

Employment Application



TETRA Technologies, Inc. and subsidiaries

Name in Full (Last, First, Middle Initial):			Today's Date:	
Present Address:	City:	State:	Zip Code:	Telephone Number:

This application must be filled out in your own handwriting. The application will be kept active for three (3) months. After that time, it will be placed in an inactive file.

The information requested in this employment application is necessary for our permanent records and will help us determine whether we have the type of work for which you are best suited.

It is the policy of TETRA Technologies, Inc. and its affiliated companies to provide equal opportunities to all applicants for employment and employees without regard to race, color, national origin, age, sex, sexual orientation, ancestry, marital status, disability, citizenship, or veteran status.

TETRA Technologies, Inc. maintains an Affirmative Action Plan and supports this philosophy through its employment policies and practices.

Personal Information

Do you have the legal right to work in the United States? Yes No Visa Number: _____

Why do you want to work at our Company? _____

For which position are you applying? _____

What are your qualifications for this position? _____

Will you work any shift? Yes No If no, which shift will you not work? _____

Do you want to work: Full Time Part Time Summer Only Date Available: _____

Do you want to work overtime regularly? Yes No

Can you work every day? Yes No

Have you previously been employed by any TETRA unit or affiliated company? Yes No

If Yes, which TETRA unit or affiliated company? _____

From when to when? _____

Did someone refer you to our Company? Yes No If Yes, who? _____

Have you ever been convicted of a felony or a misdemeanor which resulted in imprisonment within the last two years? Yes No

If Yes, please explain: _____

Note, a Yes will not necessarily disqualify applicant.

Armed Services Experience

Have you ever served in the Armed Services of the U.S.? Yes No Branch of Service? _____

Service Location(s): _____ Period of Time Served: _____

War or Campaign (i.e., Gulf War, Vietnam Conflict): _____ Campaign Badge: Yes No

What training did you receive? _____

Education

School Type	Name and Location of School (City, State)	Years Attended	Graduated? (Y/N)	Type of Courses or Major	Degree, Certificate, or Diploma
Grammar School					
High School					
College or University					
Graduate School					
Trade, Business, Correspondence School					
Continuing Education					

Vocational, Technical, Clerical Skills and/or Training

For Example: Typing 60 WPM, Software Knowledge (i.e., Microsoft Word, Excel), Seminars, Welding, or Electrical Training, etc.

Years of
Experience, or
Dates Taken

Foreign Language Skills

Please indicate if you can read, write or speak each language.

Years of
Experience

Professional and/or Trade Certifications and Licenses/Professional Associations

For Example: Certified Public Accountant (CPA), Commercial Drivers License (CDL), Welding, H₂S

Year Certified,
Licensed, or
Became
Member

Employment History

Start with PRESENT or MOST RECENT job and work BACKWARDS. Use additional sheets of paper if necessary.

Company Name		Type of Business		Telephone	
Present Address			City	State	Zip Code
Employed		Job Title	Please describe your job duties below	Hourly Rate or Monthly Salary	
From	To			Beginning	Ending
Immediate Supervisor			Why did you leave?		

Company Name		Type of Business		Telephone	
Present Address			City	State	Zip Code
Employed		Job Title	Please describe your job duties below	Hourly Rate or Monthly Salary	
From	To			Beginning	Ending
Immediate Supervisor			Why did you leave?		

Company Name		Type of Business		Telephone	
Present Address			City	State	Zip Code
Employed		Job Title	Please describe your job duties below	Hourly Rate or Monthly Salary	
From	To			Beginning	Ending
Immediate Supervisor			Why did you leave?		

Company Name		Type of Business		Telephone	
Present Address			City	State	Zip Code
Employed		Job Title	Please describe your job duties below		Hourly Rate or Monthly Salary
From	To			Beginning	Ending
Immediate Supervisor			Why did you leave?		

Please explain any period of unemployment longer here: _____

References (Not Relatives)

Name	Occupation	Address	Phone Number	Known for how long? (years)

I hereby certify that the above information is true and complete and agree that any false information or omitted information, including that given at the time of my physical, may be grounds for immediate discharge if employed. The companies, schools, and persons named above by me as references may give information regarding me, and I hereby release them from all liability for doing so.

If I am employed by TETRA Technologies, Inc. or its affiliates, I understand and acknowledge that my employment will be at will, which means that either TETRA or I may terminate my employment at any time, with or without notice, for any reason; there have been no contrary representations, either oral or written, made to me by anyone; no one can change this employment relationship except the C.E.O. of TETRA Technologies, Inc.

I also understand my employment is subject to the successful passing of a post offer substance abuse screening.

Date: _____ **Signature of Applicant:** _____



TETRA Technologies, Inc. and Subsidiary Companies

Applicant Data Record

****The Applicant Data Record will be detached and kept in a Confidential File and will not be a part of your Application for Employment. ****

Employees and applicants are treated without regard to race, color, religion, age, sex, national origin, veteran status, disability, or any other legally protected status.

The purpose for this Applicant Data Record is to comply with government record keeping, reporting, and other legal requirements. This data will assist us in determining the success of our Affirmative Action program. Although completion of this Applicant Data Record is optional, your assistance in providing the information is appreciated.

Please Note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

(Please Print)

Last Name	First Name	Middle Initial
Address	Street	
City	State	Zip

Position Applied For:
How did you learn about this position?
Circle One: Male Female
Please check <u>only one</u> of the following: <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Two or More Races (not Hispanic or Latino)

Disposition- For Company Use Only
Job: _____
Hired _____ Did Not Hire _____ Rejected Offer _____