



5801 US 90 East, Broussard, LA 70518
 Phone Number: (337) 714-4545
 Fax Number: (337) 714-0016

**NON DOT
 Application for Employment**

Superior is an Equal Opportunity and Affirmative Action Employer and does not consider race, color, sex, age, disability, religion, national origin, veteran status or any other factor for selection of employment, the consideration of which is prohibited by law.

All newly hired employees of Superior 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 Superior 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 thirty (30) days.

How did you hear of this opening?
 Newspaper Ad Walk-in
 Billboard Ad On-line Ad
 Other

INTERVIEWED BY: _____

DATE: _____

DATE OF INTERVIEW: _____

DIVISION NO. _____

PERSONAL INFORMATION (Please Print or Type)

Legal Name

 Last First Middle

Present Address

 Street City State Zip

Phone No.

 Cell No. Email Address:

Position Applied For: _____

Date Available: _____

Pay Requirement: _____

Have you ever been employed by a Superior Energy Services subsidiary? Yes No

If so, what subsidiary? _____

Dates of Employment: _____

Do you have a legal right to work in the United States? Yes No

Did you serve in the U.S. Armed Forces? Yes No If yes, what branch? _____

Have you ever been convicted of a Felony?
 (Conviction will not be an absolute bar to employment) Yes No If so, explain: _____

In case of emergency, notify: _____

Phone Number: _____

EDUCATION	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	MAJOR COURSES
HIGH SCHOOL		Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, did you obtain a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
COLLEGE		Yes <input type="checkbox"/> No <input type="checkbox"/>	
TRADE, BUSINESS OR TECH SCHOOL		Yes <input type="checkbox"/> No <input type="checkbox"/>	

PERSONAL REFERENCES

Name	Relationship	Occupation	Years Known	Address

JOB SPECIFIC TRAINING (Check all that apply)

- CPR/First Aid HAZWOPER Lockout/Tag out Basic/Adv Firefighting PEC Core
- Water Survival HAZMAT Rigger Radar Observer PEC
- HAZCOM Confined Space Crane Safety API-RP-T2 Other _____

EMPLOYMENT HISTORY

(2)

Give a complete record of all employment, including military, and reasons for periods unemployed during the past 3 years. Start with the most recent. If you have been self-employed, list up to 5 of your major clients. (Note: List employers in reverse order starting with the most recent. Add another sheet if necessary. **No "see resume" responses will be accepted.**

Regulated/CDL - Applicants who will drive a regulated vehicle (see note below) shall provide (10) ten years' information on those employers for whom the applicant operated such vehicle.

Are you employed now? Yes No May we contact your current employer? Yes No

EMPLOYER INFORMATION		POSITION HELD		Was position subject to FMCSA, FAA, USCG and/or PHMSA regulation? <input type="checkbox"/> YES <input type="checkbox"/> NO Was position regulated by Federal or State drug and alcohol testing requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME		FROM	TO	
ADDRESS		STARTING SALARY	ENDING SALARY	
CITY	STATE	CHECK BOX AND STATE REASON		
PHONE NUMBER		<input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE <input type="checkbox"/> RESIGN		
CONTACT PERSON		REASON		
EMPLOYER INFORMATION		POSITION HELD		Was position subject to FMCSA, FAA, USCG and/or PHMSA regulation? <input type="checkbox"/> YES <input type="checkbox"/> NO Was position regulated by Federal or State drug and alcohol testing requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME		FROM	TO	
ADDRESS		STARTING SALARY	ENDING SALARY	
CITY	STATE	CHECK BOX AND STATE REASON		
PHONE NUMBER		<input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE <input type="checkbox"/> RESIGN		
CONTACT PERSON		REASON		
EMPLOYER INFORMATION		POSITION HELD		Was position subject to FMCSA, FAA, USCG and/or PHMSA regulation? <input type="checkbox"/> YES <input type="checkbox"/> NO Was position regulated by Federal or State drug and alcohol testing requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME		FROM	TO	
ADDRESS		STARTING SALARY	ENDING SALARY	
CITY	STATE	CHECK BOX AND STATE REASON		
PHONE NUMBER		<input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE <input type="checkbox"/> RESIGN		
CONTACT PERSON		REASON		
EMPLOYER INFORMATION		POSITION HELD		Was position subject to FMCSA, FAA, USCG and/or PHMSA regulation? <input type="checkbox"/> YES <input type="checkbox"/> NO Was position regulated by Federal or State drug and alcohol testing requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME		FROM	TO	
ADDRESS		STARTING SALARY	ENDING SALARY	
CITY	STATE	CHECK BOX AND STATE REASON		
PHONE NUMBER		<input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE <input type="checkbox"/> RESIGN		
CONTACT PERSON		REASON		

