



**Corp. Office:**  
**185 S. Parkmont**  
**Butte, MT 59701**  
**Phone: (406) 782-8506**  
**E-Mail: [will.steyh@akdrilling.com](mailto:will.steyh@akdrilling.com)**

**Fax: (406) 782-2793**  
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### **EQUAL OPPORTUNITY EMPLOYER**

It is the policy of AK Drilling, Inc. to provide employment opportunities without regard to race, color, religion, sex, national origin, age, handicap or veteran status.

### **APPLICATION FOR EMPLOYMENT**

IMPORTANT: Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

### **PERSONAL DATA**

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FIRST NAME	MIDDLE	LAST	SOCIAL SECURITY NUMBER
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PRESENT ADDRESS IN FULL CITY	STATE	ZIP	TELEPHONE NUMBER
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PERMANENT ADDRESS (If different from above)	CITY	STATE	ZIP	TELEPHONE NUMBER
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ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?	YOUR VISA TYPE IF AVAILABLE	VISA # & EXPIRATION DATE
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## POSITION INFORMATION

POSITION APPLIED FOR:

DATE:

REFERRAL SOURCE:

ADVERTISEMENT (specify):

NUMBER OF REFERRAL:

PLACEMENT FIRM (Firm Name)

Are you willing to work any shift, including nights and weekends? \_\_\_\_\_

How soon following notification can you report? \_\_\_\_\_

Are you willing to relocate? \_\_\_\_\_

Have you ever been employed by AK DRILLING, INC.? \_\_\_\_\_

If so, When? \_\_\_\_\_ Where? \_\_\_\_\_ Position? \_\_\_\_\_

Are any relatives, including In-Laws, employed with the company? \_\_\_\_\_

If yes, give name, relationship, position and location: \_\_\_\_\_

Have you ever previously applied for employment with the company? \_\_\_\_\_

If so, When? (MO.) \_\_\_\_\_ (YR.) \_\_\_\_\_

Have you ever previously been interviewed by the company? \_\_\_\_\_

If so, When? (MO.) \_\_\_\_\_ (YR.) \_\_\_\_\_ for what position? \_\_\_\_\_

**EDUCATION**  
(Fill in above each line)

NAME AND ADDRESS OF SCHOOL:

ATTENDED FROM TO	GRADUATED? (YES) (NO)	DEGREE, DIPLOMA CERT., ETC. RECEIVED?	MAJOR
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LAST HIGH SCHOOL ATTENDED/Complete address

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COLLEGE OR UNIVERSITY/Complete address

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OTHER ( Technical, Vocational, Graduate, Etc.)/Complete address

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LIST ANY SCHOLARSHIPS, ACADEMIC HONORS, AWARDS OR SPECIAL ACHIEVEMENTS

	YES	NO
In what languages other than English can you converse? _____	Fluent? _____	_____
_____	Fluent? _____	_____
_____	Fluent? _____	_____

## EMPLOYMENT HISTORY

**IMPORTANT:** Starting with your present or most recent employer, list in consecutive order all employment and periods of unemployment since you graduated from or last attended high school. Additional employment may be listed on a separate page(s) if necessary.

### PRESENT OR MOST RECENT EMPLOYER

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FULL NAME OF COMPANY	TELEPHONE	SALARY BEGIN/END	EMPLOYED FROM/TO
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STREET ADDRESS	CITY	STATE	ZIP CODE
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NAME & TITLE OF SUPERVISOR	REASON FOR LEAVING
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TITLE OF YOUR POSITION	DEPARTMENT
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DUTIES

### PREVIOUS EMPLOYER

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FULL NAME OF COMPANY	TELEPHONE	SALARY BEGIN/END	EMPLOYED FROM/TO
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STREET ADDRESS	CITY	STATE	ZIP CODE
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NAME & TITLE OF SUPERVISOR	REASON FOR LEAVING
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TITLE OF YOUR POSITION	DEPARTMENT
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DUTIES

## PREVIOUS EMPLOYER

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FULL NAME OF COMPANY	TELEPHONE	SALARY BEGIN/END	EMPLOYED FROM/TO
<hr/>			
STREET ADDRESS	CITY	STATE	ZIP CODE
<hr/>			
NAME & TITLE OF SUPERVISOR			REASON FOR LEAVING
<hr/>			
TITLE OF YOUR POSITION		DEPARTMENT	
<hr/>			
DUTIES			

## PREVIOUS EMPLOYER

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FULL NAME OF COMPANY	TELEPHONE	SALARY BEGIN/END	EMPLOYED FROM/TO
<hr/>			
STREET ADDRESS	CITY	STATE	ZIP CODE
<hr/>			
NAME & TITLE OF SUPERVISOR			REASON FOR LEAVING
<hr/>			
TITLE OF YOUR POSITION		DEPARTMENT	
<hr/>			
DUTIES			

## OTHER EMPLOYMENT

List part-time employment while in school, including company name(s), addresses and dates of employment:

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Are there any periods of unemployment and/or part-time employment since you graduated or last attended High School which are not listed above or on a separate sheet? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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Have you ever been suspended, placed on probation, asked to resign, discharged or terminated? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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## SKILLS

