DYNASTY
WIRELINE SERVICES
6800 West Hwy 80
Midland, TX 79706

Dynasty Wireline Services, LLC, is an equal opportunity employer. The Company's policy is not to discriminate against any applicant or employee based on race, color, sex, age, disability, religion, national origin, military or veteran status or any other basis protected by applicable law.

Answer all questions in their entirety, questions left unanswered will delay the employment process.

Application for Employment

Revision 13 (08/06/2026)

PERSONAL INFORMATION (Please Type or Print in Ink) ***Date of Application:*** _____

(As Listed on Social Security Card)
FULL Legal Name: _____
First Middle Last (Suffix)

Email Address: _____ Contact Phone #: _____

Position Applying For: _____

Do you require a reasonable accommodation in order to perform the essential functions of this job? Yes No

Are you legally eligible for employment in the United States: Yes No

Do you qualify to transport Hazardous Material: Yes No
(Federal Regulations require any person transporting Hazardous Material to be at least 21 years of age.)

Are you of legal age to work: Yes No Are there any days/hours you *cannot* work: Yes No

Are you available for full-time work: Yes No If yes, list days/hours you *cannot* work: _____

Are you available to travel overnight: Yes No Will you give notice to your current employer: Yes No

Are you available to work overtime: Yes No Date you can begin work: _____

How did you hear about Dynasty Wireline Services? Social Media (Indeed / Zip Recruiter / Other): _____

Do you have any family members who work or have worked for this company past/present? Yes No

If Yes, Family Members Name: _____ Work Location: _____

Have you ever served in the U.S. Armed Forces: Yes No If yes, list branch:_____

Driver's License #: _____State: _____ Class:_____Expires:_____

License Endorsements (Ex: HazMat/ Tanker): _____ License Restrictions:_____

Address (Please list local current address first. Also provide previous 3 years address history – continue on separate sheet if you need more room):

Current Local Mailing Address	City	State	Zip
Current Mailing Address (P.O. Box or if different from above)	City	State	Zip
Previous Address	City	State	Zip
Previous Address	City	State	Zip

EDUCATION	Name & Location of School	Did You Graduate	Major Courses
High School		___Yes ___ No	If no, did you obtain a GED? ___ Yes ___ No
College		___Yes ___ No	
Trade, Business, Military, Tech School		___Yes ___ No	

Total Years of Wireline Experience - List skills or training which will be of special interest and benefit in the position for which you are applying:_____
_____
_____

DYNASTY WIRELINE SERVICES, LLC.

EMPLOYMENT HISTORY CONT'D **Give a *complete record of all employment*, including military, and reasons for periods of unemployment during the past *10 years*.** List employers starting with most recent. ***Please note regulated / CDL applicants who will drive a regulated vehicle are required to provide (10) ten years of information on those employers for whom the applicant operated such vehicle.*** **If additional employment history space is needed, please use the following page.**

Name: ____________________	Position: ____________ DOT(Y/N) ________
Address: ____________________	Dates: From ____________ To ____________
City/State: ____________________	Salary: Starting ____________ Ending ____________
Phone #: ____________________	**Check One & State Reason for Leaving**
Contact Person: ____________________	____Layoff ____ Discharge ____ Resign
May We Contact This Employer: Yes No	Other: ____________________
Name: ____________________	Position: ____________ DOT(Y/N) ________
Address: ____________________	Dates: From ____________ To ____________
City/State: ____________________	Salary: Starting ____________ Ending ____________
Phone #: ____________________	**Check One & State Reason for Leaving**
Contact Person: ____________________	____Layoff ____ Discharge ____ Resign
May We Contact This Employer: Yes No	Other: ____________________
Name: ____________________	Position: ____________ DOT(Y/N) ________
Address: ____________________	Dates: From ____________ To ____________
City/State: ____________________	Salary: Starting ____________ Ending ____________
Phone #: ____________________	**Check One & State Reason for Leaving**
Contact Person: ____________________	____Layoff ____ Discharge ____ Resign
May We Contact This Employer: Yes No	Other: ____________________
Name: ____________________	Position: ____________ DOT(Y/N) ________
Address: ____________________	Dates: From ____________ To ____________
City/State: ____________________	Salary: Starting ____________ Ending ____________
Phone #: ____________________	**Check One & State Reason for Leaving**
Contact Person: ____________________	____Layoff ____ Discharge ____ Resign
May We Contact This Employer: Yes No	Other: ____________________

