OFFICE: 972.287.2287 EMAIL: HANNAH@NABORSDEMO.COM WEBSITE: WWW.NABORSDEMO.COM

## APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

NAME (PLEASE PRINT BELOW) FIRST MIDDLE LAST PREFERRED NAME PHONE NUMBER REFERRED BY (IF APPLICABLE) DRIVERS LICENSE # ISSUED STATE DOB SOCIAL SECURITY NUMBER **CURRENT ADDRESS** (PLEASE PRINT BELOW) STREET ADDRESS CITY STATE ZIP PERMANENT ADDRESS IF DIFFERENT THAN ABOVE (PLEASE PRINT BELOW) STREET ADDRESS CITY STATE ZIP EMPLOYMENT DESIRED DATE YOU CAN START SALARY DESIRED ARE YOU CURRENTLY EMPLOYED? YES NO IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

YES NO EVER APPLIED WITH BILLY NABORS DEMOLITION BEFORE? YES NO WHEN? \_\_\_\_\_ **EDUCATION HISTORY** YES/NO HIGH SCHOOL LOCATION YEARS GRADUATE YES/NO COLLEGE LOCATION YEARS GRADUATE AREA OF STUDY

## YES/NO

TRADE SCHOOL	LOCATION	YEARS	GRADUATE	AREA OF STUDY
SUBJECTS OF SPECIA	L STUDY/RESEARC	h work or speci.	AL TRAINING SKILLS:	
EMPLOYMENT HIS	STORY (LIST BELOV	V LAST 4 YEARS OF E	MPLOYMENT STARTING V	VITH MOST RECENT)
U.S. MILITARY OR NAV	/EL SERVICE YES	/ NO RANK & OT	HER NOTES	
NAME OF EMPLOYER		PHONE		DATES OF EMPLOYMENT
JOB DUTIES & REASO	N FOR LEAVING:			
NAME OF EMPLOYER		PHONE		DATES OF EMPLOYMENT
JOB DUTIES & REASO	N FOR LEAVING:			
NAME OF EMPLOYER		PHONE		DATES OF EMPLOYMENT
JOB DUTIES & REASO	N FOR LEAVING:			
NAME OF EMPLOYER		PHONE		DATES OF EMPLOYMENT
JOB DUTIES & REASO	N FOR LEAVING:			

## **EMPLOYMENT RECORD SEARCH**

NAME	PLEA	SE PRINT TOP PORTION		
FIRST	MIDDLE	LAST	PREFERRED N	NAME
CURRENT ADDRESS				
STREET ADDRESS		CITY	STATE	ZIP
PREVIOUS ADDRESS				
STREET ADDRESS		CITY	STATE	ZIP
DRIVERS LICENSE #	ISSUED STATE  ONVICTIONS	DOB  INCLUDING TRA	SOCIAL SECUR	
YEAR	OFFENSE		COUNT	
YEAR	OFFENSE		COUNT	Υ
YEAR  I HEREBY AUTHORIZE THE RELEA CRIMINAL HISTORY INFORMATION STATUTES OR ORDINANCES, MY C ENFORCEMENT AUTHORITIES FRO UNDERSTAND THIS INFORMATION EMPLOYER.	I, TO INCLUDE MY ARRE CREDIT HISTORY, DRIVIN OM ANY LIABILITY FOR A	ST AND OR, CONVICTIONS FO IG RECORD AND HERBY RELE ANY DAMAGE WHATSOEVER F	OR VIOLATIONS OF ANY FEDI ASE ANY SAID PERSON, COM OR ISSUING THIS INFORMAT	GARDING MY ERAL, STATE, LOCAL PANIES OR LAW ION. I FURTHER
I UNDERSTAND MY PROSPECTIVE PURPOSES ONLY, AND SHALL NOT NABORS DEMOLITION CANNOT VI ACCORDINGLY, I RELEASE, BILLY LIABILITY ARISING OUT OF ERRO DEMOLITION TO RELEASE THE RE ARE SUPPLIED BY AMERICAN DRIV	T DISCLOSE SUCH INFOR OUCH FOR ANY GUARAN L NABORS DEMOLITION, RS OR OMISSIONS REGA SULTS OF ITS INVESTIG	RMATION TO ANY OTHER PAR' NTEE ACCURACY OF INFORM, , ITS AGENTS AND/OR MY PR RDING MY BACKGROUND INF	TY. I HERBY ACKNOWLEDGE ATION PROVIDED BY THIRD F OSPECTIVE EMPLOYER FROM ORMATION AND AUTHORIZE	THAT BILLY L PARTIES. MANY AND ALL BILLY L NABORS
APPLICANT SIGNATURE PLEASE DO NOT PRINT - SIG	NATURE REQUIRED	DA	TE	

## THIS PAGE FOR OFFICE USE ONLY

	MUST BE COMPLETED BY CLIENT BEFORE INVESTIGATION WILL BE PERFORMED							
CLIENT			STORE/PLANT		MANAGER			
DATE			PHONE		FAX			
MANAGER PLEASE INDICATE WHICH REPORTS YOU REQUIRE								
	CRIMINAI	SSN	FMPI OYMFNT	FDLICATION	MVR			