EMPLOYMENT APPLICATION
CDL AND NON-CDL POSITIONS

Equal Opportunity Employer • Please print clearly and complete all applicable sections.

POSITION INFORMATION

Position applied for: _____	Application date: _____
☐ CDL Driver ☐ Non-CDL Driver ☐ Workover Rig ☐ Cement Division	☐ Transportation ☐ Mechanic ☐ Shop ☐ Field Technician
Other position: _____	Available start date: _____
☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal	Work location / company division: _____

APPLICANT INFORMATION

Full legal name: _____	Preferred name: _____
Street address: _____	City / State / ZIP: _____
Phone: _____	Email: _____
Are you legally authorized to work in the United States? ☐ Yes ☐ No	Will you now or in the future require employment sponsorship? ☐ Yes ☐ No
Have you previously worked for DUCO Inc.? ☐ Yes ☐ No	If yes, position and dates: _____
Are you related to a current DUCO employee? ☐ Yes ☐ No	If yes, name / relationship: _____

AVAILABILITY AND WORK REQUIREMENTS

☐ Day ☐ Night ☐ Rotating ☐ On-call shifts available	☐ Weekends ☐ Overtime ☐ Travel ☐ Out-of-town available
Can you perform the essential functions of the position, with or without reasonable accommodation? ☐ Yes ☐ No	If no, explain only work-related limitation: _____

EMERGENCY CONTACT

Name: _____	Relationship: _____
Phone: _____	Alternate phone: _____

EMPLOYMENT APPLICATION
DRIVER QUALIFICATIONS

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DRIVER LICENSE INFORMATION

Complete this page if the position requires driving. CDL applicants must complete all CDL fields.

☐ CDL Class A ☐ Class B ☐ Class C ☐ Non-CDL License	License number: _____
State issued: _____	Expiration date: _____
☐ Automatic restriction: Yes ☐ No	Years of driving experience: _____
DOT medical card expiration: _____	☐ FMCSA Clearinghouse registered: Yes ☐ No

CDL ENDORSEMENTS AND RESTRICTIONS

☐ Tanker ☐ HazMat ☐ Doubles/Triples	☐ Combination ☐ Air Brakes ☐ Other: _____
Additional restrictions: _____	Other endorsements: _____

DRIVING RECORD - PAST FIVE YEARS

Moving violations? ☐ Yes ☐ No Preventable accidents? ☐ Yes ☐ No License suspended or revoked? ☐ Yes ☐ No

Date	Violation / Accident / Action	State	Outcome / Explanation

DOT DRUG AND ALCOHOL HISTORY - CDL APPLICANTS ONLY

Have you ever tested positive or refused a DOT-required drug or alcohol test? ☐ Yes ☐ No	If yes, have you completed the DOT return-to-duty process? ☐ Yes ☐ No ☐ N/A
Explanation / SAP status: _____	Date eligible for safety-sensitive duty: _____

Notice: DUCO Inc. will conduct any required FMCSA Drug and Alcohol Clearinghouse query and driver qualification investigation after obtaining required consent.

EMPLOYMENT APPLICATION
SKILLS AND QUALIFICATIONS

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EQUIPMENT EXPERIENCE

Check all equipment or roles for which you have practical experience.

Workover	Transportation	Heavy Equipment
☐ Workover Rig ☐ Derrick	☐ Tractor Trailer ☐ Winch Truck	☐ Forklift ☐ Loader
☐ Floor Hand ☐ Rig Operator	☐ Bobtail ☐ Flatbed ☐ Step Deck	☐ Backhoe ☐ Excavator
☐ Rig Manager ☐ Other: _____	☐ Lowboy ☐ Pneumatic Trailer	☐ Skid Steer ☐ Crane
	☐ Cement Pod ☐ Tank/Vacuum Trailer	Other: _____

Years of oil and gas experience: _____	Years of workover experience: _____
Years of cementing experience: _____	Years of equipment operation: _____

CERTIFICATIONS AND TRAINING

☐ OSHA 10 ☐ OSHA 30 ☐ H_2S ☐ SafeLand ☐ PEC ☐ First Aid ☐ CPR
☐ Forklift ☐ Crane ☐ Rigging ☐ Confined Space ☐ Lockout/Tagout ☐ Fall Protection ☐ TWIC

Certification / License	Issuing Organization	Number (if applicable)	Expiration Date

EDUCATION

School Type	School Name / Location	Graduate?	Degree, Diploma, or Certification
High School / GED		☐ Yes ☐ No	
College / Trade School		☐ Yes ☐ No	
Other Training		☐ Yes ☐ No	

MILITARY SERVICE (OPTIONAL)

Branch: _____	Dates of service: _____
Rank at separation: _____	Specialized training / experience: _____

EMPLOYMENT APPLICATION
EMPLOYMENT HISTORY

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EMPLOYMENT HISTORY

List your most recent employer first. CDL applicants: account for the preceding 10 years, including any gaps; attach an additional sheet if needed. Other applicants: provide at least 5 years when available.

