



HIRE DATE _____

APPLICATION FOR EMPLOYMENT

As part of the application process, Nova Compression, LLC conducts background checks on applicants.

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all federal and state laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, or physical or mental disability, except where a reasonable, bona fide occupational qualification exists.

PLEASE TYPE OR PRINT IN INK --		Today's Date	
Name		Social Security #	
Address		How Long?	
City		State	Zip Code
Daytime Telephone	Home Telephone	Email Address	
Position for you which you are applying		What is your salary requirement?	
What type of work are looking for? __ Full Time __ Part Time __ Temporary		If part time, specify hours or days	Date available for work

EDUCATION & TRAINING

	SCHOOL NAME	DATE ATTENDED	CITY AND STATE	DEGREE/DIPLOMA MAJOR COURSE OF STUDY	DEGREE RECEIVED?
High School/GED					__ Yes __ No
College					__ Yes __ No
Graduate School					__ Yes __ No
Trade School					__ Yes __ No

List any other education, training, special skills or certificates/licenses that you possess related to the job.

Professional License/Certification #	Professional License / Certification Type	Issuing Agency	St Issued	Exp Date
Professional License/Certification #	Professional License / Certification Type	Issuing Agency	St Issued	Exp Date

List any machines, equipment or software programs on which you are qualified and experienced in operating

List any languages that you speak fluently: _____ Read/write: _____

Do you have a valid driver's license in this state? _____ Yes __ No

Military Experience? __ Yes __ No If yes, what branch? _____ Rank at separation: _____

GENERAL INFORMATION

Can you, after employment, submit verification of your legal right to work in the United States? _____ Yes __ No

Are you 16 years old or over? If under 18, state age _____. _____ Yes __ No

Were you previously employed by Nova Compression? If Yes, give dates: _____ Yes __ No

List any relatives working for Nova Compression

Can you perform the essential job functions? _____ Yes __ No

Do you require any accommodation to perform the essential functions of this job? _____ Yes __ No

If Yes, please explain:

EMPLOYMENT HISTORY

Applicant Name: _____

List all work experience beginning with the present or most recent job. Fill in all the blanks.

MOST RECENT JOB HELD	Name of Employer			Type of Business	
	Address		City	State	Zip Code
	Dates Employed	FROM	mo/year	TO	mo/year
	Name and Title of Supervisor			Title	
	May We Contact? Yes No			Telephone Number	
	Name and Title of Supervisor			Type of Employment ___ Full Time ___ Part Time	
	Brief Description of Duties				
	Reason for Leaving			Last Salary	
	Were you subject to the FMCSRs while employed? ___ Yes ___ No				
	Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ___ Yes ___ No				
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (mo/yr) and reason _____					
PREVIOUS EMPLOYMENT	Name of Employer			Type of Business	
	Address		City	State	Zip Code
	Dates Employed	FROM	mo/year	TO	mo/year
	Name and Title of Supervisor			Title	
	May We Contact? Yes NO			Telephone Number	
	Name and Title of Supervisor			Type of Employment ___ Full Time ___ Part Time	
	Brief Description of Duties				
	Reason for Leaving			Last Salary	
	Were you subject to the FMCSRs while employed? ___ Yes ___ No				
	Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ___ Yes ___ No				
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	Brief Description of Duties				
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	Reason for Leaving			Last Salary	
	Were you subject to the FMCSRs while employed? ___ Yes ___ No				
	Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ___ Yes ___ No				
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (mo/yr) and reason _____					

Applicant Name: _____

List three individuals, in addition to listed employment references, known to you for at least three years.		
NAME	OCCUPATION	TELEPHONE
1		
2		
3		
ADDITIONAL INFORMATION		
Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, article/books published, honors received, etc. (You may omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin, or disability.)		
CRIMINAL RECORD INFORMATION		
ALL APPLICANTS: Exclude any records expunged, annulled, sealed, or discharged under first-offender law.		
During the past ten years, have you ever been convicted of, plead guilty to, or received probation, deferred adjudication, or any other type of alternative method of supervision or correction for a misdemeanor, having a penalty of imprisonment or a fine of more than \$500, or a felony? (Answering Yes is not an automatic bar to employment but will be considered in relation to specific job requirements.)		
		__ Yes __ No
Have you been convicted of a crime (exclude minor traffic cases; include DUIs)?		
		__ Yes __ No
Are criminal charges now pending against you? If Yes, describe:		
		__ Yes __ No

AGREEMENT (Please read the following statement carefully.)	
<p>I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.</p> <p>I authorize all persons listed above (and on the accompanying resume, if any) to give Nova Compression any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and Nova Compression from liability for any damage that may result from furnishing same to Nova Compression.</p> <p>I understand that Nova Compression will provide workers' compensation insurance coverage for its employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under Nova Compression's workers' compensation insurance policy.</p> <p>If employed by Nova Compression, I agree to abide by the policies and procedures of Nova Compression which includes the Anti-Harassment Policy. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of Nova Compression or myself. I further understand that no manager or representative of Nova Compression other than the President and CEO has any authority to enter into any agreement, oral or written, on behalf of Nova Compression for a term of employment or to make any assurance or promise of continued employment.</p> <p>I understand that Nova Compression may obtain a consumer and/or investigative consumer report for employment purposes that may include information regarding prior employment, work experience and performance, reasons for employment termination. This report may also contain record checks of driving, criminal, credit, education, degrees, professional licenses and/or certification records depending on the position.</p> <p>By signing this application, I authorize the procurement of a consumer and/or investigative consumer report by Nova Compression as part of the pre-employment background investigation and if hired, at any time during my employment.</p> <p>I understand and agree that I may be required to take a drug and alcohol screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test result to Nova Compression for its use. I understand that any positive drug or alcohol result may preclude my employment.</p>	
_____ Signature	_____ Date
_____ Printed Name	