



Application for Employment

14605 N IH 35 ■ Moore, TX 78057
 p 830.663.5558 f 830.663.5570 ■ www.Rocaceia-ES.com

Please fill out this form completely for employment consideration. Print and fax or mail when completed.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

Personal Information

Last Name	First	Middle	Date
Street Address			Home Phone () -
City, State, Zip			Business Phone: () -
Email Address:			Position applying for:
What was your previous address?			How long at present address? ____ Years ____ Months
Are you over 18 years of age? [] Yes [] No If not, employment is subject to verification of minimum legal age.			Date of Birth (optional) / /
Have you ever applied for employment with us before? [] Yes [] No If Yes: Month and Year _____ Location _____			Social Security No. - -
How did you learn of our organization?			
Are you legally eligible for employment in the United States? [] Yes [] No			When can you start?
Are you employed now? [] Yes [] No If so, may we inquire of your present employer? [] Yes [] No Have you ever been convicted of a crime in the past ten (10) years, excluding misdemeanors and summary offenses, which have been annulled, expunged or sealed by a court? [] Yes [] No If Yes, describe in full:			
Any reasons for which you might not be able to perform the job duties (with a reasonable accommodation)? [] Yes [] No If Yes, please explain:			
Drivers License #		State	Any violations? [] Yes [] No

Education

School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate	Degree or Diploma
College				[] Yes [] No	
High School				[] Yes [] No	
Trade School				[] Yes [] No	
Other				[] Yes [] No	

Military Complete this section only if you served in the U. S. Armed Forces.

Branch of Service	Period of Active Duty From: To:
Describe your duties and special training:	Rank at Discharge
	Date of Final Discharge:

Employment History Give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1.	Company Name	Telephone () -
	Address	Employed (Start Month and Year) From: To:
	Name of Supervisor	Hourly Rate Start: Last:
	Start Job Title and Describe Your Work	Reason for Leaving:
2.	Company Name	Telephone () -
	Address	Employed (Start Month and Year) From: To:
	Name of Supervisor	Hourly Rate Start: Last:
	Start Job Title and Describe Your Work	Reason for Leaving:
3.	Company Name	Telephone () -
	Address	Employed (Start Month and Year) From: To:
	Name of Supervisor	Hourly Rate Start: Last:
	Start Job Title and Describe Your Work	Reason for Leaving:

We may contact the employers listed above unless you indicate those you do not want us to contact.	Do Not Contact Employer Numbers(s): Reason:
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References Give below the names of 3 persons **not related to you**, whom you have known at least 1 full year.

Name	Phone Number	Business	Years Acquainted
1.			
2.			
3.			

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date _____ Signature _____



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EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/alcohol testing policy of Rocaceia Energy Services, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the Company and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as



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P: 361-485-0966 F: 361-485-0421

explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

Signature of Employee

Date

Employee's Name - Printed

Company Representative

Date



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RELATIONSHIP DISCLOSURE FORM

Date: _____

The purpose of the Relationship Disclosure form is for the Company to understand and evaluate situations where a family member, however remote, is employed within the same organization. Please complete this form and return it to the HR department for retention in your employee file. A copy will be provided to Chris Williams, President. Failure to disclose such a relationship will be considered grounds for dismissal.

Your Name: _____

Your Direct Supervisor: _____

List all relatives employed at Rocaceia / Quality and their relationship to you. A relative is a cousin; spouse; parent; brother; brother-in-law; sister; niece; nephew; step-parent; etc. If none, so state.

Name	Relationship	Position

List all Vendors owned by or employing a relative that is or may be doing business with Rocaceia / Quality. If none, so state.

Vendor	Relative	Position	Relationship

Signed _____



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In connection with my application for employment, I authorize Rocaceia Energy Services, to procure a consumer report on me. I understand that investigative inquiries may be obtained by a consumer-reporting agency, and that any such report will be used solely for decisions related to my employment. I also understand that the nature and scope of this investigation will include a number of sources including, but not limited to, various Federal, State, County and other agencies that maintain records concerning my credit history*, criminal history*, social security verification, motor vehicle records, verification of education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which I am applying. These reports will include information as to my character, general reputation, personal characteristics, mode of living, and work habits.

**Where permissible under State law.*

I understand that if the Company hires me, it may request a consumer report or an investigative consumer report about me for employment-related purposes during the course of my employment. The scope of this investigation will be the same as the scope of a pre-employment investigation, and that the nature of such an investigation will be my continuing suitability for employment, or whether I possess the minimum qualifications necessary for promotion or transfer to another position. I understand that my consent will apply for the duration of my employment, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time, stating that I revoke my consent and no longer allow the Company to obtain consumer or investigative consumer reports about me.

I hereby consent to the Company my permission to obtain the above information. In order to facilitate in the proper identification of my file or records the following personal identifiers, as well as other information, is as follows:

Print name: _____ Date: _____

Social security number: _____ Date of Birth: _____

Driver license number: _____ State _____

Current address _____

City _____ State _____ ZIP _____

Applicant signature _____

I would like to receive a copy of any report obtained on me by the Company.

Yes No