

Northern District Office
8283 State Route 29
Montrose, PA 18801
(570) 278-7118 main
(570) 278-6340 fax



GasSearch Drilling Services
A CABOT OIL AND GAS COMPANY
APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

Corporate Office
5 Penn Center West, Suite 401
Pittsburgh, PA 15276
(412) 249-3850 main

DATE PREPARED

THE INFORMATION GIVEN ON THIS FORM IS SOLELY FOR THE USE OF GDS CORPORATION AND WILL BE HELD IN THE STRICTEST CONFIDENCE. PLEASE ANSWER EACH QUESTION FULLY AND ACCURATELY. COMPLETING THIS FORM DOES NOT INDICATE THAT THERE ARE ANY OPEN POSITIONS AND DOES NOT OBLIGATE THE COMPANY TO OFFER YOU EMPLOYMENT. PLEASE PRINT OR TYPE.

PERSONAL	NAME – LAST		FIRST		MIDDLE					
	PRESENT ADDRESS – STREET				CITY	STATE	ZIP CODE	CELL TELEPHONE NO (INCLUDE AREA CODE)		
	PERMANENT CONTACT ADDRESS – STREET				CITY	STATE	ZIP CODE	HOME TELEPHONE NO (INCLUDE AREA CODE)		
	REFERRED TO GDS BY			DATE AVAILABLE FOR EMPLOYMENT			U.S. CITIZEN OR PERMANENT RESIDENT ALIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	RELATIVES EMPLOYED BY GDS		YES <input type="checkbox"/>		RELATIVE'S NAME		RELATIONSHIP	WORK LOCATION		
			NO <input type="checkbox"/>		RELATIVE'S NAME		RELATIONSHIP	WORK LOCATION		
	TYPE OF EMPLOYMENT DESIRED			ARE YOU AGE 18 OR OLDER?						
	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> SUMMER <input type="checkbox"/>			<input type="checkbox"/> YES		<input type="checkbox"/> NO				
	POSITION DESIRED				ARE YOU WILLING TO TRAVEL?					
	FIRST CHOICE				SECOND CHOICE					
				<input type="checkbox"/> YES <input type="checkbox"/> NO						
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH GDS CORPORATION?										
<input type="checkbox"/> YES <input type="checkbox"/> NO				WHEN				ARE YOU WILLING TO WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO		
MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				STARTING SALARY DESIRED				ARE YOU WILLING TO TRANSFER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU AVAILABLE FOR FULL-TIME WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF NO, WHAT HOURS CAN YOU WORK?				ARE YOU WILLING TO PERFORM SHIFT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EDUCATION	SCHOOLS ATTENDED AND LOCATION		DATES ATTENDED FROM	TO	MAJOR / EMPHASIS	TYPE DEGREE	GRADE AVERAGE OVERALL	MAJOR	DATE OF GRADUATION (MO. YR.)	
	HIGH SCHOOL					DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO			*	
	BUSINESS/TRADE/TECHNICAL SCHOOLS								*	
	COLLEGE									
	OTHER (MILITARY, SPECIAL AND APPRENTICESHIPS)									
	SPECIAL AWARDS OR RECOGNITIONS		* IF NOT A HIGH SCHOOL GRADUATE, LIST SCHOOL YRS. SCHOOL COMPLETED, _____ IF NO DEGREE OBTAINED, INSERT NO. OF COLLEGE CREDIT HOURS							
	FOREIGN LANGUAGES:		DEGREE OF PROFICIENCY		GENERAL SKILLS:		WELDING _____		ELECTRICAL _____	
SPEAK?	READ?	WRITE?		OFFICE SKILLS		HEAVY EQUIPMENT _____		MECHANICAL _____		
						EXCEL _____		WORD _____		
						OTHER _____				
MILITARY	MILITARY - ACTIVE DUTY BRANCH			DATES OF ACTIVE DUTY			HIGHEST RANK ATTAINED			
	MILITARY - RESERVE STATUS			RESERVE BRANCH						
EMPLOYMENT BACKGROUND	LIST EMPLOYMENT HISTORY – All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 10 years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle** in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. List employers in reverse order starting with most recent. Add sheets as necessary									
	1. PREVIOUS EMPLOYER – COMPANY NAME			ADDRESS			CITY, STATE			
	DATES: FROM _____ TO _____			STARTING BASE SALARY \$ PER			CURRENT BASE SALARY \$ PER			
	JOB TITLE AND LENGTH OF TIME IN THAT JOB									
	BRIEF DESCRIPTION OF DUTIES (INCLUDE NO. OF PERSONS YOU SUPERVISED, IF APPLICABLE.)									
	SUPERVISOR			PHONE #:			REASON FOR LEAVING			
	WERE YOU SUBJECT TO FMCSRs* WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO			WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO						
	2. PREVIOUS EMPLOYER – COMPANY NAME			ADDRESS			CITY, STATE			
	DATES: FROM _____ TO _____			STARTING SALARY			ENDING BASE SALARY			
	JOB TITLE AND LENGTH OF TIME IN THAT JOB									
BRIEF DESCRIPTION OF DUTIES (INCLUDE NO OF PERSONS YOU SUPERVISED, IF APPLICABLE)										
LAST SUPERVISOR			PHONE #:			REASON FOR LEAVING				
WERE YOU SUBJECT TO FMCSRs* WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO							