PERSONAL REFERENCES (Do not list relatives)

Name	Relationship	Occupation	Years Known	Phone

APPLICANT'S STATEMENT & ACKNOWLEDGEMNT (PLEASE READ CAREFULLY AND SIGN BELOW)

I, hereby apply for employment with DYNASTY WIRELINE SERVICES, LLC, (the Company). The facts set forth in this application for employment are true, complete, and correct. I understand and agree any misrepresentation, false statement or omission of any fact on this application will be sufficient reason for dismissal or refusal of employment. Furthermore, I understand and agree should I become employed by Dynasty Wireline Services, and it is later discovered information I provided on this application or any supplement to or any other corporate records is misrepresented, omitted, or falsified, the company may immediately terminate my employment upon discovery of such omission, misrepresentation, or falsification. I understand this application, nor subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, manuals, guidelines, benefit plans, policy statements and any and all polices, or procedures as they may exist or other Company practices shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company. This applicant does not serve to create an actual or implied contract of employment or to confer any rights to remain an employee of the company, or change in any respect the employment-at-will relationship. Both the undersigned and the company may end the employment relationship at any time with or without notice, or reason. No one other than the President of the Company has any authority to enter into any agreement contrary to the foregoing and will be in writing and signed by both parties. I hereby give permission to contact the above listed employers concerning my prior work experience, except as noted above.

Applicant Name *(Print)*: ____

Applicant Signature: ______________________________ Date ____________

EMPLOYMENT HISTORY CONTINUED ***Please note regulated / CDL applicants who will drive a regulated vehicle are required to provide (10) ten years of information on those employers for whom the applicant operated such vehicle.***

Name: ____ Address: ____ City/State: ____ Phone #: ____ Contact Person: ____ May We Contact This Employer: Yes No	Position: ____ DOT(Y/N) ____ Dates: From ____ To ____ Salary: Starting ____ Ending ____ **Check One & State Reason for Leaving** ____Layoff ____ Discharge ____ Resign Other: ____
Name: ____ Address: ____ City/State: ____ Phone #: ____ Contact Person: ____ May We Contact This Employer: Yes No	Position: ____ DOT(Y/N) ____ Dates: From ____ To ____ Salary: Starting ____ Ending ____ **Check One & State Reason for Leaving** ____Layoff ____ Discharge ____ Resign Other: ____
Name: ____ Address: ____ City/State: ____ Phone #: ____ Contact Person: ____ May We Contact This Employer: Yes No	Position: ____ DOT(Y/N) ____ Dates: From ____ To ____ Salary: Starting ____ Ending ____ **Check One & State Reason for Leaving** ____Layoff ____ Discharge ____ Resign Other: ____
Name: ____ Address: ____ City/State: ____ Phone #: ____ Contact Person: ____ May We Contact This Employer: Yes No	Position: ____ DOT(Y/N) ____ Dates: From ____ To ____ Salary: Starting ____ Ending ____ **Check One & State Reason for Leaving** ____Layoff ____ Discharge ____ Resign Other: ____
Name: ____ Address: ____ City/State: ____ Phone #: ____ Contact Person: ____ May We Contact This Employer: Yes No	Position: ____ DOT(Y/N) ____ Dates: From ____ To ____ Salary: Starting ____ Ending ____ **Check One & State Reason for Leaving** ____Layoff ____ Discharge ____ Resign Other: ____
Name: ____ Address: ____ City/State: ____ Phone #: ____ Contact Person: ____ May We Contact This Employer: Yes No	Position: ____ DOT(Y/N) ____ Dates: From ____ To ____ Salary: Starting ____ Ending ____ **Check One & State Reason for Leaving** ____Layoff ____ Discharge ____ Resign Other: ____
Name: ____ Address: ____ City/State: ____ Phone #: ____ Contact Person: ____ May We Contact This Employer: Yes No	Position: ____ DOT(Y/N) ____ Dates: From ____ To ____ Salary: Starting ____ Ending ____ **Check One & State Reason for Leaving** ____Layoff ____ Discharge ____ Resign Other: ____
Name: ____ Address: ____ City/State: ____ Phone #: ____ Contact Person: ____ May We Contact This Employer: Yes No	Position: ____ DOT(Y/N) ____ Dates: From ____ To ____ Salary: Starting ____ Ending ____ **Check One & State Reason for Leaving** ____Layoff ____ Discharge ____ Resign Other: ____