TO BE READ AND SIGNED BY APPLICANT

(3)

- 1) This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.
- 2) I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.
- 3) I understand any offer of employment is contingent upon successful completion of medical examination, functional capacity, and satisfactory results from a drug screen.
- 4) I understand that if I become employed by Superior Energy Services, the employment will be at will.
- 5) I understand that the falsification or concealment of facts or the failure to provide complete and correct information during this application process can result in termination of processing of my application or termination of my employment.
- 6) I hereby certify by my signature below that all information provided in this application is true and complete to the best of my knowledge. I further agree to hold any and all parties harmless for the disclosure of any information pertaining to my application for employment.
- 7) I consent to all of the following pre-employment processes, which are required by Superior Energy Services and I further understand that the offer of employment is contingent upon my successfully completing all pre-employment screening.
 - a) MVR (review of past driving record)
 - b) Drug Screen (DOT & Non-DOT applicants)
 - c) Alcohol Screen (DOT applicants)
 - d) Previous Employer Drug & Alcohol/Safety/Performance History (DOT applicants, 49 CFR 382.413)
 - e) Physical Examination & Functional Capacity (physical demand abilities)
 - f) Background Check
- 8) I understand that my completion of this application does not indicate that any position is available or promised.
- 9) I agree and understand that this application for employment in no way obligates the employer to employ the applicant.

Print Name

Date Signed

Applicant Signature

**AUTHORIZATION & RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT
(PLEASE PRINT OR TYPE)**

I, the undersigned consumer, do hereby authorize **Superior Energy Services**, its affiliates and **INTREPID SECURITY GROUP, LLC (“ISG”)** 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 **Superior Energy Services**.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **Superior Energy Services**, by and through **ISG** including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

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.

ISG, P.O. Box 61987, Lafayette, Louisiana 70596, 866-936-7569; switchboard@intrepid-security.com

I hereby release and agree to hold harmless, **Superior Energy Services, ISG** 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 hereby authorized. I understand that this Authorization/Release form shall remain in effect for the duration of my employment with said Company.

Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application or employment can be terminated based on any false, omitted or fraudulent information.

If applying for employment in California, Minnesota, Oklahoma, Alaska or New York:

I would like a copy of any consumer report regarding me. YES NO

Signature: _____

Legal Printed Name: _____
 First Middle (full) Last Suffix

Other Names / Aliases or Maiden: _____

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

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

Please provide your addresses for the last (7) years. State of Birth: _____

Current Address: _____
 Street City State/Zip

Former Address: _____
 Street City State/Zip

Former Address: _____
 Street City State/Zip

- Have you ever been convicted or adjudicated of a crime? Yes___ No___
- Have you ever been convicted in a military court martial? Yes___ No___
- Have you ever been sanctioned or had your license suspended or revoked? Yes___ No___
- Are you currently under any investigation or pending charge? Yes___ No___

Applicant Questionnaire

Pre-Offer Invitation to Self-Identify

(5)

Name: _____

Date: _____

Position Applying For: _____

Superior Energy Services is an **Equal Opportunity Employer**. **Superior Energy Services** does not discriminate on the basis of race, religion, color, sex, age, non-disqualifying physical or mental disability, national origin, or any other basis covered by appropriate law. All employment is decided on the basis of qualifications, merit, and business need.

Superior Energy Services is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Superior Energy Services invites applicants to **voluntarily** self-identify their race or ethnicity. Submission of this information is **voluntary** and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Check one of the following:

Race/Ethnic Group:

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** - A person who identifies with more than one of the above five races.
- I choose not to self-identify

Gender: Male Female

Personal and Confidential

This page contains sensitive information, store in secure "Affirmative Action Forms" files, separately from personnel records.