



- Gateway Pipeline Gateway-Titan Gateway Service Group South River Resources

Application for Employment

Personal Information:

Legal Name:

Last: _____ First: _____ M.I. _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number () _____ Cell:() _____

Social Security number: _____ Drivers Licenses number: _____

State: _____ Expiration Date: _____

Work Authorization number: _____ Expiration date: _____

Military: _____ U.S. Veteran: _____ Status: _____

Desired Employment:

Position: _____ Start Date: _____ Wage: _____

Can you travel if job requires it? _____

Are you currently employed? _____ If so, may we contact your present employer? _____

Education:

Did you graduate high school? _____ If not, what grade did you complete? _____

Have you had any other formal training or schooling? _____ If so, Where? _____

Did you graduate and/or complete the course? _____ Have you received any type of certifications that are relevant to this job? _____ If so, what are they? _____

Special Skills:

Do you have any special skills in surveying/drafting? _____

Do you have any skills in operating heavy equipment? _____

What type?

How many Years? _____

Emergency Contact Information:

(1 Name _____ Phone# _____ Relation: _____

(2)Name _____ Phone# _____ Relation: _____

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability and damage that may result from utilization of such information.

Date: _____ Full Printed Name: _____

Signature: _____

Gateway Employee Witness: _____

Former Employer

Must have previous (3) years

1. Name of Present or Last Employer: _____

City/State: _____ Phone: _____

Supervisor's Name: _____ Title: _____

Start Date: _____ End Date: _____

Position held: _____

Reason for leaving: _____

2. Name of Previous Employer: _____

City/State: _____ Phone: _____

Supervisor's Name: _____ Title: _____

Start Date: _____ End Date: _____

Position held: _____

Reason for leaving: _____

3. Name of Previous Employer: _____

City/State: _____ Phone: _____

Supervisor's Name: _____ Title: _____

Start Date: _____ End Date: _____

Position held: _____

Reason for leaving: _____

4. Name of Previous Employer: _____

City/State: _____ Phone: _____

Supervisor's Name: _____ Title: _____

Start Date: _____ End Date: _____

Position held: _____

Reason for leaving: _____

References (Not former employers)

Name	Address	Phone number	Yrs Known

Use space below if more room is needed

CONSENT TO RELEASE RECORD(S)

DRIVER

NAME: _____ DL#: _____ DOB: _____
(AS SHOWN ON LICENSE)

By signing below, I voluntarily give consent to the Oklahoma Department of Public Safety or any Motor License Agent to release the following record(s), including personal information within my driver license file. I request the record(s) indicated by my signature below to be released by the Department of Public Safety or any Motor License Agent, their agents and employees, to the following person, company, corporation or legal entity.

Release Record/Information to: _____

MVR Summary:

(DRIVER'S SIGNATURE OR CONSENT)

Other Record (SPECIFY):

(DRIVER'S SIGNATURE OR CONSENT)

(DATE)

(SIGNATURE OF RECIPIENT OF RECORD)

(ADDRESS OF RECIPIENT OF RECORDS)

NOTICE: As required by the Federal Driver Privacy Protection Act (DPPA), 18 U.S.C., Section 2721, the Oklahoma Department of Public Safety/Motor License Agent will not release personal information from your driver record unless you consent by waiving your right to privacy under the DPPA; **OR**, unless the Department is required by DPPA to release personal information **without your consent**, such as in connection with matters of safety, theft, emissions, product alterations, recalls, advisories, certain federal laws, or, unless the DPPA authorizes the Department to release it, such as to governmental entities, courts, insurance companies and to others specified.

-- THIS FORM & PHOTO ID REQUIRED TO OBTAIN RECORD --

Please return this form to the address listed below along with all appropriate documents and a self addressed stamped envelope:

Oklahoma Workers' Compensation Court
1915 N. Stiles Ave.
Attn: Records Department
Oklahoma City, OK 73105

Fold along dotted line. Place in a window envelope so that the address appear.

Re Workers' Compensation
Claim of: Claimant's Name

Last: _____ First: _____

REQUEST FOR CLAIMS FILE INFORMATION/PRIOR CLAIMS

By name or By Social Security # (Requires authorization from holder of Social Security Number)

I authorize the use of my social security number to search for workers' compensation claim information:

Signature of SS# holder: _____

Date: ___/___/___ Social Security #: _____

I declare under **PENALTY OF PURJURY** that the information sought hereby is not for a purpose in violation of any state or federal law. I understand that I am required by law to disclose the person for whom this search request is being made, if different from myself.

This search is being made for:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Your Signature:		Printed Name:		
Telephone#:	Address:	City:	State:	Zip Code: