

VIKING DRILL & TOOL, INC.

Application for Employment

Please answer all questions carefully and completely in your own handwriting.

Date:	Social Security #			
Name:Last	ne: Last First		Middle Initial	
Address:Number & Street	City	State	Zip Code	
Home Telephone Number	Work or	Other Telephone Number		
Are you legally authorized to work in the U.S.	? Yes No	State age if under 18		
G	ENERAL INFORMA	TION		
	fore? Yes No _ I & Tool? d from ends? Yes No _ Relat Relat ? Voluntary Wa ivate Employment Offi	to If yes, when to If yes, please state: ionship ionship nt Ad St. Paul Mpls ce Viking Employee		
Name or school and address in full	Degree or		Overall Grade Average	
Other specialized training				
	REFERENCES			
List below the names of three persons not re		ou have known at least one ye	ear.	

AFE100

EMPLOYMENT HISTORY

Please list all part-time and full-time positions, start with most recent position first.

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(Use an additional shee	et of paper if necessary.)	

Dates from Month Year	Name of Employer	Phone Number	Job Title
Dates to Month Year	Address of Employer	May We Contact This Employer? If Not Why?	Name of Supervisor
Salary: Start Final	Description of Duties		Reason for Leaving
Dates from Month Year	Name of Employer	Phone Number	Job Title
Dates to Month Year	Address of Employer	May We Contact This Employer? If Not Why?	Name of Supervisor
Salary: Start Final	Description of Duties		Reason for Leaving
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Salary: Start Final	Description of Duties		Reason for Leaving
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Dates to Month Year	Address of Employer	May We Contact This Employer? If Not Why?	Name of Supervisor
Salary: Start Final	Description of Duties		Reason for Leaving

COMMENTS & ACCOMPLISHMENTS

Please highlight any sp qualify you for employr	ecific experiences, achievements or special capabilities which you f nent.	eel will uniquely
Date	Signature	

Notice to Applicants

Please be advised that offers of employment with Viking Drill & Tool are not effective unless and until they are communicated to an applicant in writing by an authorized company representative. In addition, all offers of employment are conditioned on an applicant successfully passing a pre-employment background check and drug test. All applicants selected for an interview will be asked to disclose any record of criminal convictions that may be deemed disqualifying by the Company. Please do not provide or share with us any criminal convictions information unless and until you are selected for an interview and the same is requested from you.

Application Certification

By my signature below, I confirm that everything stated in this Employment Application is entirely truthful, complete and accurate. I understand and agree that any failure on my part to provide truthful, complete and accurate information in the course of any interviews, communications with Company personnel, or other activities related to my pursuit of a position with Viking Drill & Tool, shall be legitimate and just grounds for rescinding any employment offer extended to me by Viking Drill & Tool or terminating any position of employment obtained by me with the Company, regardless of when and how the Company learns of any misrepresentation or omission by me.

I understand and agree no offer of employment with Viking Drill & Tool is effective unless and until it is provided to me in writing and signed by an authorized representative of the Company. I understand that no other statement, comment or representation made by anyone at Viking Drill & Tool is a binding offer of employment, and that I should not and will not rely on the same in making any changes in my employment, residency, or other life circumstances.

I also understand and agree that any employment I obtain with Viking Drill & Tool will be atwill, meaning that either I or the Company can terminate the employment relationship at any time, with or without notice, for any lawful reason or no reason, without recourse by either of us. I understand and agree that the at-will nature of the employment relationship may be changed only in a written agreement signed by the Company President.

Date	Signature	

<u>EMPLOYEE</u> - COMBINED DISCLOSURE NOTICE AND AUTHORIZATION REGARDING BACKGROUND CONSUMER REPORTS

(Important: Please read carefully before signing)

The Fair Credit Reporting Act requires that we inform you that a background investigation may be conducted as part of our screening and hiring process. This may include an inquiry to obtain information regarding your character, employment, history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness. The primary objective of any investigation will be to verify information you provided on your application or during the interview process in connection with your application for and/or continued employment (or contract) with the company. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the company. Upon timely written request to our personnel department, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the report (if one is made) will be provided to you. You have the right to request details of the report from the consumer reporting agency.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, the address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

The items of information requested below are required to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner for the making of business decisions.

Driver License # _____ State: _____ Social Security # _____/____/____ ______(Year Changed) Other Names Used & Date Changed ____ Professional License (s): ______State(s): _____Type(s): _____Number (s): _____ May we contact your current employer? ____Yes ____No **Residence Addresses For The Past 7 Years:** (attach additional sheets, if necessary) Street Address City, State & Zip Code County From Mo./Yr. I hereby authorize Viking Drill & Tool, Inc. and/or The McDowell Agency, Inc. and their agents, without any reservation, to investigate my background as it pertains to employment history and performance, personal and professional references, educational history, licenses and information contained in public records, including, but not limited to, credit, criminal, motor vehicle data and workers compensation. I hereby release all persons, companies or other entities furnishing such information from liability and responsibility in connection herewith. I further authorize ongoing procurement of the types of reports mentioned herein at any time during my employment (or contract) with the company. A photocopy of this document may be substituted for the original. Printed Full Name of Applicant_____ Signature of Applicant_____

(MN/CA/OK/ME/NY Residents Only): Do you wish to receive a copy of your consumer report? Yes_____ No____