



AN EQUAL OPPORTUNITY EMPLOYER



EMPLOYMENT APPLICATION

TYPE OF WORK DESIRED		
SALARY OR WAGE EXPECTED	DATE AVAILABLE	HOME PHONE

PERSONAL AND GENERAL HISTORY

(NAME)	(LAST)	(FIRST)	(M) "NICKNAME"	SOCIAL SECURITY NO.
PRESENT ADDRESS	(STREET)	(APT. NO.)	(CITY)	(STATE) (ZIP)
FORMER ADDRESS	(STREET)	(APT. NO.)	(CITY)	(STATE) (ZIP)
				HOW LONG?

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST SEVEN YEARS?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF SO, WHEN, WHERE, WHAT WAS THE DISPOSITION OF THE CASE?
ARE YOU UNDER 18?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	COULD YOU VERIFY AGE AFTER EMPLOYMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IDENTIFY REFERRAL SOURCE	ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE U.S.?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU BEEN KNOWN BY ANY OTHER NAMES WHICH OUR COMPANY WILL REQUIRE TO VERIFY YOUR EDUCATIONAL AND EMPLOYMENT RECORDS AS FURNISHED IN THIS APPLICATION?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, IDENTIFY NAMES				
HAVE YOU BEEN PREVIOUSLY EMPLOYED BY OUR COMPANY?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, WHEN AND WHERE?
DO YOU HAVE ANY RELATIVES IN OUR EMPLOY?	NAME/RELATIONSHIP	HAVE YOU OR ANY OF YOUR RELATIVES WORKED FOR ERNST & YOUNG, LLP?		
		<input type="checkbox"/> YES	<input type="checkbox"/> NO	

EDUCATION AND SKILLS

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (CITY & STATE)	NUMBER OF UNITS	MAJOR	GRADUATED	DEGREE
HIGH SCHOOL					<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE					<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE					<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS, TRADE SCHOOL OR APPRENTICESHIP					<input type="checkbox"/> YES <input type="checkbox"/> NO	
MILITARY TRAINING					<input type="checkbox"/> YES <input type="checkbox"/> NO	
CURRENT EDUCATION UNDERWAY						
OTHER TRAINING AND/OR SKILLS						
SECOND LANGUAGES						
HAVE YOU EVER SERVED IN THE U.S. MILITARY?		<input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH/SPECIALTY	FROM	TO	FINAL RANK

REFERENCES (PREFERRABLY BUSINESS REFERENCES)

NAME	ADDRESS	PHONE NUMBER

EMPLOYMENT DATA

Give details of your last five employers and, where necessary, list other previous positions which will account for your employment record over the past ten years. Account for all time periods including unemployment and self-employment. Please use a separate sheet of paper if necessary.

PRESENT OR LAST POSITION (TITLE)		FROM (MO/YR) TO (MO/YR)	ENDING PAY \$ _____ per
COMPANY NAME	ADDRESS		PHONE
May we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAJOR ACCOMPLISHMENTS	
TYPE OF BUSINESS	SUPERVISOR NAME AND TITLE		REASON FOR LEAVING (BE SPECIFIC)
DESCRIBE YOUR DUTIES			
POSITION (TITLE)		FROM (MO/YR) TO (MO/YR)	ENDING PAY \$ _____ per
COMPANY NAME	ADDRESS		PHONE
TYPE OF BUSINESS	SUPERVISOR NAME AND TITLE		REASON FOR LEAVING (BE SPECIFIC)
DESCRIBE YOUR DUTIES			
POSITION (TITLE)		FROM (MO/YR) TO (MO/YR)	ENDING PAY \$ _____ per
COMPANY NAME	ADDRESS		PHONE
TYPE OF BUSINESS	SUPERVISOR NAME AND TITLE		REASON FOR LEAVING (BE SPECIFIC)
DESCRIBE YOUR DUTIES			
POSITION (TITLE)		FROM (MO/YR) TO (MO/YR)	ENDING PAY \$ _____ per
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TYPE OF BUSINESS	SUPERVISOR NAME AND TITLE		REASON FOR LEAVING (BE SPECIFIC)
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POSITION (TITLE)		FROM (MO/YR) TO (MO/YR)	ENDING PAY \$ _____ per
COMPANY NAME	ADDRESS		PHONE
TYPE OF BUSINESS	SUPERVISOR NAME AND TITLE		REASON FOR LEAVING (BE SPECIFIC)
DESCRIBE YOUR DUTIES			

AGREEMENT (Please read carefully and sign below)

I certify that, to the best of my knowledge and recollection, all information on this application and accompanying documents is true and correct, and understand that false statements or failure to disclose information may be sufficient to disqualify me for employment or, if employed, may result in dismissal.

By signing this application, I authorize Oil States International, Inc. and its subsidiaries ("the Company") to make background investigations to include my present or prior employers, educational institutions, law enforcement agencies and financial institutions. I hereby authorize the release of any and all information, to the extent permitted by Federal or State law, to the Company that may be required to make an employment decision. Further, I hereby release from liability and hold harmless all persons and corporations supplying this information.

I further understand that any offer of employment is contingent upon the following: taking and passing a substance abuse screening, signing of company documents such as, but not limited to, Business Conduct Policy Acknowledgment and Employee Confidentiality Agreement.

I HAVE READ AND UNDERSTAND THE ABOVE.

SIGNED _____ PRINTED NAME _____ DATE _____