



“Think Quality”

EMPLOYMENT APPLICATION

Carlisle Energy Group, Inc.

Notice to Applicant: We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, gender, national origin, citizenship, age, disability, and/or any other basis prohibited by law. Please do not provide the company with any information, which may indicate your race, color, religion, age, gender, national origin, citizenship, and/or disability.

Personal Information (Please Print)

Name: _____ Social Security: _____
(Last) (First) (M)

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Are you over the age of eighteen? _____ Yes _____ No

Are you legally able to work in the United States? _____ Yes _____ No

Are you a licensed driver with available transportation to and from work? _____ Yes _____ No

Have you ever been arrested, convicted of or pled guilty to any crime? _____ Yes _____ No

If yes, please describe in detail (including, but not limited to, the name of the crime, the date of the crime, and the state, parish, and/or county where convicted or pled guilty:

Position Information (Please Print)

Position: _____

Department/Group: _____

Have you ever worked for this organization: _____ If so, date(s): _____

Reason(s) for separation: _____

Hours Available: _____

Are you willing to work in any geographical area or location? _____ Yes _____ No

What is the type of employment desired? Full _____

Part-Time _____

Temporary _____

Other _____

Are you willing to work overtime? _____ Yes _____ No

Identify the source of referral: _____

Education (Please Print) - List from Present to Past

Name and Location of School	Major Areas of Study	Degree / Number of Years
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Achievements (Please Print)

NOTE: Please list any honors, awards, certifications, licenses, professional designations, memberships, and/or any other activities or achievements you consider significant. (Do not include or list any achievement or activity, which includes race, color, religion, nation origin, age, disability, citizenship and/or gender.)

Employment History (Please Print) List current first

Employer: _____

Employer's Address: _____

Employer's Telephone Number: _____

Type of Business: _____

Start date / Leave
Date: _____

Salary: _____

Reason(s) for separation: _____

Job Title / Position: _____

Supervisor and Title: _____

Description of Job Duties: _____

Employment History (Please Print) List current first

Employer: _____

Employer's Address: _____

Employer's Telephone Number: _____

Type of Business: _____

Start date / Leave
Date: _____

Salary: _____

Reason(s) for separation: _____

Job Title / Position: _____

Supervisor and Title: _____

Description of Job Duties: _____

Employment History (Please Print) List current first

Employer: _____

Employer's Address: _____

Employer's Telephone Number: _____

Type of Business: _____

Start date / Leave
Date: _____

Salary: _____

Reason(s) for separation: _____

Job Title / Position: _____

Supervisor and Title: _____

Description of Job Duties: _____

References (Please Print) (Do Not Include Relatives)

Name	Relationship to Applicant	Telephone	Years Known

Other Information (Please Print)

Name of friends and/or relatives employed by this organization:

Acknowledgement (PLEASE READ CAREFULLY)_____

I HEREBY CERTIFY, ACKNOWLEDGE, AND REPRESENT THAT THE INFORMATION CONTAINED IN THIS APPLICATION FORM AND ANY ATTACHMENTS LISTED BELOW (WHICH ARE MADE PART OF THIS APPLICATION) IS TRUE AND CORRECT. I UNDERSTAND AND ACKNOWLEDGE THAT THE STATEMENTS AND REPRESENTATIONS I AM MAKING IN THIS APPLICATION ARE BEING RELIED UPON BY THE COMPANY AND I AGREE TO DEFEND, INDEMNIFY AND HOLD THE COMPANY HARMLESS FOR AN FROM ANY CLAIMS, DAMAGES, AND LOSSES (INCLUDING ATTORNEY’S FEES) RESULTING FROM ANY MISREPRESENTATION OR MISSTATEMENT (WHETHER OR NOT INTENTIONAL OR UNINTENTIONAL). I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, MISSTATEMENT OR MATERIAL OMISSION OF INFORMATION ON THIS APPLICATION MAY RESULT IN MY FAILURE TO RECEIVE AN OFFER FOR EMPLOYMENT OR IF I AM HIRED, MAY RESULT IN THE TERMINATION, AT ANY TIME, OF MY EMPLOYMENT.

