

# SO YOU WANT TO WORK IN THE OIL FIELD

Rig work is a great way to make a good living. When you work on a Piceance Well Service rig, you are working for a company that is focused on your safety, will train you, offers room for advancement, and provides excellent compensation and benefits. But rig work isn't for everyone. Before applying to work on a service rig (also known as a workover rig), read the following statements and decide whether or not they are true for you.



True False

- \_\_\_ \_\_\_ I can be away from home for long periods of time.
- \_\_\_ \_\_\_ A schedule of rotating shifts (days/nights and 2 weeks on/off) in North Dakota is OK
- \_\_\_ \_\_\_ I prefer to work outside, even in bad weather.
- \_\_\_ \_\_\_ I am able to work in remote locations throughout Colorado, Utah and North Dakota.
- \_\_\_ \_\_\_ I like working with my hands.
- \_\_\_ \_\_\_ I like working as part of a small team where others rely on my contribution.
- \_\_\_ \_\_\_ I don't mind getting dirty.
- \_\_\_ \_\_\_ I can lift 80-100 lbs. many times in a day.
- \_\_\_ \_\_\_ I can drive long distances in challenging conditions.
- \_\_\_ \_\_\_ I take direction well.
- \_\_\_ \_\_\_ I can work 12+ hour shifts for 14 days or longer.
- \_\_\_ \_\_\_ I am able to work well with different personality types.
- \_\_\_ \_\_\_ **Total**



If more than three of these statements are *false* for you, you should consider other career paths. Western Colorado's natural gas industry has lots of other employment opportunities for drivers, tradespersons, camp staff, etc.

The following are **mandatory requirements** to work on service rigs. If you do not have these qualifications, you will not be considered for this type of work.

Yes No

- \_\_\_ \_\_\_ Legally eligible to work in the United States and at least 18 years old.
- \_\_\_ \_\_\_ Willing to actively participate in and support company safety policies & procedures.
- \_\_\_ \_\_\_ Physically fit, i.e. able to lift 80-100 lbs. many times over a 12 hour period.
- \_\_\_ \_\_\_ Drug free.
- \_\_\_ \_\_\_ Willing and able to attend all company sponsored safety training.
- \_\_\_ \_\_\_ **Total**

If the answer is *no* to any of these statements, you should consider other career paths.

The following are not mandatory requirements, but could make the difference between getting a job or not. They are assets that make you more flexible.

Yes No

- \_\_\_ \_\_\_ CDL driver's license.
- \_\_\_ \_\_\_ At least 6 months of oilfield experience, e.g. wireline, snubbing, drilling rigs, etc.
- \_\_\_ \_\_\_ Mechanical inclination, experience servicing or maintaining vehicles or machinery.
- \_\_\_ \_\_\_ **Total**

***What is the entry level position and what would I be doing?***

The entry level position on a well servicing rig is a Floorhand. The primary duties of the Floorhand are:

- Assisting Derrickhand and Operator on the rig floor;
- Maintaining a clean work floor;
- Obtaining and implementing instructions from the Operator and Tool Pusher;
- Performing preventative maintenance on equipment;
- Cleaning and painting;
- Assisting in moving rig, rigging up and rigging down; and
- Adhering to all company and government safety policies.



The crew is made up of a Floorhand, Derrickhand, Operator and Tool Pusher. The Tool Pusher is in complete charge of the rig and its crew. The Operator manages the crew and is responsible for safe and efficient operation of the rig. They will be your supervisors, but you will take direction and receive training from all members of the crew.

***What are the schedule and hours of work?***

Service rigs in Colorado operate during a daytime shift, 8 to 12 hours per day plus travel time. The crew generally meets at a specified location around 5:30 AM and drives in a company provided vehicle to the well location. When the rig is working, the crew is working. Generally, employees do not work more than 6 days in a row, but could be asked to work up to 24 days in a row. Occasionally a night crew may be requested by the oil company, so it is possible that the crew would be asked to work night shifts. In North Dakota, rigs work 24/7/365. Each 24 hour period is divided into two shifts. Employees are expected to willingly work day shift or night shift as directed in two week on/two week off schedules.

