

Date Applied:

____ / ____ / ____



**Multiservice Group
Application for Employment**

Location Applying For:
USA
Europe

PLEASE PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. **Fill out application form completely.** If questions are not applicable, enter "N.A." **Do not leave questions blank.** Be sure to sign when completed. **Résumés will not be accepted in lieu of applications.**

AN EQUAL OPPORTUNITY EMPLOYER

Multiservice Group complies with all federal, state, and local laws prohibiting employment discrimination. Multiservice Group does not discriminate against any employee or applicant based upon any protected characteristics or activity.

PERSONAL DATA - PART I

Last Name				First Name				Middle Initial		Date Available to Start Work:	
Social Security Number				Home Phone				Cell Phone			
Present Address						Apt. #		E-mail Address			
City			State		Zip			How Long?			
								years months			
Previous Address						Apt. #		THREE YEARS of Address History is REQUIRED.			
								<i>Please list previous address if you have been at Present Address for less than 3 years.</i>			
City			State		Zip			How Long?			
								years months			

Position applying for:				Salary desired:				Employment Desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
Days/hours available to work:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Anytime			
How many hours can you work weekly?				Are you available to work nights?				Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			

OFFICE USE ONLY

Hire Date: _____	Job Title: _____	Employee ID: _____
Location: _____	Pay Rate: _____	Status: _____

Have you previously worked for Multiservice Group? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please indicate job title and dates:	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been discharged or asked to resign from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently on leave of absence or lay-off from any company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any relatives working for Multiservice group? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list their name(s) and relationship to you:			
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If selected for hire can you provide legal documentation of your right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you or have you ever been a member of the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate branch and years of service:			
How many work days have you missed during the past 12 months?			
How long do you plan to work for Multiservice Group (Check one) <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/> 1 Year <input type="checkbox"/> More than 1 year		How did you learn about Multiservice Group? <input type="checkbox"/> Walk-In <input type="checkbox"/> Newspaper <input type="checkbox"/> MULTI Employee <input type="checkbox"/> Referral <input type="checkbox"/> Website/Online <input type="checkbox"/> Other: _____	

Valid Driver's License Number	State of Issue	Expiration Date	License Type
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Has your license, permit, or privilege to operate a motor vehicle ever been denied, revoked, or suspended? **If yes, explain:**
 Yes No

Have you ever been disqualified under Sections §383 – Commercial DL Standards or §391- Qualifications Of Drivers of the Federal Motor Carrier Safety Regulations? **If yes, please explain:**
 Yes No

Were you subject to the Federal Motor Carrier Safety Regulations while employed by your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No
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I certify that I DO NOT have more than one Driver's License. Initial Here:

EDUCATIONAL BACKGROUND - PART II

List the name and address of each High School, College, University, or Technical School	Years Completed	Degree, Diploma, or Certificate	Major or Field of Study	Did You Graduate?
High School:			N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
College:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Technical School:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:				<input type="checkbox"/> Yes <input type="checkbox"/> No

List any specialized training received and the date completed:

DRIVING EXPERIENCE - PART III

Type of Equipment	Number of Years	States in which you have driven equipment
Tractor & Semi Trailer		
Trailer/Tank		
Straight Truck		
Bus		
Other (Specify:)		

Accident Record - Last three (3) years or More

Date	Nature of Accident - (Head-On, Rear-End, Etc.)	Number of Fatalities	Number of Injuries	Commercial Vehicle	Chemical Spills

Traffic Convictions & Forfeitures - Last three (3) years

State	Date Convicted	Violation	Penalty	Commercial Vehicle	Personal Vehicle

EMPLOYMENT EXPERIENCE - PART IV

All information obtained from previous employers will remain confidential.
 If you need more space to provide job history, please attach additional page.

Current/Most Recent Employer	From Mo./Year /	To Mo./Year /	Starting Job Title: Final Job Title:	Starting Pay Rate: Final Pay Rate:
Street Address		City	State	Zip Code
Supervisor's Name		Supervisor's Title		Phone Number
Describe the main job duties you performed:				
Specific Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer #2	From Mo./Year /	To Mo./Year /	Starting Job Title: Final Job Title:	Starting Pay Rate: Final Pay Rate:
Street Address		City	State	Zip Code
Supervisor's Name		Supervisor's Title		Phone Number
Describe the main job duties you performed:				
Specific Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer #3	From Mo./Year ___/___	To Mo./Year ___/___	Starting Job Title:	Starting Pay Rate:
			Final Job Title:	Final Pay Rate:
Street Address		City	State	Zip Code
Supervisor's Name	Supervisor's Title		Phone Number	
Describe the main job duties you performed:				
Specific Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer #4	From Mo./Year ___/___	To Mo./Year ___/___	Starting Job Title:	Starting Pay Rate:
			Final Job Title:	Final Pay Rate:
Street Address		City	State	Zip Code
Supervisor's Name	Supervisor's Title		Phone Number	
Describe the main job duties you performed:				
Specific Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer #5	From Mo./Year ___/___	To Mo./Year ___/___	Starting Job Title:	Starting Pay Rate:
			Final Job Title:	Final Pay Rate:
Street Address		City	State	Zip Code
Supervisor's Name	Supervisor's Title		Phone Number	
Describe the main job duties you performed:				
Specific Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY TO, OR PLED NO CONTEST TO, A FELONY OR A MISDEMEANOR and/or HAVE YOU EVER BEEN SUBJECT TO DEFERRED ADJUDICATION? THIS INCLUDES DUI'S AND MINOR TRAFFIC VIOLATIONS?

(Circle One) Yes No

An answer "Yes" to this question will not automatically disqualify you from consideration for employment, but a false statement will.

If your answer is "Yes," provide the following (# 1-4) information for each offense: 1. Explain in concise detail

(Do not answer, "Will explain in interview.")
(Attach additional sheet if more space is needed.)

2. Dates and nature of the offense(s)
3. Name and location of the court(s)
4. Disposition of the case(s).

NOTIFICATION AND AGREEMENT

In exchange for the consideration of my job application by Multiservice Group (hereinafter called the "Company"), I agree to the following:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices and policies, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Multiservice Group or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by written instrument signed by the President of the Company. Both the undersigned and Multiservice Group may end the employment relationship at any time without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize the investigation of all claims and statements contained in this application. I hereby certify that the information I provided in this Application is true and correct. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others; and hereby release the Company from any liability because of such contact.

I also understand that (1) the Company has a drug and alcohol policy in compliance with State and Federal rules and regulations that provides for pre-employment testing as well as testing during employment; (2) consent to and compliance with such policy is a condition of my employment; and, (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of the job-related physical examinations and drug testing.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer-reporting agency an investigative consumer report including information as to my criminal history, my motor vehicle record, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by the Company, as required by the Fair Credit Reporting Act (See "A Summary of Your Rights Under the Fair Credit Reporting Act").

This certifies that I completed this Application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Applicant's Name: _____

Multiservice Group is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, creed, color, religion, gender, sexual orientation, national origin, citizenship, age, veteran status, or any physical or mental disability.

DRUG AND ALCOHOL TESTING CONSENT FORM

MULTISERVICE GROUP DRUG TESTING POLICY

EMPLOYEES SUBJECT TO TESTING

Under Multiservice Group drug and alcohol testing policy, current and prospective employees who work or would work in high-risk and safety-sensitive positions will be asked to submit to drug and alcohol testing. No prospective employee will be asked to submit to testing unless an offer of employment has been made. An offer from Multiservice Group for employment is conditional on the prospective employee testing negative for drugs and alcohol.

SAFEGUARDS

Multiservice Group policy is intended to comply with all state and federal laws governing drug and alcohol testing and is designed to safeguard employee privacy rights to the fullest extent of the law.

SELECTION

Department of Transportation (DOT) regulations require all Multiservice Group employees working on pipeline and/or oilfield equipment and property to submit to drug and alcohol testing.

TESTED SUBSTANCES

Multiservice Group drug and alcohol testing program is limited to testing for all controlled substances. Any other substances that may be tested, using the same method used to test for controlled substances will not be tested.

WRITTEN NOTICE

Before being asked to submit to a drug and/or alcohol test, the employee will receive written notice of the request or requirements. This signed agreement shall be used as written notice for all test requests.

LICENSED LABORATORIES

Any drug and/or alcohol testing required or requested by Multiservice Group will be conducted by a laboratory licensed by the state. The employee may obtain the name and location of the laboratory that will analyze the employee's test sample by calling DISA, Inc.

NOTICE OF RESULTS

If the employee is asked to submit to a drug and/or alcohol test, Multiservice Group will notify the employee of the result within twenty-four (24) hours after Multiservice Group receives the results from the laboratory.

ADVERSE EMPLOYMENT ACTION

If there is reason to suspect the employee is working while under the influence of an illegal drug or alcohol, the employee will be suspended without pay until the results of a drug and/or alcohol test are made available to Multiservice Group by the testing laboratory. Where drug and/or alcohol testing is part of a routine physical or random screening, there will be no adverse employment action taken until the test results have been returned.

CONFIDENTIALITY

Multiservice Group will make every effort to keep the results of drug and alcohol tests confidential. Only persons with a need to know the results will have access to the results. The employee will be asked for his or her consent before test results are released to anyone else. Be advised, however, that test results may be used in arbitration, administrative hearing, and court cases arising as a result of the employee's drug testing. In addition, results will be sent to federal agencies as required by federal law. If the employee is to be referred to a treatment facility for evaluation, the employee's test results will also be made available to the employee's counselor. The results of drug testing in the workplace will not be used against the employee in any criminal prosecution.

PROHIBITED DRUG AND ALCOHOL USE AT WORK

Multiservice Group will not tolerate any use of non-prescribed drugs or alcohol during work hours. If the employee comes to work under the influence of drugs or alcohol or uses drugs or alcohol during work time, the employee will be immediately terminated in accordance with company policy.

POSTING

Besides being outlined in the application, Multiservice Group drug and alcohol policy is written in the Employee Handbook.

I hereby agree, upon a request made under the drug/alcohol testing policy of Multiservice Group, to submit to a drug or alcohol test and to furnish a sample of my urine and/or breath for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained above.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

I have applied for employment with Multiservice Group and as a condition for my application being considered, I understand and agree to undergo drug and/or alcohol screening. I understand that if my test results are positive, I shall not be considered for employment with Multiservice Group

I hereby authorize any physician, laboratory, hospital or medical professional retained by Multiservice Group for screening purposes to conduct such screening and to provide the results to Multiservice Group

Applicant's Signature: _____ Date: _____

Applicant's Name (Print): _____



www.multiservicegroup.com.br

RE: Release of Information Form - DOT Drug and Alcohol Testing History - PHMSA

Dear Applicant,

Applicant Certification:

I _____, as the Applicant, understand that as a condition of hire with Multiservice Group I must consent to a release of the results of all DOT mandated drug and/or alcohol information from all of the employers for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, **during the previous two years** for all DOT agencies.

> Initial: _____

I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the check boxes. In signing below, I certify that all of that information I have furnished on this form is true and complete, and that **I have identified below all of the employers for which I have worked in a DOT safety-sensitive position during the previous two years.** I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional assessment, recommendations, education and treatment, including costs involving return-to-duty testing and follow-up testing yet to be completed.

> Initial: _____

DOT regulations require the employer to request the following information from DOT applicants (this includes Oilfield applicants, e.g. Roustabouts, Pushers, Operators, & Welder’s Helpers). Please complete the following **highlighted** questions.

Previous Employer Name	Address	Phone Number	Fax Number	Dates of Employment

Check this box if you have NOT performed DOT functions in the past two years.

Check this box if you have tested positive, or refused to test, on any DOT pre-employment drug or alcohol test for an employer who did not hire you during the past two years.

Signature of Applicant: _____ Date: _____ Social Security Number: _____

To Be Completed By The Previous Employer & Transmitted To Multiservice Group.

In accordance with 49 CFR Part 40.25, the company, named above, is required to obtain -- and as a previous employer, you are required to release -- DOT drug and alcohol information, listed below, concerning the applicant, named above. This information request covers any period of employment of the applicant by you going back two years from this date of this request. Please complete the following:

- | | | |
|---|---|--|
| <p>YES</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>NO</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/></p> | <p>1. Did the employee have alcohol tests with a result of 0.04 or higher?</p> <p>2. Did the employee have verified positive drug tests?</p> <p>3. Did the employee refuse to be tested? (including verified adulterated or substituted test results)</p> <p>4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?</p> <p>5. Did a previous employer report a drug or alcohol rule violation to you?</p> <p>6. If “yes” for any of the above items, did the employee complete the return-to-duty process?</p> <p>7. Check this box if your company and/or the applicant was <u>not</u> subject to DOT regulations.</p> |
|---|---|--|

Note: If “yes” for item 5, you must provide the previous employer’s report. If “yes” for item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Previous Employer’s Company Name

Name of Person Completing Form

Date:

Email COMPLETED FORM TO:
Multiservice Group
(55) 47 33485653
Email: rh@multiservicegroup.com.br