I AUTHORIZE THE COMPANY TO CHECK, INVESTIGATE AND VERIFY ANY OF THE INFORMATION, STATEMENTS, AND PRESENTATIONS MADE IN THIS APPLICATION. I AUTHORIZE THE REFERENCES LISTED ABOVE TO PROVIDE THE COMPANY WITH ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT OR CONCERNING ANY MATTER WHATSOEVER AND I RELEASE ALL PERSONS AND ENTITIES FROM ANY AND ALL LIABILITY OR CLAIMS THAT MAY RESULT FROM FURNISHING AND/OR OBTAINING SUCH INFORMATION AS WELL AS FROM THE USE OF OR DISCLOSURE OF SUCH INFORMATION BY THE COMPANY OR ANY OF ITS AGENTS, EMPLOYEES OR REPRESENTATIVES.

I UNDERSTAND AND ACKNOWLEDGE THAT THE COMPANY MAY CONDUCT A BACKGROUND CHECK CONCERNING ME AND/OR ANY ASPECT OF MY PERSONAL HISTORY AND BACKGROUND. I AGREE TO SIGN A CONSENT FORM RELATED TO A BACKGROUND CHECK AS PART OF THIS APPLICATION. EVEN IF A CONSENT FORM IS NOT SIGNED BY ME, I AGREE TO THE BACKGROUND CHECK AS REFERENCED ABOVE.

I ACKNOWLEDGE AND UNDERSTAND THAT ANY EMPLOYMENT OFFER TO AND/OR OBTAINED BY ME IS “AT WILL” AND I CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON, WITH OR WITHOUT CAUSE. IF I AM HIRED BY THE COMPANY, I AGREE TO ABIDE BY ANY AND ALL POLICIES AND PROCEDURES ISSUED BY THE COMPANY AND I ACKNOWLEDGE AND UNDERSTAND THAT ANY WRITTEN OR VERBAL POLICIES AND PROCEDURES DO NOT CONSTITUTE AN EMPLOYMENT CONTRACT AND WILL NOT ALTER MY EMPLOYMENT AT WILL STATUS.

Print Name

Signature

Date

New Hire Employee Training

New hire employees for Carlisle Energy Group, Inc. are on a 90-day probation period.

During the 90-day probation period it will be decided if the new hire will make a suitable Carlisle Energy Group employee. If at this time employment is maintained the employee will begin the offshore training process.

A new hire will be completely trained regardless of previous experience.

In your first 60 days a new hire will work to complete:

Operator Training Phase I

In addition, new hires will learn company policies and procedures.

In days 60 – 90:

Carlisle Energy Group's employees are trained in house on the following topics.

- **OT-2 Relations to Job Equipment**
- **OT-3 Terminology**
- **OT-4 Cementing**
- **OT-5 Coil Tubing**
- **OT-6 Horsepower**
- **OT-7 Fuel System Outline**
- **OT-8 Hazcom/Hazwoper General knowledge**
- **OT-9 Hearing Conservation**
- **OT-10 Fall Protection**
- **OT-11 PPE**
- **OT-12 Lock-Out/Tag-Out**
- **OT-13 Respiratory Protection**
- **OT-16 Water Package Rig Up**
- **OT-17 Fire Package Rig Up**

After the 90 day probation period outside training will begin.

There are five main training courses required for a Carlisle Energy Group employee to begin working as an offshore operator.

- **First Aid/CPR & Blood Borne Pathogens**
- **Rigger**
- **PEC**
- **Water/Marine Survival**
- **Safe Gulf**

If a new hire already has any of the above training cards that are not expired, he will not be expected to retake the course until the renewal date.

Additional training may be required of an employee if required by the customer.

Upon completion of training, the new hire will be issued an offshore package. This will consist of a duffle bag with PPE and brief case supplies. (The new hire is expected to supply their brief case for offshore use.) From this time on the new hire will be required to be available at all times to make a job.

All PPE items are for PPE ONLY, it is not to be used in place of your rain/slicker suit.

New operators will make a minimum of two jobs per type of job under the supervision of an offshore supervisor. The new operator will not be allowed to take on any job as lead operator until cleared by the supervisor as being completely trained in the specific job.

It is company policy that all employees check in before leaving and upon returning from a job. Check in consist of coming to the shop, entering your security code into the alarm system, and making notes in call center that you are leaving/returning. When returning from a job you will also be expected to take care of all outstanding paperwork related to the job you just completed, this must be done before going home.