Dynasty Wireline Services

Notice To Obtain – **NOTICE OF INTENT TO OBTAIN CONSUMER REPORTS**
Acknowledgement – Understand and Agreement

Applicant/Employee Name (Print): _____ Date: _____

Position: _____ Location: Midland, TX

I acknowledge Dynasty Wireline Services may obtain a consumer report and/or investigative consumer report for employment purposes in compliance with the Fair Credit Reporting Act, 15, 15 U.S.C 1681 et. Deq. concerning my character, employment history, general reputation, personal characteristics, criminal or policy records, motor vehicle records, mode of living, and/or credit and indebtedness. Consumer reports are obtained from third party consumer reporting agencies. A "consumer reporting agency" is a person or business which, for monetary fees, dues or on cooperative nonprofit bases, regularly assembles or evaluates consumer credit information on consumers for the purpose of furnishing consumer reports to others, such as the Company. Investigative consumer reports are gathered from personal interviews with neighbors, friends, or co-workers. Upon timely written request to the companies Human Resources Department, the Company will, within five (5) work days of receipt of the written request, authorize the third party consumer reporting agency to disclose the nature and scope of the information sought in the investigative report to the applicant.

Before any adverse employment action is taken in whole or in part as a result of information contained in a consumer or investigative report, I will be provided a copy of the report and a summary of my rights under the Fair Credit Reporting Act. The information obtained from the report will not be used in violation of federal or state equal opportunity of civil rights laws.

Consumer Report Authorization for Employment Purposes

By signing below, I understand authorize Dynasty Wireline Services to obtain a consumer report and/or investigative consumer report and to consider consumer reports and/or investigative consumer reports about me when making decisions regarding my employment with the Company. I understand and agree if I am employed with the Company this authorization shall remain valid and serve as ongoing authorization of the Company to obtain consumer and/or investigative consumer reports on me at any time during my employment. I understand I have a right to make a written request within five (5) business days of the report to receive additional information about the nature and scope of any investigative consumer report obtained and a summary of rights under the Fair Credit Reporting Act.

Name (Print): _____ Date: _____

Signature: _____ Location: Midland, TX

DYNASTY WIRELINE SERVICES

Notice to Obtain: MOTOR VEHICLE RECORDS NOTIFICATION / AUTHORIZATION FORM
Acknowledgement - (MVR) Request Understand and Agreement

I acknowledge **DYNASTY WIRELINE SERVICES, LLC.**, ("Company") may obtain motor vehicle records and reports as part of the evaluation of my suitability for employment, prior to hiring and annually thereafter. Such records may be obtained by the Company or its insurance representative(s) and may include personal information obtained from state motor vehicle departments, my driving record, an assessment of my insurability for the Company's insurance program, or other consumer reports.

I hereby authorize the Company or the Company's insurance representative(s) or third party vendor to obtain such records and reports as often as necessary in order to evaluate my insurability, comply with Company policy and/or Federal and State law, or as dictated by other necessities, at the sole discretion of Dynasty Wireline Services, LLC.

I further understand an evaluation that is deemed "unacceptable" will prevent me from being eligible to operate a Company vehicle and thus may disqualify me from employment in a position that requires the use of a Company or personal vehicle.

Applicant/ Employee Signature: _____ Date: _____

Please Print the Following Information:

Name: _____ Job Position: _____

Address: _____

City, State, & Zip Code: _____

Driver License Number: _____ State Issued: _____

Date of Expiration: _____ Class: _____

Date of Birth: _____ Social Security #: _____

Company Representative Signature: _____ Date: _____

(THIS FORM IS *NOT* PLACED IN A DRIVER QUALIFICATION FILE)

CRIMINAL HISTORY SEARCH FORM

TO BE COMPLETED BY APPLICANT: PLEASE PRINT THE FOLLOWING INFORMATION

Name of Company Conducting search: **DYNASTY WIRELINE SERVICES, LLC.**

Located: **P.O. BOX 52076, MIDLAND, TEXAS 79710**

Applicant's Full Legal Name: _____
Last First Middle (Maiden)

