



# PRUITT PRODUCTION SERVICES, INC. EMPLOYMENT APPLICATION

5400 E. Hwy 290 | Giddings, Texas 78942 careers@pruittpsi.com | (979) 542-5104

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, sexual orientation, national origin, age, marital status, or non-job-related disability.

Pruitt Production Services, Inc. is an equal opportunity employer.

|                                                                                                                                                                                                                                       |                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Date of Application:                                                                                                                                                                                                                  | Position Applied For: |
| Select Desired Location(s): <b>Texas:</b> <input type="checkbox"/> Giddings <input type="checkbox"/> Ledbetter <input type="checkbox"/> Gonzales <input type="checkbox"/> Odessa <b>New Mexico:</b> <input type="checkbox"/> Carlsbad |                       |
| Employment Type (Check all that apply): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Contract <input type="checkbox"/> Interim                   |                       |

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

## SECTION I – APPLICANT INFORMATION

|                                                                                                                                                                                                                                                                                                                             |          |        |                                                                                                                                                                                                                                                                                       |         |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------|
| Applicant Name: (First)                                                                                                                                                                                                                                                                                                     | (Middle) | (Last) | Social Security Number:                                                                                                                                                                                                                                                               |         |       |
| Physical Address: (Street)                                                                                                                                                                                                                                                                                                  |          |        | (City)                                                                                                                                                                                                                                                                                | (State) | (Zip) |
| Mailing Address (If different than above):                                                                                                                                                                                                                                                                                  |          |        |                                                                                                                                                                                                                                                                                       |         |       |
| Date of Birth:                                                                                                                                                                                                                                                                                                              | Phone:   |        | Email:                                                                                                                                                                                                                                                                                |         |       |
| How did you learn of the position for which you are applying?                                                                                                                                                                                                                                                               |          |        |                                                                                                                                                                                                                                                                                       |         |       |
| Date Available for Work: <input type="checkbox"/> Immediately <input type="checkbox"/> 2 Weeks<br>Other:                                                                                                                                                                                                                    |          |        | Expected Pay Preference: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary<br>Expected Pay Range: \$                                                                                                                                                                    |         |       |
| Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                       |          |        | Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                             |         |       |
| Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                         |          |        | Are you available for on-call work? <input type="checkbox"/> Nights/Evenings <input type="checkbox"/> Weekends                                                                                                                                                                        |         |       |
| Are there any hours, shifts, or days you will not work?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please explain:                                                                                                                                                                              |          |        | Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Number:                      Class:                      State:                      Exp: |         |       |
| Do you have the legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of citizenship or immigration status will be required upon employment.                                                                                                                                      |          |        |                                                                                                                                                                                                                                                                                       |         |       |
| Have you ever been convicted of a felony? Note: A conviction will not necessarily disqualify you from employment. <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If you answer 'Yes,' you may be asked to provide additional information on a separate 'Felony Conviction Form' provided by our HR Department. |          |        |                                                                                                                                                                                                                                                                                       |         |       |
| Employment may be contingent upon successful completion of a background check, including verification of employment, driving record, and criminal history (where permitted by law).<br><input type="checkbox"/> I understand and am willing to comply with this requirement.                                                |          |        |                                                                                                                                                                                                                                                                                       |         |       |
| Employment is contingent upon successful completion of a pre-employment drug and alcohol test.<br><input type="checkbox"/> I understand and am willing to comply with this requirement.                                                                                                                                     |          |        |                                                                                                                                                                                                                                                                                       |         |       |

List address(es) you have lived the past three (3) years:

| Street | City | State | Zip | Length |
|--------|------|-------|-----|--------|
|        |      |       |     |        |
|        |      |       |     |        |
|        |      |       |     |        |



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## SECTION II – EMPLOYMENT

Have you worked for Pruitt Production Services, Inc. before? ☐ Yes ☐ No

If Yes, explain reason for leaving:

Have you applied to Pruitt Production Services, Inc. before? ☐ Yes ☐ No If Yes, provide date:

Have you ever been dismissed or forced to resign from any employment? ☐ Yes ☐ No

If yes, please explain:

Are you currently employed? ☐ Yes ☐ If No, provide the last day of employment:

Start with the last or current position and work backwards for the previous 7 years (attach separate sheets if necessary).

