



Pumping Unit Technologies LLC
 3000 FM 715
 Midland, Texas 79706
 (432) 683-4292

Application must be filled out in either blue or black ink

Today's Date	Position(s) Applied for		
Last Name	First Name	Middle Name	Maiden/Former Names
Address		City, State, Zip	
Day Telephone Number ()	Cell Phone Number ()	Social Security Number:	

Have you been employed with **Pumping Unit Technologies LLC** before? Yes ___ No ___ Date/Location _____

Have you applied for a position with **Pumping Unit Technologies LLC** before? Yes ___ No ___ Date/Location _____

List special skills or training that is relevant for the position you are applying:

Are you currently employed? Yes ___ No ___

Are you legally authorized to work in the United States? Yes ___ No ___

Date you can start employment _____ Are you under 18 years of age? Yes ___ No ___

Do you require reasonable accommodations to perform any functions of the job duties you are applying for? Yes ___ No ___

Have you ever pleaded guilty to, or been convicted of a crime, placed on probation, or received deferred adjudication or legal judgment for a felony offense? If yes, please explain: _____ Yes ___ No ___

(Answering yes to this question does not necessarily exclude you from employment. Due consideration is given to circumstances surrounding convictions, probation, or deferred adjudication)

Do you have any relatives, family members, or friends employed with **Pumping Unit Technologies LLC** Yes ___ No ___

If yes, please list their name(s): _____ Relationship to you: _____

What are your salary requirements? _____ Can you meet the attendance requirements? Yes ___ No ___

Are you able to work: Full time ___ Part time ___ Temporary ___ Shift work ___

If overtime is required, will you be willing and able to accommodate? Yes ___ No ___

If no, explain _____

If travel is required, will you be willing to accommodate? Yes ___ No ___

If no, please explain _____

Previous Addresses

List addresses for the last three years

Address _____	City _____	State _____	Zip Code _____
Address _____	City _____	State _____	Zip Code _____
Address _____	City _____	State _____	Zip Code _____

Referral Source: Advertisement _____
 College Recruit _____
 Walk in/mail in _____
 Job Fair _____

P.U.T employee name: _____
 Employment Agency: _____
 Other, Specify _____

Education	High School	College/University	Business/Technical
School Name			
Address			
City/State/Zip			
Years Completed			
Diploma, Degree, Major, and/or Course of Study			
Describe any specialized training, apprenticeships, skills or extra-curricular activities:			
Describe any honors or awards you have received:			
Give any other information that might be helpful to us in considering your application:			

References Give name, address and telephone number of two (2) work-related or professional references. (No relatives)

Name _____	Title/Occupation _____	Area Code/Telephone Number () _____
Company _____	Complete Address _____	
Name _____	Title/Occupation _____	Area Code/Telephone Number () _____
Company _____	Complete Address _____	

Past Employment

Fill out this section in its entirety, even if similar information is included in your resume. List your current or most recent employer first. Account for employment experience for the past 10 years, including military service. If necessary, please attach extra sheets.

Current or Most Recent Employer

Company Name: _____		Address: _____	
City: _____	State: _____	Zip Code: _____	
Telephone Number: () _____	Position Held: _____	Immediate Supervisor's Name and Contact Number: _____	
Starting Date: _____	Ending Date: _____	Starting Rate: _____	Ending Rate: _____
Describe Duties: _____			
Reason for leaving: _____			

May we contact this employer? Yes ___ No ___

Previous Employer

Company Name: _____		Address: _____	
City: _____	State: _____	Zip Code: _____	
Telephone Number: () _____	Position Held: _____	Immediate Supervisor's Name and Contact Number: _____	
Starting Date: _____	Ending Date: _____	Starting Rate: _____	Ending Rate: _____
Describe Duties: _____			
Reason for leaving: _____			

May we contact this employer? Yes ___ No ___

Previous Employer

Company Name: _____		Address: _____	
City: _____		State: _____	Zip Code: _____
Telephone Number: () _____	Position Held: _____	Immediate Supervisor's Name and Contact Number: _____	
Starting Date: _____	Ending Date: _____	Starting Rate: _____	Ending Rate: _____
Describe Duties: _____			
Reason for leaving: _____			

MVR Information

Driving Experience:

Valid drivers license number and issuing state _____ Class _____ Expires _____
 Do you have a health certificate which confirms your ability to have a commercial drivers license (CDL)? Yes ___ No ___
 List states operated in for the last five years _____
 Has your license ever been revoked/suspended? Yes ___ No ___
 If yes, please explain _____

DOT Drivers Only

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Number of Total Miles
		From	To	
Straight Truck	_____	_____	_____	_____
Tractor and Semi-Trailer	_____	_____	_____	_____
Tractor-Two Trailers	_____	_____	_____	_____
Motor coach-School Bus	_____	_____	_____	_____
Other	_____	_____	_____	_____

Restrictions _____ (If not driver's license, please check none) None _____
 Endorsements _____