Signature

Date

Witness

ONLY FILL OUT WHEN APPLYING FOR OFFSHORE POSITION

Universal Membership Application Form Instructions

When to use the Universal Membership Application Form

Use this form to enroll a prospective employee in the DISA Contractors Consortium (DCC) and/or the North American Substance Abuse Program (NASAP) and/or the Hair Testing Substance Abuse Program (DCCHT).

Step 1 – Has the employee been in the DISA Contractor's Consortium before? If yes, log on to DISAWorks® and perform a membership verification. Many times the employee will already be eligible to work.

If the employee has not been in the DCC previously, please complete this form as described below and fax to DISA at 713-972-3431 prior to testing the employee.

How to use the Universal Membership Application Form

General Instructions

This form is designed to be processed automatically. Please use a black ballpoint or metal point pen when filling out this form. Stray marks can delay processing of your form. If you make a mistake, please fill out a new form. Our automated system is unable to read crossed out information. When filling in the boxes, print neatly in capital letters as shown on the front of this form. Letters and numbers should fit neatly inside each square and not touch the edges of the boxes. Any unrecognizable or incorrect information may result in a delay in processing or improper processing of this form. This may result in a delay in the employee's eligibility to participate in this program.

Step-By-Step Instructions

Employee/Donor Information:

- Fill in the prospective employee's last name, first name, and middle initial.
- Fill in the prospective employee's social security number. The complete social security number is required to enter this program. Please assure the information is accurate and complete.
- Fill in the prospective employee's home or cell phone number. If the employee does not have a phone, the employee's business number may be used in its place. Should the employee also not have a business number, a supervisor's phone number may be supplied.
- Fill in the prospective employee's location/cost center/PO number. This information will be presented on the invoice for any services performed on the employee in question.
- Fill in the state abbreviation and site code for the collection site prospective employee will be sent for testing. If unknown, you may contact DISA, Inc. at (281) 673-2400. Select option 1 to reach our client service call center.

Policy Information:

- It is no longer necessary to provide additional policy information when enrolling an employee in the DCC. To enroll your employee in your company policy or DOT program, simply send the employee to test with the proper form for that policy.

Signature Information:

- Fill in the last name, first name, and middle initial of the person who will witness the employee's signing of the form. This information is critical to the processing of this form. Forms without this information cannot be processed.
- Have the prospective employee read the statement, sign and date the form.
- Witness sign, date and fax the form to DISA, Inc. at 713-972-3431.
- Send the prospective employee to the designated collection facility with the forms required for the policy the employee wishes to enroll. DCCHT requires a hair testing custody and control form. DCC and NASAP require both a urine testing custody and control form and a Non DOT Alcohol Testing Form. One drug and alcohol collection will automatically enroll the employee in both the DCC and NASAP programs.



ONLY FILL OUT WHEN APPLYING FOR OFFSHORE POSITION



17309

An ISO 9001:2008 Certified
Company. Certificate No. 42221

CE OIL TOOL & SUPPLY INC.

Universal Membership Application Form

DISA Contractors Consortium, 12600 Northborough, Suite 300, Houston, TX 77067



The Universal Membership Application Form is used to enroll employees in the national DISA Contractors Consortium (DCC), and/or the North American Substance Abuse Program (NASAP), and/or the DISA Contractors Consortium Hair Testing (DCCHT) policies. Each employee must complete this form prior to gaining admittance to any site requiring either of these programs.

Please fill this form out completely. All fields marked with an asterisk (*) are required. The form will not be able to be processed with incomplete information. This could result in a delay in enrolling the employee into the program. When the form is complete, please E-Mail the form to forms@disa.com or fax to (713)972-3431. For assistance completing this form, please contact your client service team at (281)673-2400 and select option 1.

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box. Failure to fill the form out completely and legibly could delay processing of test results. The following example shows how letters should be drawn on the page:

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

	Last Name *		First Name *		M.I.							
	-		-		-		-		-		-	
Social Security Number *			()			Home Phone Number *						
												Collection Site Code

It is no longer necessary to provide additional policy information when enrolling an employee in the DCC. To enroll your employee in your company policy or DOT program, simply send the employee to test with the proper form for that policy.

