



AN EQUAL OPPORTUNITY EMPLOYER
(ALL INFORMATION WILL BE TREATED CONFIDENTIALLY)

PERSONAL INFORMATION:			Today's Date
Name (Last, First Middle)		Social Security Number / /	
Permanent Address (Street, City and State)	Zip Code	Phone Number ()	
Present Address (Street, City and State) (if different from above)	Zip Code	Phone Number ()	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally authorized to work in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____	
Do you have any relatives employed by this company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Conviction does not automatically disqualify you from employment. All circumstances will be considered.	
If yes, Name: _____ Relationship: _____			
If previously employed by this company, please give position and dates of employment below.			
ALL OFFERS OF EMPLOYMENT ARE CONDITIONED UPON THE RIGHT TO WORK IN THE UNITED STATES AND PROOF OF SUCH RIGHT WILL BE REQUIRED WITHIN THREE (3) WORKING DAYS FROM WHEN YOUR EMPLOYMENT BEGINS.			

JOB INTEREST

Please state type of work preferred		Position(s) desired	
Date available for work	Salary desired	Geographical preference	Willing to travel?
Are you able to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> 24 Hr. On Call <input type="checkbox"/> Day <input type="checkbox"/> Night (Please check if "Yes") <input type="checkbox"/> Part-Time <input type="checkbox"/> Overtime <input type="checkbox"/> Shift Work <input type="checkbox"/> Evening <input type="checkbox"/> Weekends			

EDUCATION

	NAME	LOCATION	NO. OF YRS ATTENDED	GRAD. Yes No	COURSE OR MAJOR
School					
High School					
College					
Graduate					
Other					

Please list any other information you think would be helpful in considering you for employment (i.e. scholastic, honors, articles/books published, patents, accomplishments, etc.).

IF APPLYING FOR A JOB INVOLVING THE USE OF A COMPANY VEHICLE OR DRIVING PERSONAL VEHICLE FOR COMPANY BUSINESS – COMPLETE THE FOLLOWING:

Type of Drivers License currently held	Issuing State	Driver's License Number	How many traffic violations have you had in the last 4 years?
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If you have ever had your driver's license revoked or been denied a driver's license, please explain:



PREVIOUS EMPLOYMENT

Name of Employer			Telephone ()
Address	City, State and Zip		Immediate Supervisor
Employment Dates (Mo and Yr) From: To:	Title of Position	Starting Salary \$	Ending Salary \$
Description of Duties	Reason for leaving	May we contact this employer? Yes No	
Name of Employer			Telephone ()
Address	City, State and Zip		Immediate Supervisor
Employment Dates (Mo and Yr) From: To:	Title of Position	Starting Salary \$	Ending Salary \$
Description of Duties	Reason for leaving	May we contact this employer? Yes No	
Name of Employer			Telephone ()
Address	City, State and Zip		Immediate Supervisor
Employment Dates (Mo and Yr) From: To:	Title of Position	Starting Salary \$	Ending Salary \$
Description of Duties	Reason for leaving	May we contact this employer? Yes No	
List those job-related machines and/or equipment you are qualified to operate and any other job-related skills you possess			

AGREEMENT (This is a Binding Legal Agreement)
PLEASE READ CAREFULLY BEFORE SIGNING

Drilling Tools International, Inc. (hereafter called the "Company")

I AGREE AND UNDERSTAND THAT IF I AM EMPLOYED, MY EMPLOYMENT WILL BE "AT WILL" AND THAT THE EMPLOYMENT RELATIONSHIP MAY BE TERMINATED AT ANY TIME AND FOR ANY REASON, BY EITHER THE COMPANY OR BY ME. I FURTHER UNDERSTAND THAT IF I AM EMPLOYED, MY EMPLOYMENT WILL BE FOR AN INDEFINITE DURATION AND THAT I DO NOT HAVE AN EMPLOYMENT CONTRACT WITH THE COMPANY. I ALSO UNDERSTAND THAT NO EMPLOYEE OF THE COMPANY IS AUTHORIZED TO MODIFY THE "AT WILL" NATURE OF MY EMPLOYMENT UNLESS DONE SO IN WRITING AND EXECUTED BY THE COMPANY VICE PRESIDENT, CEO OR CFO.

I understand that my application for employment will be kept in the active file for 60 days. I also understand that if I am not hired during this period, I must update or submit a new application form

I certify that the information contained in this application is true and correct. I agree that ANY MIREPRESENTATION OR OMISSION of fact is sufficient cause for rejection or immediate dismissal, regardless of when the Company may discover such fact.

I understand and agree that the Company may verify all information in this application. I authorize all organizations to give the Company the information requested. I release these individuals and organizations from all liability for any claim or damages resulting there from.

I understand that employment by the Company may be conditional upon my passing a physical examination and drug screens and background check, if required. I agree to submit to a physical examination and drug screen prior to my employment. I also agree to submit to additional physical examinations or drug screens during the course of my employment when requested. The examinations will be performed by doctors chosen and paid for by the Company. I also authorize the doctors to send the results of my physical examination and drug screen to the Company.

I understand that, if I am employed by the Company, I may be required to furnish proof of age, and that I may also be required to sign certain standard employment agreements regarding ownership of inventions, conflicts of interest, and confidentiality.

I understand that any offer of employment will be expressly contingent upon my ability to prove that I am lawfully authorized to work in the U.S., as required by the Immigration Reform and Control Act of 1986 ("IRCA").

I agree and understand that my refusal to sign this agreement would eliminate me from consideration for employment by the Company.

If employed, I agree to abide by and observe all company rules and regulations.

I HAVE READ THE ABOVE PARAGRAPHS, UNDERSTAND THEIR IMPORTANCE AND EFFECT UPON MY EMPLOYMENT, AND ACCEPT THE SAME AS CONDITIONS OF MY EMPLOYMENT BY THE COMPANY

Signature of Applicant

Date of Application