

**STONEHAM DRILLING CORPORATION
EMPLOYMENT APPLICATION**

Position desired: _____ Date: _____

Stoneham Drilling Corporation (“Stoneham”) considers all applicants for employment without regard to race, color, religion, sex, national origin, age, or disability, or status as a Vietnam-era, special disabled, or other veteran who served on active duty in a war, campaign or expedition for which a campaign badge has been authorized in accordance with federal law. In addition, Stoneham complies with applicable state and local laws prohibiting discrimination in employment. Stoneham also provides “reasonable accommodations” to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws.

APPLICANT DATA:

Full Name (First/Middle/Last): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell/Other Phone: (_____) _____

E-mail Address: _____ Social Security No.: _____

Date Available for Work: _____ Desired Salary Range: _____

How were you referred to us? _____

Are you at least 18 years old? Yes No

Type of Employment Desired: Full-time Part-time

If part time, specify days and hours: _____

Are you willing to work overtime as necessary? Yes No

Have you ever applied for or worked for Stoneham? Yes No

If yes, when? _____

Do you have any relatives employed by Stoneham? Yes No

If yes, please state name(s) and relation: _____

Have you ever served in the U.S. Armed Forces? Yes No

Federal and state laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, all offers of employment are subject to verification of each applicant’s identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment. Can you submit verification of your legal right to work in the United States? Yes No

Have you ever been convicted of, or entered a plea of *nolo contendere* (no contest) to a crime (other than a minor traffic offense)? Yes No (A criminal conviction will not necessarily be a bar to employment.)

If yes, state nature of offense, when, where, and disposition. _____

Are you currently under investigation by any administrative agency, regulatory agency, self-regulatory organization, professional association, board governing conduct for a specific profession, including, but not limited to, the SEC, NASD, BYSE, Department of Labor, IRS, etc., for a violation of any rules, regulations, or statutes? Yes No

If yes, please explain (attach additional pages if necessary): _____

Has any administrative agency, regulatory agency, self-regulatory organization, professional association, board governing conduct for a specific profession, including, but not limited to, the SEC, NASD, NYSE, Department of Labor, IRS, etc., ever found you to be in violation of any rules, regulations, or statutes? Yes No

If yes, please explain (attach additional pages if necessary): _____

Are you currently a defendant in any administrative, civil, or other proceeding? Yes No

If yes, please explain (attach additional pages if necessary): _____

EDUCATION

High School: _____ Location: _____

Did you graduate? Yes No

College: _____ Location: _____

Dates Attended: _____ Type of Course or Major: _____

Did you graduate? Yes No Degree: _____

Other: _____ Location: _____

Dates Attended: _____ Type of Course or Major: _____

Did you graduate? Yes No Degree: _____

PREVIOUS EMPLOYMENT

Begin with most recent. Account for your entire employment history and any gaps in your employment. Describe in detail the work you performed. Please use additional sheets as needed to provide complete work history.

Dates of Employment	Company Name, Address and Telephone Number
From: ____/____/____ To: ____/____/____	
Pay	Position(s) Held
Start: _____ Finish: _____	
Supervisor's Name and Title	Reason for Leaving

Dates of Employment	Company Name, Address and Telephone Number
From: ____/____/____ To: ____/____/____	
Pay	Position(s) Held
Start: _____ Finish: _____	
Supervisor's Name and Title	Reason for Leaving

Dates of Employment	Company Name, Address and Telephone Number
From: ____/____/____ To: ____/____/____	
Pay	Position(s) Held
Start: _____ Finish: _____	
Supervisor's Name and Title	Reason for Leaving

AGREEMENT

(Please read the following statement carefully and sign below.)

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or if employed, termination from Stoneham’s employ.

2. Any offer of employment I may receive from Stoneham 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 pre-employment 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 or post-employment medical exams I may be required to take disclosed to Stoneham. All such exams and records related to such exams shall be handled in accordance with applicable laws.

3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of Stoneham. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to Stoneham. Upon being made a conditional offer of employment, I understand that I will be provided and required to read and understand Stoneham’s drug and alcohol testing program.

4. I authorize and request that all of my present and former employers may furnish 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, hereby releasing them from any and all liability for damages arising from furnishing the requested information. I also understand that the information provided with respect to the DEPARTMENT OF TRANSPORTATION REQUIREMENTS section above may be used, and my previous employers may be contacted for the purpose of investigating my work history.

5. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the company and understand that my employment is “at will,” and thus my employment can be terminated with or 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, has any authority to enter into any agreement with me for employment for a specified period of time 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 myself and the president.

I have read and understood the above notice: _____
Signature of Applicant Date