



410 South Van Ave.
 Houma, La 70363
 Phone: 985-274-2200

BLAKE INTERNATIONAL RIGS, LLC

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer
Application is Valid for 30-days

State and federal laws prohibit discrimination in employment due to race, color, national origin, age, sex, religion, disability or military service.

Successful completion of this application and the screening process are mandatory for employment.

A drug test may be required in connection with a job offer.

Date: _____ **Position Desired:** _____

PERSONAL INFORMATION:

Name: _____ **Social Security Number:** _____

Physical Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Alternate Phone:** _____

Were you previously employed by Blake International? Yes No **If yes, when?** _____

Are you eligible for employment in the USA? Yes No

Have you applied with Blake International before? Yes No **If yes, when?** _____

Do you have any relatives employed by Blake International? Yes No **If yes, who?** _____

Do you have any criminal court action pending OR have you ever been convicted of any crime or offense, either misdemeanor(s) and/or felonies (not including minor traffic violations). (Such convictions will not exclude you from consideration for employment) Yes No

If yes, please provide the following information. If you need additional space, please continue on the back of this page.

<u>Date</u>	<u>Location</u>	<u>Charge</u>	<u>Sentence</u>

EDUCATIONAL RECORD

<u>Have you completed</u>	<u>Institution Information</u>	<u>Graduation Year</u>	<u>Years Completed</u>	<u>Diploma/Degree</u>	<u>Field of Study</u>
High School/ GED	<input type="checkbox"/> Yes*	Name:			
	<input type="checkbox"/> No	City/State:			
Vocational/ Technical School	<input type="checkbox"/> Yes*	Name:			
	<input type="checkbox"/> No	City/State:			
College	<input type="checkbox"/> Yes*	Name:			
	<input type="checkbox"/> No	City/State:			
Other:	<input type="checkbox"/> Yes*	Name:			
	<input type="checkbox"/> No	City/State:			

MILITARY SERVICE RECORD

Were you in the Armed Forces? Yes No If yes, What Branch? _____

Dates of Duty: From: _____ To: _____ Rank/Training: _____

List duties in the service: _____ Can you provide a DD214? Yes* No

*By checking yes, you are stating that if requested you can provide a copy if the information cannot be verified.

First Name:

Last Name



PROFESSIONAL REFERENCES

References: Please provide two previous supervisors familiar with the quality of your work. Please include the company name and the amount of time you have worked with them.

Name	Phone Number	Amount of Time Known	Company

EMPLOYMENT HISTORY

EXPERIENCE: Give a complete record of all employment, including military, and reasons for periods unemployed during past 10 years. Start with most recent. If you have served in the armed forces attach a copy of your DD214. If you have been self-employed list up to five of your major clients.

No "see resume" responses will be accepted.

1	Company Name: _____	Company Address: _____	Company City/State: _____
Company Phone Number: _____		Type of Business: _____	
Employment Start Date: _____		Employment End Date: _____	
Starting Salary: _____		Ending Salary: _____	
Starting Position: _____		Ending Position: _____	
Positions Held: _____			
Duties Per Position: _____			
Reason for leaving? <input type="checkbox"/> Resign <input type="checkbox"/> Discharge <input type="checkbox"/> Layoff <u>Details:</u> _____			
Supervisor: _____		Phone Number: _____	
		May we contact for a reference?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

2	Company Name: _____	Company Address: _____	Company City/State: _____
Company Phone Number: _____		Type of Business: _____	
Employment Start Date: _____		Employment End Date: _____	
Starting Salary: _____		Ending Salary: _____	
Starting Position: _____		Ending Position: _____	
Positions Held: _____			
Duties Per Position: _____			
Reason for leaving? <input type="checkbox"/> Resign <input type="checkbox"/> Discharge <input type="checkbox"/> Layoff <u>Details:</u> _____			
Supervisor: _____		Phone Number: _____	
		May we contact for a reference?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	



EMPLOYMENT HISTORY: CONTINUED

3	Company Name: _____	Company Address: _____	Company City/State: _____
	Company Phone Number: _____	Type of Business: _____	
	Employment Start Date: _____	Employment End Date: _____	
	Starting Salary: _____	Ending Salary: _____	
	Starting Position: _____	Ending Position: _____	
	Positions Held: _____		
	Duties Per Position: _____		
	Reason for leaving? <input type="checkbox"/> Resign <input type="checkbox"/> Discharge <input type="checkbox"/> Layoff <u>Details:</u>		
	Supervisor: _____	Phone Number: _____	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

4	Company Name: _____	Company Address: _____	Company City/State: _____
	Company Phone Number: _____	Type of Business: _____	
	Employment Start Date: _____	Employment End Date: _____	
	Starting Salary: _____	Ending Salary: _____	
	Starting Position: _____	Ending Position: _____	
	Positions Held: _____		
	Duties Per Position: _____		
	Reason for leaving? <input type="checkbox"/> Resign <input type="checkbox"/> Discharge <input type="checkbox"/> Layoff <u>Details:</u>		
	Supervisor: _____	Phone Number: _____	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

5	Company Name: _____	Company Address: _____	Company City/State: _____
	Company Phone Number: _____	Type of Business: _____	
	Employment Start Date: _____	Employment End Date: _____	
	Starting Salary: _____	Ending Salary: _____	
	Starting Position: _____	Ending Position: _____	
	Positions Held: _____		
	Duties Per Position: _____		
	Reason for leaving? <input type="checkbox"/> Resign <input type="checkbox"/> Discharge <input type="checkbox"/> Layoff <u>Details:</u>		
	Supervisor: _____	Phone Number: _____	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No



EXPERIENCE SUMMARY

The information obtained in this Experience Summary is supplemental to the official Application for Employment for the purpose of assessing your total oil field experience.