Social Security Number: _____

Date of Birth: Month _____ / Date _____ / Year _____

If None, Write "None" In The Space Below:

Docket / Case Number (if known): _____

Date of Conviction: _____

Place of Conviction: _____

Charge (convicted for): _____

Docket / Case Number (if known): _____

Date of Conviction: _____

Place of Conviction: _____

Charge (convicted for): _____

Docket / Case Number (if known): _____

Date of Conviction: _____

Place of Conviction: _____

Charge (convicted for): _____

_____
Applicant Name (Print):

_____ _____
Signature of Applicant Date

(THIS FORM IS NOT PLACED IN A DRIVER QUALIFICATION FILE)

Background Release Form
Disclosure and Consent

In connection with my application for employment (including contract for service) with **Dynasty Wireline Services** ("the Company"), I understand investigative inquiries may be obtained on myself by a consumer reporting agency, and any such report will be used solely for employment-related purposes. I understand the nature and scope of this investigation will include a number of sources including, but not limited to, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, general reputation, personal characteristics, mode of living, and work habits. Information relating to my performance and experience, along with reasons for termination of past employment from previous employers, may also be obtained. Further, I understand that you will be requesting information from various Federal, State, County and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, education, and other experiences.

I understand if the Company hires me, it may request a consumer report or an investigative consumer report about me for employment-related purposes during the course of my employment.The scope of this investigation will be the same as the scope of a pre-employment investigation,and that the nature of such an investigation will be my continuing suitability for employment, orwhether I possess the minimum qualifications necessary for promotions or transfer to another position. I understand my consent will apply throughout my employment, unless I revoke orcancel my consent by sending a signed letter or statement to the Company at any time, stating thatI revoke my consent and no longer allow the Company to obtain consumer or investigative consumer reports about me.

A **Consumer Report** consist of information deemed to have a bearing on job performance, and may include information from public and private sources, public records, former employers, and references. The scope of the report may include information concerning my driving record, civiland criminal court records, credit, education, credentials, identity, past addresses, social securitynumber, previous employment, professional references, and personal references.

An **Investigative Consumer Report** is a report based upon interviews that may contain information relating to my character, general reputation, personal characteristics, or mode of living.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by DISA Global Solutions - Tustin, 17592 E.17th Street, Suite 300, Tustin, CA 92780, Phone Number 714-731-3084, www.disa.com.

U.S. Department of Justice, the Bureau of Alcohol Tobacco Firearms and Explosives mandates Dynasty Wireline Services submit an Employer Possessor Questionnaire (OMB No. 1140-0072/ ATF Form 5400.28) for any employee who may have actual or constructive possession of explosive materials while performing their job duties.
The U.S. Department of Justice mandates employees to identify their citizenship status in the United States for the purpose of determining a person's eligibility to possess explosives. **Generally, if you are an alien [except for a lawful permanent resident alien], you cannot possess explosive materials in the United States and will not be approved as an Employee Possessor for Dynasty Wireline Services, LLC**. I acknowledge I have read and understand the above and recognize the U.S. Justice Bureau of Alcohol, Tobacco, Firearms and Explosives Department can impose penalties under Federal Law guidelines, and I certify under the penalty of perjury the answers I provide on the Employee Possessor Questionnaire to be true, accurate and complete.

Background Release Form
Disclosure and Consent

This Disclosure and Consent form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

I authorize without reservation any party or agency contacted by this employer to furnish the above-mentioned information. I hereby consent to your obtaining the above information from DISA Global Solutions (and/or any of their licensed agents) located at 17542 E. 17th Street, Suite 330, Tustin, CA 92780 (714) 731-3084. I understand to aid in the proper identification of my file or records the following personal identifiers, as well as other information,is necessary.

Social Security Number_____-_____-_____ Date of Birth _____/___/_____

Driver's License Number: _____ State: _____

Home Phone:_____ Mobile Phone: _____

Print Name: _____

☐ **I have read this agreement and accept all the terms described herein.**

Applicant Signature:_____Date: _____

ADDITIONAL STATE LAW NOTICES:

California, Minnesota, and Oklahoma Applicants/Employees Only:

☐ California, Minnesota and Oklahoma Applicants - Check box to receive a free copy of any requested Consumer Report, Investigative Consumer Report or Credit Report if one is obtained by Dynasty Wireline Services.

