



P.O. Box 734  
Weatherford, TX 76086

All references in this application will be to the "Company" meaning UpLift, and its subsidiaries and affiliates. The Company is an Equal Opportunity Employer and does not consider race, color, sex, age, disability, religion, national origin, citizenship or veteran status as a factor in the selection for employment.

All newly hired employees of the Company are subject to an evaluation period of ninety (90) days from the date of hire. The applicant understands that the satisfactory completion of this evaluation period in no way constitutes an obligation by the Company to continue his/her employment, and that all employees are subject to termination with or without cause as determined solely by the Company in its best interest. This application is considered active for sixty (60) days.

## Application for Employment

### Identification

Name:		Last	Middle	First	Any Prior Last Name	
Social Security Number:			Home Phone:		Cell Phone:	
Current Address:			Number	Street	City	State
Are you legally entitled to work in the U.S.?			[ ] Yes [ ] No			
Drivers License Number:				State		

### Job Interest

<b>Full Time:</b>		<b>Part Time:</b>		<b>Other:</b>	
Position Applied For:				Location:	
Salary or Wage Desired:			Date Available mm/dd/yyyy:		
Have you ever been employed by UpLift or any of its affiliated companies?		If Yes, When & Where?		How did you hear about UpLift?	
[ ] Yes [ ] No					
Do you have any relatives that are currently employed with UpLift?				[ ] Yes [ ] No	
If Yes, please list name:					
Do you have any activities, commitments, or responsibilities (for example, school, other employment, etc.) which might, in any way, interfere with your ability to work full time, including overtime, in the position for which you are applying? Please Explain.					
[ ] Yes [ ] No Must Indicate One					
Are you over 18 years or older?			[ ] Yes [ ] No		Have you ever applied here before? [ ] Yes [ ] No
Have you been previously employed here?			[ ] Yes [ ] No		If Yes, Date(s):
Reason for Leaving?					

### Education

Schools	City & State	Date Attended		Check if Graduated?	Major Courses/Degree
		To	From		
High School/GED:					
Trade/Technical:					
College:					
Graduate School:					
Business School:					
Scholastic Honors/Awards Received?					
Technical or Professional Affiliations?					
Are you continuing your education now?		[ ] Yes	[ ] No	If Yes, Where?	
Do you plan to continue your education?		[ ] Yes	[ ] No	If Yes, Where & Degree?	

**Professional/Personal References**

Name	Relationship	Occupation	Phone Number

**Military Service**

	From:(Mo / Yr)		To: (Mo / Yr)	
Branch of Service:				
Rank at Separation:				
Duties Performed:				
Military Service Schools attended, subject studied, length of time in each school.				
The Company will consider military serviced & accomplishments during such service only to the extent it is relevant to the qualifications for the job applied for.				

**Additional Information**

Do you have any special training, skills, certifications, additional education, qualifications, or other experiences that relate to the position applied for?

**List Any Certifications & Experience**

<b>CAT:</b>
<b>Waukesha:</b>
<b>Cummins:</b>
<b>Ariel:</b>
<b>GE:</b>
<b>Electric:</b>
<b>Small HP Compression:</b>
<b>Other:</b>

**Additional Experience. Please explain**

Natural Gas or Plant Maintenance Experience?
Production Equipment such as Separators, Pressure Vessels, Dehydrators, Pumps, Etc.?

## Employment History

List every job you have held in the last four (4) years, list complete mailing addresses, street number, city, state, and zip code. List employers starting with the Most Recent. Add another sheet if necessary. **Disregard DOT Applicant**

**Questions if not applying for DOT driver position.**

**\*\*DOT Applicants must submit additional 7 years Work history in addition to the preceding 3 years.**

**List**

**complete mailing addresses, street numbers.**

1	Employer		Position	
	Address			
	City		State	Zip
	Phone			
	Supervisor Name & Title:			
	Wage/Salary \$		Nature of Duties:	
	Dates Employed	Start	End	
	Reason for Leaving?			
**Dot Applicants	Were you subject to the FMCSA/PHMSA regulations while employed?			[ ] Yes [ ] No
	Was your job designated as a Safety-Sensitive function in any DOT-regulated mode subject to the Drug & Alcohol testing requirements of 49 CFR Part 40?			[ ] Yes [ ] No

2	Employer		Position	
	Address			
	City		State	Zip
	Phone			
	Supervisor Name & Title:			
	Wage/Salary \$		Nature of Duties:	
	Dates Employed	Start	End	
	Reason for Leaving?			
**Dot Applicants	Were you subject to the FMCSA/PHMSA regulations while employed?			[ ] Yes [ ] No
	subject to the Drug & Alcohol testing requirements of 49 CFR Part 40?			[ ] Yes [ ] No

3	Employer		Position	
	Address			
	City		State	Zip
	Phone			
	Supervisor Name & Title:			
	Wage/Salary \$		Nature of Duties:	
	Dates Employed	Start	End	
	Reason for Leaving?			
**Dot Applicants	Were you subject to the FMCSA/PHMSA regulations while employed?			[ ] Yes [ ] No
	subject to the Drug & Alcohol testing requirements of 49 CFR Part 40?			[ ] Yes [ ] No

4	Employer		Position	
	Address			
	City		State	Zip
	Phone			
	Supervisor Name & Title:			
	Wage/Salary \$		Nature of Duties:	
	Dates Employed	Start	End	
	Reason for Leaving?			
**Dot Applicants	Were you subject to the FMCSA/PHMSA regulations while employed?			[ ] Yes [ ] No
	subject to the Drug & Alcohol testing requirements of 49 CFR Part 40?			[ ] Yes [ ] No

## **Employment Statement**

In completing and submitting this application, I understand and agree:

That I am applying for a job as an employee-at-will, and that all entries on it and information in it are true and complete to the best of my knowledge.

The falsification or concealment of facts, or failure to provide complete and correct information during this application process will result in discharge when discovered.

That my signature authorizes the Company, or its agents, to investigate all facts and statements presented on this application process and to conduct a complete background including investigating my Alcohol & Drug Testing records under CFR 49 Part 40 and my safety performance as per 49 CFR part 391.23 (d) & (e), and motor vehicle record check if employment is offered.

I understand I have the right to:

- \* Review information provided by previous employers
- \* Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer and,
- \* Have rebuttal statement attached to the alleged erroneous information, if the previous employer (s) and I cannot agree on the accuracy of the information.

That I authorize and request my previous employers, my references, and the schools I have attended to respond to the Company's requests for information concerning my employment, my ability and my experience and I hold my previous employers references and schools harmless for any information supplied.

That if employment is offered to me, it will be subject to my satisfactory completion of a drug test and/or medical examination, by a physician, health care provider or lab designated by the Company prior to employment and at any such time may be required by the Company.

That if I am employed, I will abide by the rules and policies of the Company (none which constitutes any representation of promise of continued employment).

That, if I am employed, I shall not directly or indirectly, other than in the business of the Company and in the scope of my employment disclose or use at any time (either during or after my employment) any information, knowledge or data, social media of the Company which is secret, confidential, or proprietary nature, unless I have secured the prior written consent of the Company.

That my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at my option or in the option of the Company.

**Signature** \_\_\_\_\_

**Date of Application** \_\_\_\_\_