretary-Treasurer – Unison Drilling, Inc.

Date

I have read and understand the Unison Drilling Pay Schedule

Signature

Date



CONFIDENTIAL

Background Check Authorization

Print Name: _____

(First)

(Middle)

(Last)

Current Address Since: _____

(Mo/Yr)

(Street)

(City)

(Zip/State)

Social Security Number: _____ **DOB:** _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Unison Drilling Inc. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment, job related and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Unison Drilling Inc. or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Unison Drilling Inc. and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ **Date:** _____

!!ALL HIGHLIGHTED AREAS MUST BE FILLED IN, NO EXCEPTIONS!!