	Witness Last Name		Witness First Name		M.I.
--	-------------------	--	--------------------	--	------

I have received and/or reviewed a copy of the DISA Contractors Consortium Substance Abuse Policy and/or North American Substance Abuse Program Policy and/or the Hair Testing Substance Abuse Program. I apply for membership in the DISA Contractors Consortium (DCC) and/or North American Substance Abuse Program (NASAP) and/or the Hair Testing Substance Abuse Program under the sponsorship of the Company Member indicated above. I agree, upon acceptance, to abide by all DCC and/or NASAP and/or the Hair Testing Substance Abuse Program policies, rules, and regulations. I authorize the DCC to release my drug and/or alcohol test results to the Company Member for which I worked at the time I was tested and/or the Company Member which required me to take a post-offer of employment drug and/or alcohol tests. I also authorize the DCC to release information about my status in the DCC to those companies on whose premises I seek to work or am currently working. I also authorize the DCC to release DCC status, test results, and other program activity to the Houston Area Contractors Safety Council through the NASAP with the understanding that this data may affect my status in the NASAP and that this status may be shared with those Companies participating in the NASAP. This release expires five years after the latest date on which I was no longer an "active" member of the Consortium. I understand I have a right to receive a copy of this authorization.

Applicant Signature * (Required to process application)	Date
Witness Signature	Date

*DISA*Works™

FOR INTERNAL USE ONLY

DW Universal V1.0
Revision Date - 02/10
Policy Id: 41763

□	□	□	□	□	□	□	□	□	□
□	□	□	□	□	□	□	□	□	□
□	□	□	□	□	□	□	□	□	□
□	□	□	□	□	□	□	□	□	□
□	□	□	□	□	□	□	□	□	□
□	□	□	□	□	□	□	□	□	□
□	□	□	□	□	□	□	□	□	□
□	□	□	□	□	□	□	□	□	□
□	□	□	□	□	□	□	□	□	□
□	□	□	□	□	□	□	□	□	□
□	□	□	□	□	□	□	□	□	□
□	□	□	□	□	□	□	□	□	□
□	□	□	□	□	□	□	□	□	□
□	□	□	□	□	□	□	□	□	□

(READ & SIGN WHEN FILLING OUT POSITION FOR OFFSHORE)

Job Duties

Position: Offshore Operator/Supervisor

All positions require you to have and maintain reliable transportation. You are required to participate on Call-Outs & must work well with others. We are looking for a team player.

Work Area (primary): Oilfield/Shop

Your job will consist of the following work duties.

Oilfield:

- Representing our company in a professional manner
- Operation of Equipment
- Maintenance of Equipment
- Conducting safe work practices
- Communication between Field and Shop
- Field paperwork
- Housekeeping

Shop:

- Representing our company in a professional manner
- Completing training of all Rental & Non-Rental equipment
- Completing training on all required licenses for Offshore work
- Completing in house training on all procedures, rig-ups, and paperwork
- Post Job Maintenance (PJM) of equipment received from the field.
- Team assignments
- Solo assignments
- Call Outs
- Job Check-ins
- Job Unloads & Load outs
- Site specific Maintenance
- Shop paperwork
- Housekeeping

PJM:

Post Job Maintenance (PJM) will be required on all equipment returning from jobs. This is very important process, which maintains our equipment in pristine shape and allows training to be conducted on all types of equipment. Management will assign all task and all units must be maintained according to our written procedure.

Repairs/Rebuilds

When all PJM items are caught up, you will then be assigned more in-depth repairs. These are the items that were unable to be PJM'd due to excessive damage or items that would become very time consuming.

Housekeeping

Weekly and daily housekeeping is required of all employees.

Offshore/Shop:

- **Maintain a clean and safe work area.**
- **Maintain a clean living area.**
- **Maintain all tools and equipment.**
- **Maintain all PPE and personal items.**

Paperwork

Paperwork is very important, whether it be pertaining to the maintenance of equipment or tracking work conducted for our customer. All paperwork geared towards maintenance will be utilized to track problems and aid in the prediction and prevention of problems that have not yet arose. These sheets will be used for parts requisition as well as documentation of work performed. It is essential that all paperwork be completed daily.

Applicant Signature: _____

Date: _____