



410 South Van Ave.
 Houma, La 70363
 Phone: 985-274-2200
 Fax: 985-274-2022

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, What Branch? _____
Dates of Duty: From: _____ To: _____	Rank/Training: _____
List duties in the service: _____	Can you provide a DD214? <input type="checkbox"/> Yes* <input type="checkbox"/> 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 _____



TRAINING SUMMARY

The information obtained in this Training Summary is supplemental to the official Application for Employment for the purpose of assessing your total training background. If a candidate is called to report for processing they should provide or request supplemental documentation of previous on-the-job training, third party training, certifications (maintenance/equipment/operator) or licenses obtained during an applicants career. If you have originals or copies, please attach.

Name _____

Type (3rd Party or On-the-Job)	Location	Training Facility /Provider	Completion Date
<u>Example 3rd Party:</u> SafeGulf	Houma, LA	OnSite	10/03/2011
<u>Example OJT:</u> Lock-Out/Tag-Out	Offshore	Blake International	10/2011
<u>Example Maintenance:</u> Industrial Hydraulics	Houston, TX	National Fluid Power Institute	10/03/2011
<u>Example Equipment:</u> Basic Top Drive	Houston, TX	Tesco Drilling Technology	10/03/2011
<u>Example Operator:</u> Crane Op	Slidell, LA	Cargotec	10/03/2011
<u>Example Welding:</u> 6G Position	Houma, LA	Partek	10/03/2011

Signature* _____ Date _____

*by signing this form it states that this is an accurate record of my training



AUTHORIZATION AND RELEASE FOR THE PROCUREMENT/INVESTIGATION OF A CONSUMER REPORT

This serves to advise you that in consideration for employment (including contract for services) with **Blake International Rigs, LLC** (“**Blake**”) or its affiliates, a consumer report and/or investigative consumer report may be obtained on you. This process may include, but are not limited to, verification of education, personal credit history based on report(s) from any credit bureau, employment history, a review of any local, county, state, and federal government agency records, court public records, driving records (MVR), workers’ compensation claim files, a social security number verification, present and former addresses personal interviews, and employment, personal or professional references. References may include information pertaining to your general character and reputation, personal characteristics, mode of living, and work habits. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. The source of the reports will be **First Advantage**, 250 International Pkwy., Suite 210, Lake Mary, FL 32746.

Please be advised you have the right to inspect the files that the consumer reporting agency may have on you during normal business hours and upon furnishing proper identification. You also have the right to make a request of **First Advantage**, upon proper identification and the payment of any authorized fees, for the information in its files on you at the time of your request. The nature and scope of the investigative consumer report may include, but are not limited to, employment verifications, civil and criminal county checks, and personal/professional references. 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 and a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

I have been advised and understand that under the provisions of the Fair Credit Reporting Act, 15 U.S.C. 1681, et seq., that any person who produces or causes to be prepared an investigative consumer report on any consumer, upon written request made by the consumer within a reasonable period of time after the receipt by him/her of the disclosure required by subsection (a) (1) of section 1681d, shall make a complete and accurate disclosure of the nature and scope of the investigation requested. This disclosure shall be made in writing, mailed or otherwise delivered, to the consumer not later than five days after the date on which the request for such disclosure was received from the consumer or such report was first requested, whichever is the later. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I understand that proper identification will be required and that I should direct my requests to the company listed below in order to request a copy of my consumer report.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report as prepared by the consumer reporting agency, if one is obtained, please check this box and we will send a copy to you within three days.

If negative information from a consumer report is used against you to deny employment that report will be made available to you upon request.

If public record information about your character, general reputation, personal characteristics, and mode of living is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information within seven days of our receipt of it unless you check this box where you hereby waive your right to obtain a copy of the consumer report.

I, the undersigned consumer, do hereby authorize **Blake International Rigs, LLC** (“**Blake**”), its affiliates and **First Advantage** to procure a consumer report and/or investigative consumer report on me for the purpose of employment screening or for determining continued employment. I hereby declare that the answers to the questions on this application are correct and that any misstatement or omission of fact will be sufficient cause for rejection of my application or separation should I become employed by **Blake**.

I hereby release and agree to hold harmless, **Blake, First Advantage** and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs, or others making such claim or demand on my behalf, for providing a consumer report and/or investigative consumer report are hereby authorized. I understand that this Authorization/Release form shall remain in effect for the duration of my application on file or my employment with said Company.

By my signature below, I hereby authorize and request, without any reservation, any present or former employer, school, law enforcement or criminal agency, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish **First Advantage** and/or **Blake** with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

Signature: _____ Date: _____

Legal Printed Name: _____

Other Names/ Aliases or Maiden: _____
First Middle (Full) Last SFX

Social Security: _____ Daytime Phone: (_____) _____ Gender* _____

Driver’s License: _____ State of Issuance: _____ Date of Birth* _____

Current Address: _____
Street City State/Zip

*age, sex, color, national origin, and religion are not factors in making employment decisions.



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: (Position applying for) Sr. Toolpusher Toolpusher Driller Assistant Driller Derrickman Floorman Crane Operator C/O Trainee Roustabout Electrician Motorman Welder 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: _____