EMPLOYMENT BACKGROUND

3. PREVIOUS EMPLOYER – COMPANY NAME		ADDRESS		CITY, STATE	
DATES: FROM _____ TO _____		STARTING BASE SALARY \$ _____ PER		ENDING BASE SALARY \$ _____ PER	
JOB TITLE AND LENGTH OF TIME IN THAT JOB					
BRIEF DESCRIPTION OF DUTIES (INCLUDE NO OF PERSONS YOU SUPERVISED, IF APPLICABLE.)					
LAST SUPERVISOR		PHONE #:		REASON FOR LEAVING	
WERE YOU SUBJECT TO FMCSRs* WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO			WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		
4. PREVIOUS EMPLOYER – COMPANY NAME		ADDRESS		CITY, STATE	
DATES: FROM _____ TO _____		STARTING BASE SALARY \$ _____ PER		ENDING BASE SALARY \$ _____ PER	
JOB TITLE AND LENGTH OF TIME IN THAT JOB					
BRIEF DESCRIPTION OF DUTIES (INCLUDE NO OF PERSONS YOU SUPERVISED, IF APPLICABLE.)					
LAST SUPERVISOR		PHONE #:		REASON FOR LEAVING	
WERE YOU SUBJECT TO FMCSRs* WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO			WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		
5. PREVIOUS EMPLOYER – COMPANY NAME		ADDRESS		CITY, STATE	
DATES: FROM _____ TO _____		STARTING BASE SALARY \$ _____ PER		ENDING BASE SALARY \$ _____ PER	
JOB TITLE AND LENGTH OF TIME IN THAT JOB					
BRIEF DESCRIPTION OF DUTIES (INCLUDE NO OF PERSONS YOU SUPERVISED, IF APPLICABLE.)					
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6. PREVIOUS EMPLOYER – COMPANY NAME		ADDRESS		CITY, STATE	
DATES: FROM _____ TO _____		STARTING BASE SALARY \$ _____ PER		ENDING BASE SALARY \$ _____ PER	
JOB TITLE AND LENGTH OF TIME IN THAT JOB					
BRIEF DESCRIPTION OF DUTIES (INCLUDE NO OF PERSONS YOU SUPERVISED, IF APPLICABLE.)					
LAST SUPERVISOR		PHONE #:		REASON FOR LEAVING	
WERE YOU SUBJECT TO FMCSRs* WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO			WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		
7. PREVIOUS EMPLOYER – COMPANY NAME		ADDRESS		CITY, STATE	
DATES: FROM _____ TO _____		STARTING BASE SALARY \$ _____ PER		ENDING BASE SALARY \$ _____ PER	
JOB TITLE AND LENGTH OF TIME IN THAT JOB					
BRIEF DESCRIPTION OF DUTIES (INCLUDE NO OF PERSONS YOU SUPERVISED, IF APPLICABLE.)					
LAST SUPERVISOR		PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO FMCSRs* WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO			WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

SKILLS	

REFERENCES	LIST THREE PERSONS (NOT RELATIVES) MOST FAMILIAR WITH YOUR ABILITIES WHO HAVE KNOWN YOU FOR 3 OR MORE YEARS.				
	NAME AND ASSOCIATION	OCCUPATION	ADDRESS	PHONE	YRS. KNOWN
	NAME AND ASSOCIATION	OCCUPATION	ADDRESS	PHONE	YRS. KNOWN
	NAME AND ASSOCIATION	OCCUPATION	ADDRESS	PHONE	YRS. KNOWN

ANY MISREPRESENTATION MADE ON THIS APPLICATION OR RESUME SUBMITTED AS PART OF THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THE APPLICATION AND/OR SEPARATION FROM THE COMPANY'S SERVICE IF EMPLOYED.

I UNDERSTAND THAT AS A NORMAL EMPLOYMENT PROCEDURE, AN INQUIRY OR INVESTIGATION MAY BE MADE CONCERNING MY BACKGROUND AND QUALIFICATIONS, AS WELL AS TO VERIFY INFORMATION PRESENTED HEREIN. I AUTHORIZE SUCH AN INVESTIGATION (CREDIT AND PERSONAL HISTORY) AND UNDERSTAND THAT, UPON MY WRITTEN REQUEST, INFORMATION ON THE NATURE AND SCOPE OF THE INQUIRY, IF ONE IS MADE, WILL BE PROVIDED TO ME.

I UNDERSTAND IF I AM EMPLOYED BY THE COMPANY, THAT AS A CONDITION OF MY CONTINUED EMPLOYMENT I WILL ABIDE BY THE COMPANY'S POLICIES AND PROCEDURES (AS THEY MAY BE INSTITUTED OR AMENDED) WHICH INCLUDE, AMONG OTHER THINGS, A DRUG TESTING POLICY. ANY EMPLOYMENT BY THE COMPANY IS CONDITIONED UPON PASSING A PRE-EMPLOYMENT DRUG TEST.

I AGREE, THAT IF HIRED, MY EMPLOYMENT WILL BE AT THE WILL OF EITHER THE COMPANY OR ME AND MAY BE TERMINATED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, BY EITHER THE COMPANY OR ME. ANY OTHER ARRANGEMENTS, AGREEMENTS, OR UNDERSTANDINGS REGARDING THE PERIOD OR TERM OF MY EMPLOYMENT ARE HEREBY CANCELLED AND SUPERSEDED.

BY SIGNING THIS APPLICATION, I STATE THAT THE INFORMATION FURNISHED IS COMPLETE (INCLUDING INFORMATION FURNISHED IN ANY RESUME) AND TRUE TO THE BEST OF MY KNOWLEDGE. I ALSO AFFIRM THAT I HAVE READ THE PRECEDING STATEMENTS.

DATE

APPLICANT'S SIGNATURE

WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND DO NOT DISCRIMINATE AGAINST APPLICANTS OR EMPLOYEES ON THE BASIS OF RACE, COLOR, SEX, AGE, RELIGION, NATIONAL ORIGIN, OR DISABILITY			
GDS USE ONLY INTERVIEWED BY:	ON DATE:	FOR POSITION OF:	LOCATION

*The federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR or 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

** Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

All applicants for truck driver positions must also complete Page 4 of this application form



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ADDITIONAL INFORMATION REQUIRED FOR ALL DRIVER APPLICANTS ONLY

Name: _____ Date of Birth: _____
(First) (Middle) (Maiden Name, if any) (Last)

Address: _____

DRIVER LICENSES (Held in the last three years)	STATE	LICENSE NO.	TYPE	ENDORSEMENTS	RESTRICTIONS	EXPIRATION DATE	YEARS LICENSED IN STATE

DRIVING EXPERIENCE

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				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- A. What type of license do you have? (Operator _____ CDL _____ Class _____)
- B. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes _____ No _____
- C. Has any license, permit, or privilege ever been suspended or revoked? Yes _____ No _____

IF THE ANSWER TO EITHER B OR C IS YES, ATTACH STATEMENT GIVING DETAILS.

LIST YOUR ADDRESSES OF RESIDENCY FOR THE PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED).

STREET	CITY	STATE & ZIP CODE	HOW LONG
			yr./mo.
			yr./mo.
			yr./mo.

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries and information are true and complete to the best of my knowledge.

_____ Date _____ Applicant's Signature _____

Note: A motor carrier may require an applicant to provide additional information to that required by the Federal Motor Carrier Safety Regulations.