### Current (Most Recent) Employer

|                                                                                                                               |      |                                                                       |                        |
|-------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------------------------------|------------------------|
| Employer Name:                                                                                                                |      | Position:                                                             |                        |
| Physical Address:                                                                                                             |      | Phone:                                                                |                        |
| Supervisor Name & Title:                                                                                                      |      | Supervisor Email:                                                     |                        |
| Employment Dates: Start:                                                                                                      |      | End:                                                                  |                        |
| Reason For Leaving:                                                                                                           |      |                                                                       |                        |
| Ending Salary: \$                                                                                                             | Per: | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | Hours Worked Per Week: |
| May we contact this employer if you are considered for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No |      |                                                                       |                        |
| Summarize nature of job responsibilities and accomplishments:                                                                 |      |                                                                       |                        |

### Second Most Recent Employer

|                                                                                                                               |      |                                                                       |                        |
|-------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------------------------------|------------------------|
| Employer Name:                                                                                                                |      | Position:                                                             |                        |
| Physical Address:                                                                                                             |      | Phone:                                                                |                        |
| Supervisor Name & Title:                                                                                                      |      | Supervisor Email:                                                     |                        |
| Employment Dates: Start:                                                                                                      |      | End:                                                                  |                        |
| Reason For Leaving:                                                                                                           |      |                                                                       |                        |
| Ending Salary: \$                                                                                                             | Per: | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | Hours Worked Per Week: |
| May we contact this employer if you are considered for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No |      |                                                                       |                        |
| Summarize nature of job responsibilities and accomplishments:                                                                 |      |                                                                       |                        |



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## Third Most Recent Employer

|                                                                                                                               |      |                                                                       |                        |
|-------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------------------------------|------------------------|
| Employer Name:                                                                                                                |      | Position:                                                             |                        |
| Physical Address:                                                                                                             |      | Phone:                                                                |                        |
| Supervisor Name & Title:                                                                                                      |      | Supervisor Email:                                                     |                        |
| Employment Dates: Start:                                                                                                      |      | End:                                                                  |                        |
| Reason For Leaving:                                                                                                           |      |                                                                       |                        |
| Ending Salary: \$                                                                                                             | Per: | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | Hours Worked Per Week: |
| May we contact this employer if you are considered for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No |      |                                                                       |                        |
| Summarize nature of job responsibilities and accomplishments:                                                                 |      |                                                                       |                        |

## SECTION III – MILITARY RECORD

|                                                                                                                                                                                         |                      |       |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------|-----|
| Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                        | If Yes, enter dates: | From: | To: |
| Branch of Service: <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard |                      |       |     |
| Were you honorably discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                 |                      |       |     |

## SECTION IV – EDUCATION INFORMATION

| Schools Attended    | Check Highest (years) Completed                                                                             | Name and Address of School (Street, City, State) | Earned Diploma/Degree?                                                                                  | Major Course of Study |
|---------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------|
| High School         | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |                                                  | <input type="checkbox"/> Diploma <input type="checkbox"/> GED                                           |                       |
| College/ University | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |                                                  | <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters |                       |
| Graduate School     | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |                                                  |                                                                                                         |                       |
| Other               | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |                                                  |                                                                                                         |                       |

List other licenses, professional registrations, certifications, and professional memberships:

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A list of Skills, Certifications, and Trainings are listed below. Please review and check all that apply to you. This helps us better understand your experience and qualifications.