***Does Piceance have a drug and alcohol policy?***

Yes. Piceance Well Service expects all employees to maintain a work environment free of alcohol and drugs. The use of alcohol, legal drugs or non-legal drugs which may affect safety or job performance, or which impair the health of the employee, will be treated as a serious violation of our policy. This is cause for disciplinary action, up to and including termination of employment without notice or payment in lieu of notice.

***What will I get paid? Is there a Benefits plan?***

Hourly wages are dependent upon experience. Employees are paid by check or direct deposit every second Friday. Piceance Well Service offers its employees an excellent Benefits program which includes employee paid health insurance, dental insurance, long & short term disability insurance, life insurance and a 401k plan that matches contributions up to 4%. The details of these plans are available after hire. Of course, all benefit and compensation plans are subject to change at any time, with or without notice by management.



Piceance Well Service  
P.O. Box 2606  
Grand Junction, CO 81502  
970-242-6900 (office) 970-245-1300 (fax)

Position applied for \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell / Alternate Phone \_\_\_\_\_

If you have lived at the above address for less than 3 years, continue listing them below to cover the previous 3 year period:

1) Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

2) Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

3) Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

*Use blank sheet for additional addresses to cover 3 year period*

Do you have a valid driver's license? ☐ Yes ☐ No

Driver's License Information: all licenses held, last 3 years:

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

List All Accidents, last 3 years: (If none, write NONE / use add'l sheets if necessary)

Date\_\_\_\_\_ Describe\_\_\_\_\_

Fatalities ☐ Yes ☐ No Injuries\_\_\_\_\_

Date\_\_\_\_\_ Describe\_\_\_\_\_

Fatalities ☐ Yes ☐ No Injuries\_\_\_\_\_

Date\_\_\_\_\_ Describe\_\_\_\_\_

Fatalities ☐ Yes ☐ No Injuries\_\_\_\_\_

List all Traffic Violations, last 3 yrs: (If none, write NONE / use add'l sheets if necessary)

Date\_\_\_\_\_ Violation\_\_\_\_\_ State\_\_\_\_\_

Were you driving a vehicle for your employer at the time : ☐ Yes ☐ No

Date\_\_\_\_\_ Violation\_\_\_\_\_ State\_\_\_\_\_

Were you driving a vehicle for your employer at the time : ☐ Yes ☐ No

Date\_\_\_\_\_ Violation\_\_\_\_\_ State\_\_\_\_\_

Were you driving a vehicle for your employer at the time : ☐ Yes ☐ No

Have you ever had your drivers license denied, suspended, revoked or canceled by any state agency? ☐ Yes ☐ No

If yes; give date, state of issuance & explanation: \_\_\_\_\_

Do you have reliable transportation? ☐ Yes ☐ No

Are you over the age of 18? ☐ Yes ☐ No

Do you have the legal right to work in the United States? ☐ Yes ☐ No

This is a physically demanding job. Are you capable of heavy manual work? ☐ Yes ☐ No Are

there any medical problems or disabilities that we should be aware of? ☐ Yes ☐ No

If so, please list: \_\_\_\_\_

## Previous Employment History (10 years for CDL drivers, 3 yrs for non-CDL)

Employer Name \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

Position Held \_\_\_\_\_ Last Rate of Pay \_\_\_\_\_

Name & phone # of Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period because you were driving a commercial motor vehicle for your employer? ☐ Yes ☐ No Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period (i.e, were you in a **DOT** random drug pool)? ☐ Yes ☐ No May we contact this employer for a reference? ☐ Yes ☐ No

\*\*\*\*\*

Employer Name \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

Position Held \_\_\_\_\_ Last Rate of Pay \_\_\_\_\_

Name & phone # of Supervisor \_\_\_\_\_

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Employer Name \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

Position Held \_\_\_\_\_ Last Rate of Pay \_\_\_\_\_

Name & phone # of Supervisor \_\_\_\_\_

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Name & phone # of Supervisor \_\_\_\_\_