EMPLOYER 1

Company: _____	Supervisor: _____
Address: _____	Phone: _____
Job title: _____	Dates: From _____ To _____
Starting pay: _____	Ending pay: _____
Reason for leaving: _____	May we contact this employer? ☐ Yes ☐ No
Job duties / equipment operated:	

EMPLOYER 2

Company: _____	Supervisor: _____
Address: _____	Phone: _____
Job title: _____	Dates: From _____ To _____
Starting pay: _____	Ending pay: _____
Reason for leaving: _____	May we contact this employer? ☐ Yes ☐ No
Job duties / equipment operated:	

EMPLOYMENT APPLICATION
EMPLOYMENT HISTORY - CONTINUED

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EMPLOYER 3

Company: _____	Supervisor: _____
Address: _____	Phone: _____
Job title: _____	Dates: From _____ To _____
Starting pay: _____	Ending pay: _____
Reason for leaving: _____	May we contact this employer? ☐ Yes ☐ No
Job duties / equipment operated:	

EMPLOYER 4

Company: _____	Supervisor: _____
Address: _____	Phone: _____
Job title: _____	Dates: From _____ To _____
Starting pay: _____	Ending pay: _____
Reason for leaving: _____	May we contact this employer? ☐ Yes ☐ No
Job duties / equipment operated:	

EMPLOYER 5

Company: _____	Supervisor: _____
Address: _____	Phone: _____
Job title: _____	Dates: From _____ To _____
Starting pay: _____	Ending pay: _____
Reason for leaving: _____	May we contact this employer? ☐ Yes ☐ No
Job duties / equipment operated:	

EMPLOYMENT GAPS

Dates	Reason

EMPLOYMENT APPLICATION
REFERENCES AND CERTIFICATION

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PROFESSIONAL REFERENCES

List individuals who are familiar with your work and are not relatives.

Name	Company / Title	Phone / Email	Relationship / Years Known

APPLICANT CERTIFICATION AND AUTHORIZATION

I certify that the information in this application and any attachments is true, complete, and accurate to the best of my knowledge. I understand that a material false statement, omission, or misrepresentation may disqualify me from employment or result in termination if discovered after hire.

I authorize DUCO Inc., to the extent permitted by law and with any additional consent required, to verify my employment history, education, references, driving qualifications, and other job-related information. I authorize persons and organizations contacted for these purposes to provide relevant information.

I understand that employment is at will: either DUCO Inc. or I may end the employment relationship at any time, with or without notice or cause, except as otherwise provided by law or a written agreement signed by an authorized company representative.

I understand that employment in a safety-sensitive position may be contingent on job-related screening and compliance with company safety policies, applicable DOT requirements, PPE requirements, and customer-site rules.

Applicant signature: _____	Date: _____

APPLICANT NOTICE

DUCO Inc. provides equal employment opportunity and considers qualified applicants without unlawful discrimination. Applicants who need a reasonable accommodation during the application process may contact the company. Do not provide medical, disability, age, or criminal-history information on this initial application. Any later screening will be conducted in accordance with applicable law.

EMPLOYMENT APPLICATION
FOR COMPANY USE ONLY

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INTERVIEW AND OFFER

Interviewed by: _____	Interview date: _____
Position offered: _____	Department: _____
Starting wage: _____	Proposed hire date: _____
Work location: _____	Supervisor: _____

PRE-EMPLOYMENT REVIEW

Requirement	Result	Date / Initials
Drug screen	☐ Pass ☐ Fail ☐ Pending ☐ N/A	
Background check	☐ Clear ☐ Review ☐ Pending ☐ N/A	
Motor vehicle record	☐ Acceptable ☐ Review ☐ N/A	
DISA status	☐ Eligible ☐ Not eligible ☐ Pending ☐ N/A	
DOT physical	☐ Current ☐ Needed ☐ N/A	
FMCSA Clearinghouse	☐ Clear ☐ Review required ☐ N/A	
Employment verification	☐ Complete ☐ Pending ☐ N/A	

HIRING DECISION

☐ Approved ☐ Not approved ☐ Hold / further review	Approved by: _____
Approval date: _____	Employee ID (if hired): _____
Notes:	

HR reminder: Keep this application and all screening records confidential and retained according to company policy and applicable law. Use separate authorization and disclosure forms for consumer reports, DOT/FMCSA inquiries, and other regulated checks.

PLEASE EMAIL FINISHED APPLICATION TO

RESUME@JBRDUCO.COM