| Technical Certifications & Training                                                     | Safety Compliance                                                                    |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> Basic Electrical / Controls Training                           | <input type="checkbox"/> Confined Space Entry                                        |
| <input type="checkbox"/> CDL (Class A or B)                                             | <input type="checkbox"/> Fall Protection                                             |
| <input type="checkbox"/> Forklift Operation Certification                               | <input type="checkbox"/> First Aid / CPR / AED                                       |
| <input type="checkbox"/> Instrumentation Calibration / Pneumatic Systems                | <input type="checkbox"/> H2S Awareness / Clear                                       |
| <input type="checkbox"/> Mechanical Assembly Training                                   | <input type="checkbox"/> Hazard Communication (HAZCOM)                               |
| <input type="checkbox"/> Pipefitting / Threading Certification                          | <input type="checkbox"/> Hot Work / Fire Watch                                       |
| <input type="checkbox"/> PLC / Automation Basics                                        | <input type="checkbox"/> Lockout/Tagout (LOTO)                                       |
| <input type="checkbox"/> Pressure Testing or Hydraulic Safety                           | <input type="checkbox"/> OSHA 10 (General Industry or Construction)                  |
| <input type="checkbox"/> Rigging & Lifting                                              | <input type="checkbox"/> OSHA 30 (Supervisory level)                                 |
| <input type="checkbox"/> Valve Repair Training or Certification                         | <input type="checkbox"/> Respirator Fit Test / Awareness                             |
| <input type="checkbox"/> Welding Certification (Stick / MIG / TIG)                      | <input type="checkbox"/> SafeLand / PEC Basic Orientation                            |
| <b>Office &amp; Administrative</b>                                                      | <input type="checkbox"/> Spill Prevention / Environmental Awareness                  |
| <input type="checkbox"/> Adobe-Acrobat / PDF Editing                                    | <input type="checkbox"/> Stop Work Authority Training                                |
| <input type="checkbox"/> Bookkeeping or Accounting Certificate                          | <input type="checkbox"/> Supervisor Safety Leadership Training                       |
| <input type="checkbox"/> Customer Service / Communication                               | <input type="checkbox"/> TWIC Card (Transportation Worker Identification Credential) |
| <input type="checkbox"/> Data Entry / Accuracy                                          | <b>Driving &amp; Transportation</b>                                                  |
| <input type="checkbox"/> Document Scanning / Uploading / File Organization              | <input type="checkbox"/> Class A CDL <input type="checkbox"/> Class B CDL            |
| <input type="checkbox"/> Filing & Recordkeeping (electronic or paper)                   | <input type="checkbox"/> DOT Medical Card                                            |
| <input type="checkbox"/> Google Workspace (Docs, Sheets, Drive)                         | <input type="checkbox"/> Vehicle / Trailer Inspection                                |
| <input type="checkbox"/> Microsoft Word – Basics                                        | <b>Software, Systems &amp; Program Familiarity</b>                                   |
| <input type="checkbox"/> Microsoft Word – Advanced (Document Formatting, Mail Merge)    | <input type="checkbox"/> Company Portals / Employee Onboarding Platforms             |
| <input type="checkbox"/> Microsoft Excel – Basics                                       | <input type="checkbox"/> ISNetworld                                                  |
| <input type="checkbox"/> Microsoft Excel – Advanced (Formulas, Pivot Tables, Reporting) | <input type="checkbox"/> Sage 100                                                    |
| <input type="checkbox"/> Microsoft OneDrive                                             | <input type="checkbox"/> Veriforce                                                   |
| <input type="checkbox"/> Microsoft Outlook                                              | <b>Leadership &amp; Supervisor Development</b>                                       |
| <input type="checkbox"/> Microsoft SharePoint                                           | <input type="checkbox"/> Supervisor / Leadership                                     |
| <input type="checkbox"/> Microsoft Teams / Zoom / Virtual Meetings                      | <input type="checkbox"/> Performance Management / Coaching                           |
| <input type="checkbox"/> Notary Public                                                  | <input type="checkbox"/> Disciplinary Process / Documentation                        |
| <input type="checkbox"/> Office Equipment Use (scanner, copier, fax)                    | <input type="checkbox"/> Time Management & Delegation                                |
| <input type="checkbox"/> Phone / Reception / Customer Service                           | <input type="checkbox"/> Communication & Team Building                               |
| <input type="checkbox"/> Project Management                                             | <input type="checkbox"/> Root Cause Analysis or Continuous Improvement               |
| <input type="checkbox"/> Scheduling / Dispatching / Calendar Coordination               | <input type="checkbox"/> Business Writing / Professional Correspondence              |

List additional skills, qualifications or experiences which you feel would enhance your ability to perform this position.

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## SECTION VI – NOTICE TO APPLICANT

### Americans with Disabilities Act

This Employer complies with the Americans with Disabilities Act of 1990. During the interview process you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination. All information will be kept confidential and in separate files.

### At-Will Employment - No Contract

Applicants accepted for employment should clearly understand that while we make an effort to provide steady, continuous work, we have no employment contracts and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or Employer policies, conformity to our work rules, job performance, etc., and of course, employees may elect to leave of their own accord to seek other jobs.

### Drug and Alcohol Testing

We conduct our business with the highest possible degree of safety and efficiency. Because of this, Pruitt Production Services, Inc. may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to random blood tests and/or urinalysis screening for drug or alcohol use.

### Applicant Certification and Acknowledgment

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation may disqualify me from employment or, if discovered after hire, may result in my termination.

I acknowledge that if employed by Pruitt Production Services, Inc. (PPSI), my employment will be at-will, meaning that either I or PPSI may terminate the employment relationship at any time, with or without cause or notice. I understand that no oral promises or policies of PPSI create an employment contract, and that only a written agreement signed by the President of PPSI can alter the at-will employment relationship.

### Disclosure Regarding Background Investigation

Pruitt Production Services, Inc. may obtain information about you from a consumer reporting agency for employment purposes. A consumer report may include information about your criminal history, motor vehicle record, education, prior employment, and other background checks. If applicable to the position, a credit history report may also be obtained.

### Authorization

I authorize Pruitt Production Services, Inc. to obtain such consumer reports and background reports about me for employment purposes, including hiring, retention, promotion, or reassignment. I understand that I have the right, upon written request, to obtain a complete and accurate disclosure of the nature and scope of any background investigation.

☐ I authorize Pruitt Production Services, Inc. to obtain my credit history report if required for the position applied for.

Applicant Name (Printed): \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_