



APPLICATION FOR EMPLOYMENT

Non-DOT

Employment Information

Nine Energy Service, LLC is an equal opportunity employer and does not unlawfully discriminate against employees or applicants for employment based on race, color, sex, religion, national origin, citizenship status, age, physical or mental disability of an otherwise qualified individual, membership or application for membership in a uniformed service, genetic information, engaging in legally protected activity, or any other characteristic protected under applicable law. Nine also provides reasonable accommodations to applicants and employees in accordance with applicable law. Applicants desiring an accommodation to complete this application or participate in the interviewing process should contact Nine's Vice President of Human Resources.

Personal

Last Name		First Name		Middle Name	
Present Street Address		City/State	Zip Code	Home Phone	
Permanent Street Address		City/State	Zip Code	Cell Phone	
E-mail Address					
Are you at least 18 years old if applying for a field position?					
Have you served in the Military?			Branch/Specialty		
If hired, applicable law requires you to provide documentation of your legal authorization to work in the U.S. U.S. Can you meet this requirement if you are hired?					
Date of Application	Date you can start work	Are you employed now?		Position(s) Desired	
Have you ever applied to work for Nine before?			If yes, state date and location		
Do you have any relatives, friends or acquaintances working for Nine?		If yes, name		Relationship	
Have you previously worked for Nine or its subsidiaries?					
If yes, list dates of employment					
Reason for leaving			Former supervisor(s) at Nine		
Other names you have used?					
Can you work on the weekends?			Can you work evenings?		
Are you available to work overtime?					
If no, please state any limitations					
If provided an offer of employment, are you willing to submit and pass a controlled substance test?					
How did you learn about this opening?					



APPLICATION FOR EMPLOYMENT (continued)

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Skills and Qualifications

Describe Size and Type of Equipment on which you are experienced?

Experience	Years	Months	Experience	Years	Months
Wireline Operator			Liner Systems		
Wireline Engineer			Open Hole		
TCP Technician			Crane Operator		
RBP Technician			CDL		
Gun Building			Forklift		
Pressure Control			Shop/Warehouse		
Thru Tubing			Inventory		
Gravel Pack			Computer Skills		
Frac					

Employment History

Please fill this section out completely even if you submit a resume. List ALL paid and unpaid work experience, whether it is related to the job for which you are applying or not, in the last 10 years. List self-employment, summer, and part-time jobs. If you need additional space, please use a separate sheet of paper.

Applicants to drive a commercial vehicle in intrastate or interstate commerce shall provide 10 years' information on those employers for whom the applicant operated such vehicle.

Name and address of previous employers, starting with the most recent.

1	From	To	Employer	Telephone Number	
	Job Title		Address		
	Immediate Supervisor's Name		Nature of work performed & job responsibilities		
	Supervisor's Title				
	Reason for Leaving		Hourly Rate/Salary		
			Start	Per	Final
	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 & Alcohol Testing Requirements of 49CFR Part 40?			Yes	No
2	From	To	Employer	Telephone Number	
	Job Title		Address		
	Immediate Supervisor's Name		Nature of work performed & job responsibilities		
	Supervisor's Title				
	Reason for Leaving		Hourly Rate/Salary		
			Start	Per	Final
	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 & Alcohol Testing Requirements of 49CFR Part 40?			Yes	No



APPLICATION FOR EMPLOYMENT (continued)

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Employment History (continued)

Name and address of previous employers, starting with the most recent.										
3	From	To	Employer	Telephone Number						
	Job Title		Address							
	Immediate Supervisor's Name		Nature of work performed & job responsibilities							
	Supervisor's Title									
	Reason for Leaving		Hourly Rate/Salary			Final				
			Start	Per						
	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 & Alcohol Testing Requirements of 49CFR Part 40?							Yes	No	
4	From	To	Employer	Telephone Number						
	Job Title		Address							
	Immediate Supervisor's Name		Nature of work performed & job responsibilities							
	Supervisor's Title									
	Reason for Leaving		Hourly Rate/Salary			Final				
			Start	Per						
	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 & Alcohol Testing Requirements of 49CFR Part 40?							Yes	No	
5	From	To	Employer	Telephone Number						
	Job Title		Address							
	Immediate Supervisor's Name		Nature of work performed & job responsibilities							
	Supervisor's Title									
	Reason for Leaving		Hourly Rate/Salary			Final				
			Start	Per						
	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 & Alcohol Testing Requirements of 49CFR Part 40?							Yes	No	



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Educational Background				
Name and Location of School	Circle Highest Grade Completed	Major Field of Study	Degree	GPA
High School	8 9 10 11 12			
College/University	1 2 3 4 5 6			
Graduate School	1 2 3 4			

Professional licenses, designations or registrations

Professional References

List below three persons who have knowledge of your work performance within the last 6 years.
Professional References ONLY.

1	Name	Telephone Number	Number of Years Acquainted
	Occupation	Address	
2	Name	Telephone Number	Number of Years Acquainted
	Occupation	Address	
3	Name	Telephone Number	Number of Years Acquainted
	Occupation	Address	



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Applicant must read and verify with signature

I declare that the statements contained in this application are correct and understand that withholding information or making a false statement in this application and information submitted therewith or at any time during the application and pre-employment process will be the basis of my application not to be considered and/or dismissal. I authorize all employers, educators, and other firms or persons named herein to provide the Company with information regarding my education and employment and release all such individuals or entities from all liability for any damages that may result from furnishing information regarding me.

