

17902 E Telegraph Rd. Santa Paula, Ca 93060.
 Phone: 8052-642-5000
 Fax: 8052-642-5007



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First DOB

Address: _____
Street Address Apartment/Unit#

City State Zip Code

Phone: _____ E-mail Address: _____

Date Available _____ S.S # _____

Emergency Contact/Relation: _____

Check Yes Or No

Are you a member of a Union? If yes which one?	Yes	No
Do you have a vailed Drivers License?	Yes	No
Do you have a class A Drivers License?	Yes	No
Do you have work experience with HDD?	Yes	No
Have you ever worked Ventura Directional Drilling?	Yes	No
Have you been convicted of a felony or misdemeanor? If Yes Explain:	Yes	No

Education

High School _____ Address _____
 From _____ To _____ Did you graduate? Yes No

College _____ Address _____
 From _____ To _____ Did you graduate? Yes No

Other _____ Address _____
 From _____ To _____ Did you graduate? Yes No

References

Please list at least three professional references

Full Name: _____ Relationship: _____
Company _____ Work Phone _____
Address _____ Cell Phone _____
Can we contact them? Yes No Email _____

Full Name: _____ Relationship: _____
Company _____ Work Phone _____
Address _____ Cell Phone _____
Can we contact them? Yes No Email _____

Full Name: _____ Relationship: _____
Company _____ Work Phone _____
Address _____ Cell Phone _____
Can we contact them? Yes No Email _____

Full Name: _____ Relationship: _____
Company _____ Work Phone _____
Address _____ Cell Phone _____
Can we contact them? Yes No Email _____

Full Name: _____ Relationship: _____
Company _____ Work Phone _____
Address _____ Cell Phone _____
Can we contact them? Yes No Email _____

Full Name: _____ Relationship: _____
Company _____ Work Phone _____
Address _____ Cell Phone _____
Can we contact them? Yes No Email _____

Employment History

Company: _____ Phone Number _____
Address: _____ Email _____
Supervisor: _____ Cell Phone _____
Job Title _____ Starting Salary _____ Ending Salary _____
Responsibilities: _____

From _____ To _____ Reason for leaving _____
May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone Number _____
Address: _____ Email _____
Supervisor: _____ Cell Phone _____
Job Title _____ Starting Salary _____ Ending Salary _____
Responsibilities: _____

From _____ To _____ Reason for leaving _____
May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone Number _____
Address: _____ Email _____
Supervisor: _____ Cell Phone _____
Job Title _____ Starting Salary _____ Ending Salary _____
Responsibilities: _____

From _____ To _____ Reason for leaving _____
May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone Number _____
Address: _____ Email _____
Supervisor: _____ Cell Phone _____
Job Title _____ Starting Salary _____ Ending Salary _____
Responsibilities: _____

From _____ To _____ Reason for leaving _____
May we contact your previous supervisor for a reference? Yes No

Additional Comments

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

In consideration of my employment with Ventura Directional Drilling (The employer), I understand that my employment and compensation are at-will and therefor can be terminated with or without cause, at any time without prior notice, at my option or the employers option. this at will employment relationship will remain in effect throughout employment with Ventura Directional Drilling, Inc. Unless it is specifically modified by an express written employment agreement executed by an authorized representative of Ventura Directional Drilling, Inc and myself. I understand that this at-will employment relationship may not be modified by an oral or implied agreement, and that no employee handbook nor and course of conduct, practice, policy, award, promotion, performance evaluation, transfer, or lengths of service can modify this at will relationship.

I acknowledge that I have carefully read this agreement, that I understand its terms, and that I have entered into this agreement voluntarily. I further acknowledge that I have been given the opportunity to discuss this Agreement with my private legal counsel before signing it and have availed myself of that opportunity to the extent I wish to do so.

Signature: _____ Date: _____



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number	Employee's E-mail Address			Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
-----------------------	----------------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

STOP *Employer Completes Next Page* **STOP**



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Ventura Directional Drilling, Inc.

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Ventura Directional Drilling, Inc. to initiate automatic deposits to my account at the financial institution named below. I also authorize Ventura Directional Drilling, Inc. to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Ventura Directional Drilling, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Ventura Directional Drilling, Inc. receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Employee Name: _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking | Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.