Name _____

Experience:

Years:

Oil Field _____
 Construction _____
 Timber _____
 Farm _____
 Military _____
 General Labor/ Other* _____

*Other (specify) _____

Oil field Experience:	Time being coached for position		Time coaching others in position		Time in the position on Land Rigs		Time in the position on Offshore Rigs		Total Time in the position	
	Years	Months	Years	Months	Years	Months	Years	Months	Years	Months
Senior Toolpusher	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Toolpusher	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Driller	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Assistant Driller	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Derrickman	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Floorman	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Crane Operator	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Crane Operator Trainee	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Roustabout	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Electrician	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Mechanic	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Motorman	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Welder	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Rig Safety Training Advisor	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Other*	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Other* (specify) _____

Please identify the types of rigs/equipment you have worked with:

Signature _____ Date _____



APPLICATION CERTIFICATION

Note: You must read and sign below for this application to be considered.

- * I understand that this application shall be considered active for a period not to exceed 30 or 60 days (applications for field based positions expire after 30 days; applications for administrative positions expire after 60 days) from the date indicated below. I understand that if I wish to be considered for employment beyond this time, I must inquire as to whether or not applications are being accepted at this time.
- * In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the company and, if requested, to sign the company’s agreements relating to discoveries, inventions, and confidential information.
- * In processing my application for employment, the company, its agents, and representatives may investigate all answers, statements, or other information contained in this application for employment as well as other information that may be discovered in the course of its investigation. I authorize each person or organization named in this application or discovered in the course of investigation to provide information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment. Furthermore, I hereby release this organization and other persons and organizations named in this application for discovered in the course of investigations from all liability and for damage whatsoever incurred in providing, receiving or investigating this application.
- * I agree that all disputes arising out of or in the course of my employment will be filed and litigated exclusively in the federal district court, in which BLAKE resides and maintains its principal office.
- * Any offer of employment I may receive from Blake International is contingent upon my successful completion of the company’s total pre-employment screening process, including the company’s receiving references that it considers satisfactory, and my satisfactory completion of any post-offer preemployment medical examination that the company may require. I also agree, if employed, to submit to a medical examination at any time at the company’s request. I hereby consent to having the results of any post-offer pre-employment medical exams I may be required to take disclosed to Blake International.
- * I agree that my employment with Blake International is strictly “at will” and may be terminated without cause or notice, at any time, at the option of either the company or myself. I further understand that no manager or representative of the company, other than the president, or rig supervisor has the authority to enter into any agreement with me for employment for any specified period or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.
- * I hereby authorize Blake International at the termination of my employment with Blake International (assuming I am hired), to share any information concerning my employment with future prospective employers who call for job references, and waive any rights to said information.
- * The answers to the above questions are true and correct to the best of my knowledge. Any false or misleading statements or any information that is intentionally excluded by me herein is grounds for immediate dismissal in which case any offer of employment will be considered null and void in its entirety.
- * I understand Blake can hire any individual and does not hire everyone who applies.

Signature of Applicant/Employee

Date Signed

Signature of Witness

Date Witnessed



CONFIDENTIAL COMPLIANCE INFORMATION

You are invited to complete this form for the purpose to comply with applicable Federal requirements. This voluntary self-identification is kept confidential. It is not part of your Application for Employment and is not used in the selection/hiring process.

Date: _____ Name: _____

Job Group: Field based Administration* (corporate, subsidiary, and regional managing offices)

Field based opportunities: Sr. Toolpusher Toolpusher Derrickman Floorman
(Position applying for) Driller Assistant Driller Roustabout
 Crane Operator C/O Trainee Welder
 Electrician Motorman
 Rig Safety Training Advisor
 *Other _____

Referral: Advertisement (television, radio, newspaper, billboard, website)
Identify advertisement & location: _____
 Blake International employee
Identify employee: _____
 Industry acquaintance
Identify acquaintance: _____
 Other, e.g., word of mouth, walk-in, employment agency, etc.
Identify: _____

Country of Residence: _____
State of Residence: _____
Parish/County of Residence: _____

Birthdate: _____ Sex: Male Female Rate of Pay: _____ (hourly, salary, daily)

Race/Ethnic Categories:
 White
 Black or African American
 Hispanic or Latino
 Asian
 American Indian or Alaskan Native
 Two or more races
 Native Hawaiian or Pacific Islander

Disability Status: Physical or mental impairment that substantially limits a major life activity; previous record of impairment described; or regarded having such impairment.

Yes No

Veteran Status: As defined in any current U. S. veteran’s act, e. g., the Vietnam Era Veterans’ Readjustment Act of 1974, the Veteran’s Employment Opportunities Act of 1998, etc.

Yes No

Please Specify: _____