List all accidents for the past 3 years

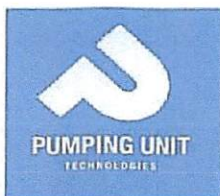
1. Date _____ Location _____
Describe _____
2. Date _____ Location _____
Describe _____
3. Date _____ Location _____
Describe _____

List all traffic citations for the past 3 years, including the above reported vehicle accidents (use additional sheets if necessary)

1. Date _____ Location _____
Describe _____
2. Date _____ Location _____
Describe _____
3. Date _____ Location _____
Describe _____

List all alcohol/drug related driving offenses (DWI, DUI, Etc.) (use additional sheets if necessary)

1. Date _____ Location _____
Describe _____
2. Date _____ Location _____
Describe _____
3. Date _____ Location _____
Describe _____



Pumping Unit Technologies LLC

Application Notification

In connection with and in consideration of my past, present or future employment or the continuation of my employment by Pumping Unit Technologies LLC undersigned, hereby understand, acknowledge, and agree to the following:

I understand and acknowledge this application and any and all forms of employment are not a contract between Pumping Unit Technologies LLC and myself. If I receive and accept a job offer, my employment will depend upon my satisfactorily passing all pre-employment job specific testing and screening, including but not limited to, drug screening and/or medical certification testing prior to a job offer.

I understand that in connection with the application process, Pumping Unit Technologies LLC may request information from my past employers and any public or private agencies that have issued me either a professional or vocational certification or license. I also understand that such investigation may include a review of my criminal history, if any. I understand with full knowledge that the documents and information obtained by Pumping Unit Technologies LLC may include positive or negative facts and opinions that I may believe are true or false. These records are to be obtained and considered by Pumping Unit Technologies LLC in connection with any and all background information pertaining to my past, present, and future employment.

I understand and agree that if I am employed for a position requiring DOT regulations (truck driver, etc.), that in the event I am excluded from insurance coverage by Pumping Unit Technologies LLC vehicle insurance carrier, my exclusion no longer qualified me for continued employment if my position at the time of exclusion requires DOT regulation.

Consent and Authorization to Request and Release Information

I AUTHORIZE any physician, medical practitioner, hospital, clinic, other medically related facility, or personnel approved by P.U.T, to conduct and release urinalysis, blood tests, and/or blood alcohol test prior to and during my employment with Pumping Unit Technologies LLC. For the purpose of determining if I have the presence of marijuana, illegal drugs, illegal inhalants, controlled substances, misused prescription drugs or alcohol in my bodily system. I understand and agree that I must have negative substance abuse drug and alcohol screening prior to and during my employment. I may also be required to complete and pass a job specific physical agility test and, if applicable, medical certification testing if my current Medical Certification Card has expired, as part of a conditional job offer and employment. Such testing may be performed by an outside source or a certified-trained professional of Pumping Unit Technologies LLC choice and I will be informed of all test results. I further understand that if I refuse to take such test, I may be denied current or future employment.

I UNDERSTAND that information obtained with these authorizations will be used by Pumping Unit Technologies LLC to determine my eligibility to be employed by or continue to be employed by Pumping Unit Technologies LLC in accordance with Pumping Unit Technologies LLC contraband policy.

I authorize and consent to Pumping Unit Technologies LLC obtaining any and all documents and information regarding my previous employment from my present and past employers, or agent these employers may designate, regarding my employment, including, but not limited to, positions held, dates of employment, last pay rate, work performance, disciplinary records, reliability, incidents of dishonesty, failed substance abuse drug or alcohol test, insubordination, violence, criminal history, and/or unsafe, harmful or threatening behavior, including information base upon any and all materials in and out of my personnel files and records.

I RELEASE all information services and all my former employers from all liability for any damages whatsoever that may ensue from furnishing any and all information regarding my employment and any other information, whether personal or otherwise that may not be on their records, to Pumping Unit Technologies LLC.

I authorize and consent to Pumping Unit Technologies LLC to obtain documentation or information from any public agency or private entity concerning any professional or vocational license or certification that I have held in the past or currently hold, including, but not limited to, documentation or information concerning whether such license or certification is in good standing, and any disciplinary or other proceedings concerning such license or certification.

I CONSENT, whether as an employment applicant or as an employee, to complete, sign and date any and all employment applications that are required of me by Pumping Unit Technologies LLC, and I UNDERSTAND that failure to do so will cause me to be ineligible for employment or will constitute grounds for my dismissal.

ACKNOWLEDGEMENT

I HEREBY UNDERSTAND, AGREE TO, AND ACCEPT THE TERMS AND CONDITIONS SET FORTH, I FURTHER CERTIFY THE INFORMATION GIVEN BY ME ON THE APPLICATION AND IN THE EMPLOYMENT PROCESS IS TRUE AND CORRECT. I UNDERSTAND ANY MISREPRESENTATION OR OMISSION OF FACTS MAY RESULT IN REFUSAL TO OFFER ME EMPLOYMENT, OR IF I AM EMPLOYED, TERMINATION OF MY EMPLOYMENT.

I HEREBY CERTIFY THIS APPLICATION WAS COMPLETED BY ME, AND ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicant Print Name: _____

Applicant Signature: _____ Date Signed: _____