_____ - INITIALS

I understand that this application does not obligate the company to offer me employment or to hire me. I further understand that if I am employed by the Company, my employment will be on an "at will" basis and may be terminated by the company or me at any time with or without cause or notice. If I am employed I understand that I will wear the prescribed personal protective equipment and will abide by all Federal, State, and local laws, and all Company policies, procedures, and regulations while working for the Company.

_____ - INITIALS

I agree that I am not under any obligation to another employer through a covenant not to compete/or otherwise restricted in my acceptance of employment with a competitive firm

_____ - INITIALS

I understand and agree that if I am under any obligation to another employer through a covenant not to compete/or otherwise restricted in my acceptance of employment with a competitive firm I will explain and provide a copy of the applicable agreement.

_____ - INITIALS

If I am hired, I hereby agree to participate in the Company's Payroll Direct Deposit System for payment of salaried/hourly employees.

_____ - INITIALS

This application will be considered active for one-hundred and twenty (120) days.

Applicant's Signature

Date



CONSENT TO DRUG AND ALCOHOL TESTING

I understand and acknowledge that Nine Energy Service, Inc. (“Nine” or “Company”) requires all job applicants and employees submit to drug and alcohol testing. I understand that my submission to such testing and my agreement to release Nine from all liability in connection with same are terms and conditions of employment or of continued employment. I acknowledge and agree to those terms and conditions. I hereby expressly give my consent to Nine to take such screenings at such times Nine deems appropriate in accordance with its policy.

I understand that Nine may conduct drug and/or alcohol tests on any employee at any time without notice and may discipline, up to and including termination, of any employee who fails to pass such tests. I understand that Nine may require any employee involved in an on-the-job incident to submit to drug and/or alcohol tests. I understand that Nine’s policy strictly prohibits any employee from reporting to work at any time in a condition impaired by drug and/or alcohol use.

I understand that if my test results are positive for the use of a controlled substance or alcohol, I will not be offered employment, or if I am a current employee of Nine, I will be subject to discipline up to and including termination.

Refusal to submit to drug and/or alcohol testing will be cause for immediate termination of employment.

I hereby hold harmless, completely release, and forever discharge Nine, its affiliates and their officers, directors, employees and agents from any and all claims or causes of action that I, my heirs, executors, representatives or administrators, have or may have against Nine by reason of their use or evaluation of such drug and/or alcohol tests.

This document may not be changed, altered, or amended without the written consent of an officer of Nine and the undersigned.

I present that I have read this instrument in its entirety.

IN WITNESS WHEREOF, I have signed and executed this instrument.

Employee or Applicant Name (print) _____

Employee or Applicant Signature _____

Date _____

Company Representative (print) _____

Company Representative Signature _____

Date _____

**Background Screening, Consumer Report & Investigative Consumer Report
Request, Authorization, Consent, and Release**

I understand that in conjunction with my application for employment with Nine Energy Service, LLC (“Nine”), Nine will use the services of an outside agency to procure consumer and/or investigative consumer reports in order to research and verify the information that I have provided with my application for employment.

I request, authorize, and consent to the procurement of consumer reports by Nine as part of its employment application investigation. I understand that these reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, or any other information about me which may reflect upon my potential for employment gathered from any individual organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning my motor vehicle driving record, workers’ compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state, and other agencies.

I also request, authorize, and consent to the procurement of an investigative consumer report by Nine as part of its employment application investigation. I understand that the investigative consumer report may contain information about my background, mode of living, character, personal characteristics, and general reputation and may contain information from public record sources or personal interviews with neighbors, friends, or associates.

Attached to this form is a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (“FCRA”). I know that, upon written request, I will be entitled to a complete disclosure concerning the nature and scope of this investigation, copies of the consumer reports, and the name, address, and telephone number of the consumer reporting agencies that issued reports to Nine. In accordance with the FCRA, 15 U.S.C. §§ 1681-1681u, Nine will notify me prior to and after taking adverse action against me such as denying employment, because of information obtained from a consumer report and/or investigative consumer report.

I hereby fully release and discharge Nine and their respective affiliates, subsidiaries, directors, officers employees, agents and attorneys, and any individual, organization, entity, agency or other source providing information to Nine for all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county, and local agencies, authorities, previous employers, military services, and educational institutions.

By signing below, I certify that I have read and fully understand this authorization and release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this authorization and release voluntarily and with the knowledge that the information being authorized and released could affect my being hired, my employment, or my eligibility for promotion.

Signature: _____ Date _____

Print your full name: _____

E-mail Address: _____

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records.

Print other last names you have used: _____

Current Home Address _____

City _____ State _____ Zip _____

Social Security No. _____ Date of Birth _____

Driver's License No. _____ State Issuing License _____

List States and Counties of Residence for the past 5 years:

State _____ City/County _____ Dates From _____ to _____

State _____ City/County _____ Dates From _____ to _____

State _____ City/County _____ Dates From _____ to _____

State _____ City/County _____ Dates From _____ to _____

State _____ City/County _____ Dates From _____ to _____

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure

- If a person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent general generally is not required in the rucking industry. For more information, go to www.ftc.gov/credit.

You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051