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\*\*\*\*\*

Explain all gaps in employment that were more than one month in duration (use additional pages if necessary):

From \_\_\_\_\_ to \_\_\_\_\_ Reason: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Reason: \_\_\_\_\_

\*\*\* For applicants with a CDL license, use additional sheets, if necessary, to list 10 years of employment history \*\*\*

## Personal References

First Person's Name: \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

Second Person's Name: \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

## Education, Special Training & Certifications

Do you have a high school diploma? ☐ Yes ☐ No If no, highest grade level completed \_\_\_\_\_

University/College – Number of years \_\_\_\_\_ Degree obtained \_\_\_\_\_

Other special training or skills (languages, machine operation, etc.) \_\_\_\_\_

### CERTIFICATATIONS - PLEASE ATTACH COPIES IF APPLICABLE

CPR/First Aid ☐ Yes ☐ No

OSHA 10 hour ☐ Yes ☐ No

Well Control School

H2S Awareness

☐ Yes ☐ No

☐ Yes ☐ No

**For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).**

If you hold a CDL license, we are required to request safety performance, controlled substance and alcohol history from your previous employers. As a prospective driver employee, you have the right to review information provided by your previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to us; and the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information. Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to us, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. We must provide this information to you within five (5) business days of receiving the written request. If we have not yet received the requested information from the previous employer(s), then the five (5) business day deadline will begin when we receive the requested safety performance history information. If you have not arranged to pick up or receive the requested records within thirty (30) days of us making them available, we may consider you to have waived their request to review the records.

**Please read and understand this statement before signing your application:**

I understand that failure to comply with the safety regulations of this company and relevant federal, state and local governments will provide grounds for dismissal. I will participate in safety courses offered by the company.

I understand that I am subject to “For cause” testing for substances abuse, and may be required to undergo an alcohol/drug test at a medical facility designated by the company at any time during my employment.

I understand employment is conditional upon a negative alcohol/drug test.

The information I provided in this application for employment is true. False, incomplete, or misrepresented information will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment. I authorize the employer to obtain information about me from previous employers, educational institutions, and other parties to verify the accuracy of information in this application, a related employment resume, or personal interview. I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking and using information to evaluate my employment request, and all other persons who provide information for this purpose.

This application will expire in 90 days. Unless otherwise notified, I understand that my status as an applicant will end. I may reapply for employment in the future by completing a new application. This agreement is not an employment agreement. If I accept an offer of employment, I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has the authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I accept all terms and conditions in the above statement.

I certify that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

APPLICANT SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_



## **Applicant Consent to obtain education & employment records**

In connection with my application for employment (including contract for services) or at any time during my employment or contract, I agree to allow and hereby authorize PICEANCE WELL SERVICE to procure my education and employment history (including job performance, experience, work habits and reason for termination), and my motor vehicle driving record. I agree to allow and hereby authorize, empower and release from all liability, without reservation, any party, person or agency including, without limitation, present and former employers, departments of motor vehicles, and educational institutions to release information about me, including, without limitation, any of the information described above. I agree that a fax, photocopy or electronic reproduction of this authorization is to be considered and accepted with the same authority as the original.

PLEASE PRINT

---

Name

---

Other Names Used

---

Dates You Stopped Using Other Names

---

Current Street Address

City

State

County

Zip

---

Applicant's Signature

---

Date

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination in employment based on age.

## **Applicant Consent to obtain driving records**

**APPLICANT/EMPLOYEE  
CONSENT  
PLEASE  
PRINT  
LEGIBLY**

Name of Applicant/Employee: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License Number: \_\_\_\_\_ Exp Date \_\_\_\_\_

State that issued license: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please scan a copy of your driver's license in the space below or attach a copy.

Motor Vehicle Reports (MVRs) may be obtained as part of the company's evaluation of my job application or employment. The reports may be procured by Sisk & Co. or other agencies on behalf of Piceance Well Service and will include my driving record and an assessment of my insurability under the company's insurance coverage.

By signing this disclosure, I hereby authorize the company to procure such reports, as it deems appropriate to evaluate my insurability.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date