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WHAT WORD PROCESSING/OFFICE PROGRAMS ARE YOU SUFFICIENT IN

INDICATE EXPERIENCE IN YEARS AND MONTHS FOR EACH AREA:

ACCOUNTING: \_\_\_\_\_ BOOKKEEPING: \_\_\_\_\_ PAYROLL: \_\_\_\_\_

ADDING MACHINE: \_\_\_\_\_ STATISTICS: \_\_\_\_\_ CALCULATOR: \_\_\_\_\_

LIST ANY OTHER SHILLS YOU THINK MAY BE OF VALUE TO THE COMPANY, SUCH AS PROGRAMMING, ETC.:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## MISCELLANEOUS INFORMATION

Do you have a valid drivers license? \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

You MUST supply a copy of your MVR and Driver's License with this application

Have you ever been convicted of or sentenced for any violation of the law? \_\_\_\_\_

If yes, give full particulars. (The existence of a criminal record does not constitute an automatic bar to employment):

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## MILITARY SERVICE AND STATUS

BRANCH OF SERVICE (If none, state none): \_\_\_\_\_ MILITARY OCCUPATION: \_\_\_\_\_

LENGTH OF ACTIVE DUTY (Month/Year)

DATE OF ENTRY: \_\_\_\_/\_\_\_\_/\_\_\_\_

RANK AT THE TIME OF SEPARATION: \_\_\_\_\_

DATE OF ENTRY: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE NOTE: FINAL PROCESSING PRIOR TO EMPLOYMENT WILL REQUIRE A REVIEW OF THE ORIGINAL OR A COPY OF YOUR MILITARY DISCHARGE AND/OR A REVIEW OF YOUR DD FORM.**

## APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I HEREBY AFFIRM that by execution of the application, I acknowledge that AK Drilling, Inc. has disclosed to me that an Investigative Consumer Report, including information as to my character, general reputation, personal characteristics, and mode of living may be made; and that I, upon written request to AK Drilling, Inc. made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I HEREBY AUTHORIZE AK Drilling, Inc. to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I HEREBY AFFIRM that by submitting this application I agree to submit medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by AK Drilling and as often as directed during employment.

I HEREBY AUTHORIZE the medical examiner to disclose to AK Drilling, Inc. any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period and may be terminated, at will, at anytime, for any reason, by me or by AK Drilling, Inc. without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the "President" of AK Drilling, Inc. has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and AK Drilling, Inc.'s Terms of Employment and Policy and Procedures, as amended from time to time by AK Drilling, Inc.

AK Drilling, Inc. operates under the principles of affording equal employment opportunity through affirmative action for qualified handicapped individuals, qualified Veterans of the Vietnam Era and qualified disabled veterans.

All applicants and employees who believe themselves to be members of one or more of these groups, and who wish to identify themselves as such for the purpose of affirmative action consideration are invited to do so.

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding disabled veterans and handicapped individuals, as necessary, (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (3) governmental officials investigating compliance will be informed.

I wish to volunteer the following information (check one)

I do qualify under the following:

- I do not qualify
- Handicapped
- Vietnam Era Veteran
- Disabled Veteran

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

**Date:** \_\_\_\_\_

Thank you for completing this application. It will remain under consideration for six months. It will not be necessary for you to reapply during this six month period. Your interest in AK Drilling, Inc. is appreciated.



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**POSITION: DRILLER/DRILLER'S HELPER**

Please answer the following questions with a yes or no answer regarding your physical ability to perform the job.

	Yes	No
Can you lift 50 or more pounds?	_____	_____
Are you able to work in extreme cold or heat?	_____	_____
Are you able to stand for extended periods of time?	_____	_____
Are you able to climb a ladder without any difficulty?	_____	_____
Are you able to bend over without any difficulty?	_____	_____
Are you able to kneel down without any discomfort?	_____	_____
Are you able to work for 12 or more hours in a day?	_____	_____
Are you able to use a hand shovel for several hours?	_____	_____

Please list any physical restrictions that would hinder your ability to perform this job.

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I, the undersigned state that all my answers to the above questions are true.

\_\_\_\_\_  
 Signed Date

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Witness Date





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**CONSENT TO EMPLOYEE PRE-EMPLOYMENT DRUG TESTING**

I understand that submission to testing for the presence of drugs and alcohol is a condition of pre-employment with AK Drilling, Inc. I further understand that if I refuse to take the test, if I refuse to authorize release of the test results to AK Drilling, Inc. or if the testing establishes a violation of AK Drilling, Inc.'s policies concerning "drug and alcohol use", I will forfeit any and all opportunities for employment with AK Drilling, Inc.

By placing my initials in the blanks below, and by signing and dating this form, I consent to take the tests and authorize release of any results to AK Drilling, Inc.

By signing this form, I hereby release to AK Drilling, Inc. the results of tests to which I have consented. I further authorize AK Drilling, Inc. to discuss the results with personnel collecting the specimen and employees responsible for administering the aforementioned tests or evaluating the results thereof and to use test results as a defense to any legal action which I am a party.

I further release any AK Drilling, Inc. representative or testing facility that may have tested me from any liability arising from a release of any and all results.

I agree to take the following Pre-Employment Drug Tests: Urine, Blood and Hair Follicle.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby refuse to consent to testing for the presence of drug and/or alcohol

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_