California: Undersection 1786.22 of the California Civil Code, you may view the file maintained on you by AWSI during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the cost of duplication services, or by appearing in person, during normal business hours and on reasonable notice,or by mail. You may also receive a summary of this file by telephone, upon submitting proper identification. AWSI has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

Washington State: You also have the right to request from the consumer reporting agencya written summary of your rights and remedies under the Washing Fair Credit Reporting Act.

THIS SECTIONS TO BE COMPLETED BY APPLICANTS WHO WILL OPERATE A

DOT REGULATED VEHICLE

DRIVER EXPERIENCE/ QUALIFICATIONS *As per 391.23(5) please give all vehicle operator licenses and/ or permits during* ***the past three years***

Driver Licenses: DOB:___/ ____ / ____ Month / Day / Year *DOB is required by DOT regs.*	STATE ISSUED	LICENSE NUMBER	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle: **YES NO**

B. Has any license, permit or privilege ever been suspended or revoked: **YES NO**

C. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug & alcohol testing rules during the past three years: **YES NO**

D. If you answered yes to A, B, or C, provide details: _____

E. If you answered yes, can you provide / obtain proof that you have successfully completed the DOT return-to-duty requirements:_____ **YES NO**

F. Have you worked for a DOT regulated employer in the past three (3) years? **YES NO**

Traffic Convictions & Forfeitures for the past three (3) years (other than parking violations) If none, write none.

LOCATION	DATE	CHARGE	PENALTY

List all motor vehicle accidents during the past 3 years:

Date of Accident	Nature of Violation / Accident (speeding, head/on etc.)	Fatalities / Injuries	Determined To Be At Fault
		__ Yes - __ No	__ Yes - __ No
		__ Yes - __ No	__ Yes - __ No
		__ Yes - __ No	__ Yes - __ No

DRIVING EXPERIENCE:

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates From - To	Approx. Miles Driven
Straight Truck		From: To:	Miles Driven
Tractor-Semi – Trailer		From: To:	Miles Driven
Other:		From: To:	Miles Driven

List State(s) operated in during last five (5) years:_____

List special courses or training that will help you as a driver:_____

List any "Safe Driving Awards" you hold and from whom:_____

List any trucking, transportation or other experience that may help in your work for the company:_____

List courses and training other than shown elsewhere in this application:_____

TO BE READ & SIGNED BY APPLICANTS WHO WILL OPERATE A DOT REGULATED VEHICLE

I understand information I provide regarding current and/or previous employers may be used, and those employers will be contacted for the purpose of investigating my safety performance history as required in ***49 CFR391.23(d) & (e)***. I understand I have the right to: **(1)** Review information provided by previous employers, **(2)** Have errors in the information corrected by the previous employer and for those employers to re-send the corrected information to the prospective employer; and **(3)** Have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

This certifies this application was completed by me, and all entries on it and information in it are true & complete to the best of my knowledge. **Signature of Applicant**_____**Date**_____

DYNASTY WIRELINE SERVICES

Notice to Employees – DOT Drug and Alcohol FMCSA 49 CFR Part 382 Clearinghouse Consent
Employee Acknowledgement - EMPLOYEE UNDERSTANDING AND AGREEMENT

Purpose: The purpose of this guideline is to establish and provide Dynasty Wireline Services (the company) testing regulations authority established under the Federal Motor Carrier Safety Administration (FMCSA) 49 CFR Part 382 to obtain an employee's general consent to conduct a limited query through the Drug and Alcohol Clearinghouse.

I hereby provide my consent for Dynasty Wireline Services to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse database. I understand I am consenting to a single query or multiple unlimited queries conducted over the duration of my employment.

I understand if the limited query conducted by Dynasty Wireline Services indicates drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose information to the company without first obtaining additional specific consent from me.

I further understand if I refuse to provide consent for Dynasty Wireline Services to conduct a limited query of the Clearinghouse, Dynasty Wireline Services must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

I acknowledge, understand, and agree to the above guidelines. I understand I can contact my supervisor, the DOT Administrator, Safety Manager or the Human Resources Department if I have any questions.

_____ Midland, Texas

Employee Name (Print): Dynasty Wireline Services

_____ _____

Employee Name (Signature): Date: