

Employment Application



Please print or type clearly in ink and return application to Schlumberger address below

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|--|

Personal

| | | | | | | | | | | | | | |
|--|--|--|--|------------------------|--|-----------------------------------|--|------------------------|--|----------|--|--|--|
| Last Name | | First | | Middle | | Social Security Number (optional) | | | | | | | |
| | | | | | | | | | | | | | |
| Permanent Address- Number and Street | | | | City | | | | State | | Zip Code | | | |
| Do you have the legal right to work in the USA? (If yes, verification will be required) | | Are you over 18? (21 if applying for DOT position) | | Residence Phone Number | | | | Emergency Phone Number | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | |

Job Interest

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| Position Desired | | Company or Division Preferred (if any) | | | | | |
| Are you seeking <input type="checkbox"/> Full-Time Position <input type="checkbox"/> Part-Time Position | | Date Available | | Salary Desired | | | |
| Referred By | | Date of application | | | | | |
| Will you consider shift work? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Will you relocate? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Are you willing to travel? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Is this your first time applying with us? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| Have you ever been employed with us? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| If yes then give Company Name and Location _____ | | | | | | | |
| Dates employed _____ | | Position _____ | | | | | |

Miscellaneous

| | | | | |
|---|--|---------|-----------------------------|----------|
| Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| If yes, explain (convictions are not an automatic bar to employment): | | | | |
| Do you have working knowledge of the fundamental job duties (essential function) of the position for which you are applying? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| If yes, can you perform the essential functions of the job with or without reasonable accommodations? | | | | |
| Are you related to anyone employed by Schlumberger? (To be used for assignment purposes) | | Name(s) | Company Name and Department | Location |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

Company policy is to provide every individual a fair and equal opportunity to seek employment and advancement at the Company without regard to race, color religion, sex, age, national origin, veteran's status, disability or factors protected by federal, state or local laws. "An Equal Opportunity Employer" For more information regarding your rights, refer to the latest version of the "EEO is the Law" poster located here: <http://www1.eeoc.gov/employers/poster.cfm>

All Applicants

Please read carefully before signing

I certify that any information I give during the course of applying for employment is true and complete. I understand that any false, incorrect or misleading information or the omission of any pertinent information, including that given at the time of my application, may be considered as sufficient reason for my discharge. If hired, I further understand that this application is not intended to be a contract of employment and that if I am hired, my employment is at will and can be terminated at any time by either me or the Company, with or without notice, for any or no reason. No supervisor or manager has authority to make an agreement to the contrary changing employment at will. This application will be in effect for 90 days from the date indicated below and, if employment is not offered within the 90-day period, I understand that I must reapply to be considered for future employment. I also understand that this application for employment in no way obligates the Company to employ me.

I do hereby authorize Schlumberger to investigate my former employment and other references and to make any further investigations deemed necessary in connection with my application for employment and I do hereby release Schlumberger and all informants of all liability whatsoever resulting from such investigations.

SIGNATURE

DATE

Supplement to employment application

I understand that an offer of employment I may receive is subject to my subsequent completion, satisfactory to the Company, of all pre-employment procedures, including a drug and alcohol screen test, and submission of documentation establishing my right to work in the U.S.

SIGNATURE

DATE

Education

| TYPE OF SCHOOL | SCHOOL NAME AND ADDRESS | TYPE OF DEGREE EARNED | MAJOR | NUMBER OF YEARS COMPLETED | GRADUATED | | GRADE POINT AVG. |
|---|-------------------------|-----------------------|-------|---------------------------|-----------|----|------------------|
| | | | | | YES | NO | |
| High School | | | | | | | |
| Business Trade, Technical or Vocational | | | | | | | |
| Junior College | | | | | | | |
| College or University | | | | | | | |

Further Education Planned:

Skills

List office equipment you can operate:

Typing (WPM):

Shorthand (WPM):

Computer hardware:

Computer software:

What foreign language do you speak? (respond if you believe this information is relevant to the position applied for):

Do you have any commitment to another employer or business which might effect your employment with us? YES NO

If yes, explain:

This section to be completed by applicants who will be using Company car or participate in car allowance programs.

Driver's License

| | | | |
|---|--|---|---|
| Driver's License No. | Date of Expiration | State Issued | Type or class of license Class _____ <input type="checkbox"/> Operator <input type="checkbox"/> Commercial <input type="checkbox"/> Chauffeur <input type="checkbox"/> Other _____ |
| Have you ever been denied a license, permit, or privilege to operate a motor vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO | Has any license, permit or privilege ever been suspended, denied or revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO | If the answer to either of these questions is yes, attach a statement giving details. | |

Accident Record

Attach sheet if more space is needed.

| DATES (BEGIN WITH MOST RECENT) | NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.) | FATALITIES | INJURIES |
|-----------------------------------|--|------------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

Traffic convictions and forfeitures (other than parking violations) for the past 3 years and any convictions or forfeitures involving possession, sale, manufacturing, transportation, or use of drugs.

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

I understand that the information on this application will be used and that prior employers will be contacted for the purpose of investigation as required by 391.23 of the motor carrier safety regulations.

Truck and Equipment Experience (Complete only if applicable to the position for which you are applying)

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC) | DATES | | APPROX. NO. OF MILES (TOTAL) |
|--------------------------|---|-------|----|------------------------------|
| | | FROM | TO | |
| Straight truck | | | | |
| Tractor and semi-trailer | | | | |
| Tractor-two trailers | | | | |
| Other | | | | |

List states operated in for last three years:

Show special courses for training that will help you as a driver:

Which safe driving awards do you hold and from whom?

CONFIDENTIAL PRE-EMPLOYEE SURVEY

As part of our continuing commitment to Equal Employment Opportunity, the company has a policy of hiring and promoting individuals based on ability and potential and without regard to those facts that have no bearing on the execution of job responsibilities. The company takes affirmative action steps to employ and advance protected veterans in the workplace.

To enable us to meet government reporting requirements, we request that you complete this personal data form. Any information that you choose to provide will not be considered by us for employment purposes and will be treated as personal and confidential. We request this information in order to measure the effectiveness of outreach and recruitment efforts.

Provision of this information is VOLUNTARY and refusal to provide it will not subject you to any adverse treatment. This information will be kept in a CONFIDENTIAL file, separate from the personnel folder. It will only be used in accordance with the provision of applicable laws and regulations. Your cooperation is appreciated.

PLEASE PRINT

| | | | |
|--|--|---|------------|
| Name (Last, First, Middle): | Last four numbers of Social Security Number: | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Hire Date: |
| Job Title: | Location and Department Name and Number: | | |
| Office Address (Street, City, State, Zip): | | | |

What is your race/ethnicity? You may mark only one box.

Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African-American (not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.

Native Hawaiian or other Pacific Islander (not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian/Alaskan Native (not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or more Races (not Hispanic or Latino) A person who identifies with more than one of the above five races.

An "Active Duty Wartime or Campaign Badge Veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a **campaign badge** has been authorized. Information to identify the campaigns or expeditions that meet this criterion is available at <http://www.opm.gov/veterans/html/vgmedal2.htm>. A copy of the list may also be obtained by calling (301) 306-6752 and requesting that a copy of the list be mailed to you.

A "Recently Separated Veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service hired during the three-year period beginning on the date of your discharge or release from active duty.

A "Disabled Veteran" is a veteran of the U.S. military who (i) is entitled to compensation (or who but for the receipt of military pay would be entitled to compensation) under laws administered by the Secretary of Veteran Affairs, or (ii) was discharged or released from active duty because of a service-connected disability.

An "Armed Forces Service Medal Veteran" means any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61FR 1209).

Information concerning your status will be kept confidential except to the extent necessary to provide special accommodations or emergency treatment. Government officials may be informed where required. Your participation is voluntary; failure to respond will not result in adverse treatment.

I identify as one or more of the classifications of protected veterans listed above

I am not a protected veteran

Signed _____

Date _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.