

**RELEASE AUTHORIZATION
Confidential Form***

PLEASE PRINT CLEARLY

Last Name	First Name	Middle Initial	Maiden Name	
Social Security Number	Driver's License Number	State of Issuance	Date of Birth	
Current Address	City	State Code	Zip	No. of Years

RESIDENCES IN PAST (7) YEARS

Address	City	State Code	Zip	No. of Years
Address	City	State Code	Zip	No. of Years
Address	City	State Code	Zip	No. of Years

I expressly authorize any person associated with any educational institution, past or previous employer, any law enforcement agency (federal, state or local), any credit reporting agency, or any person who has knowledge of my character, work experience, educational, medical, criminal or driving history to release the information to the Company or their employees or agents. I will not hold the Company or their employees or any person requesting or releasing the information responsible for any damage whatsoever resulting from the acquisition, use, retention or disclosure of any such information. I will not hold the Company or their employees or any person responsible for error or inaccuracies in the acquisition of transmittal or information pertaining to the verification of my background.

Signature of Applicant/Sub-Contractor

Date Signed

For office purposes only. Please do not write below this line.

Please perform those pre-employment screening(s) circled below:

Criminal History	Employment Verification	Credit Report
Education Verification	Motor Vehicle Report	Civil History
Social Security Verification	Reference Verification	

*HR use only-file in confidential folder. Dispose by shredding.



APPLICATION FOR HOURLY AND DAILY EMPLOYMENT

Employment Information

Business Unit:	<input type="checkbox"/> Canrig Canada <input type="checkbox"/> Canrig USA <input type="checkbox"/> CORE <input type="checkbox"/> NAD	<input type="checkbox"/> NCS <input type="checkbox"/> NDIL <input type="checkbox"/> NDL <input type="checkbox"/> NDUSA	<input type="checkbox"/> NGHL <input type="checkbox"/> NHK <input type="checkbox"/> NIML <input type="checkbox"/> NINTL	<input type="checkbox"/> NOC <input type="checkbox"/> NWSC <input type="checkbox"/> NWSL <input type="checkbox"/> Peak USA	<input type="checkbox"/> Ryan Canada <input type="checkbox"/> Ryan USA <input type="checkbox"/> Other
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WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, COLOR, SEX, AGE OR DISABILITY. IT IS OUR INTENT THAT ALL APPLICANTS BE GIVEN EQUAL OPPORTUNITY AND SELECTION DECISIONS BE BASED ON JOB RELATED FACTORS.

Personal

Last Name	First Name	Middle name	Email Address
Present Street Address	City/State	Zip Code	Phone No.
Permanent Street Address	City/State	Zip Code	Phone No.
In Emergency, Contact	Relationship	Phone No.	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City/State	Zip Code	Do you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No

Miscellaneous

Date of Application	Date you can start work	Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position(s) Desired
Do you have any relatives in our employ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name		Relationship
Drivers License No.	Date Expires	State Issued	
Passport No.	Country of Issue	Date Issued	Date Expires
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please explain. (An affirmative response will not automatically disqualify you from being considered as a candidate for employment)		

Skills and Qualifications

Describe Size And Type Of Equipment On Which You Are Experienced	Drilling Experience	YRs	MOs
	Toolpusher		
	Driller		
	Derrickman		
	Motorman		
	Floorman		
	Rig Mechanic		
	Rig Electrician		
Foreign Languages	Speak	Read	Military Experience
			Did you serve in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Military occupational specialty
			Crane Operator
			Roustabout
			Other (specify)



APPLICATION FOR HOURLY AND DAILY EMPLOYMENT

Employment History

Have worked for a Nabors Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name subsidiary:	Dates of employment with Nabors:
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Name and address of previous employers, starting with the most recent.

1.	From	To	Employer	Telephone No.	
	Job Title		Address		
	Immediate Supervisor's Name		Summarize the nature of work performed and job responsibilities		
	Supervisor's Title				
	Reason for Leaving		Hourly Rate / Salary Start \$ _____ Per _____ Final \$ _____ Per _____		
2.	From	To	Employer	Telephone No.	
	Job Title		Address		
	Immediate Supervisor's Name		Summarize the nature of work performed and job responsibilities		
	Supervisor's Title				
	Reason for Leaving		Hourly Rate / Salary Start \$ _____ Per _____ Final \$ _____ Per _____		
3.	From	To	Employer	Telephone No.	
	Job Title		Address		
	Immediate Supervisor's Name		Summarize the nature of work performed and job responsibilities		
	Supervisor's Title				
	Reason for Leaving		Hourly Rate/Salary Start \$ _____ Per _____ Final \$ _____ Per _____		

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/Univ.	1 2 3 4 5 6			
Grad. School	1 2 3 4			
Other				

Special schools and courses attended. Include any training and completion dates, i.e., B.O.P., 1st aid, H₂S, etc.



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 for my application not to be considered and/or dismissal. I authorize all employers, educators and other firms or person named herein to provide the Company with information regarding my education, employment and medical history 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 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 Company procedures and regulations while working for the Company.

_____ - INITIALS

I acknowledge that a copy of the Company's Dispute Resolution Program was available for my review at the location where I submitted this application. I acknowledge and understand that I am required to adhere to the Dispute Resolution Program and its requirements for submission of all claims to a process that may include mediation and/or arbitration and that if I refuse to sign below that my application will not be considered for employment. I further understand that my employment application submission with the Company constitutes my acceptance of the terms of this provision as a condition of employment consideration.

_____ - INITIALS

If I am hired, I hereby agree to participate in the Company's Payroll Direct Deposit System for payment of salaried/hourly employees and complete the Payroll Direct Deposit Authorization Form to implement the Payroll Direct Deposit System for my pay.

_____ - INITIALS

This application will be considered active for thirty (30) days.

Applicant's Signature

Date



NOTICE TO APPLICANTS/EMPLOYEES REGARDING CONSUMER REPORTS

Business Unit:	<input type="checkbox"/> Canrig Canada	<input type="checkbox"/> NCS	<input type="checkbox"/> NGHL	<input type="checkbox"/> NOC	<input type="checkbox"/> Ryan Canada
	<input type="checkbox"/> Canrig USA	<input type="checkbox"/> NDIL	<input type="checkbox"/> NHK	<input type="checkbox"/> NWSC	<input type="checkbox"/> Ryan USA
	<input type="checkbox"/> CORE	<input type="checkbox"/> NDL	<input type="checkbox"/> NIML	<input type="checkbox"/> NWSL	<input type="checkbox"/> Other
	<input type="checkbox"/> NAD	<input type="checkbox"/> NDUSA	<input type="checkbox"/> NINTL	<input type="checkbox"/> Peak USA	

The Company may obtain a consumer report and/or an investigative consumer report including information concerning your character, general reputation, personal characteristics, mode of living, employment history, education, driving record and qualifications in connection with your application for and continued employment with the Company. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Within five days of your timely written request to the Human Resources Department of the Company. The Company will provide you with the name, address and phone number of the reporting agency and a description of the nature and scope of the consumer report the Company obtained.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency and a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

CONSENT TO OBTAINING CONSUMER REPORTS *READ CAREFULLY BEFORE SIGNING*

1. I have read the above "Notice to Applicants/Employees Regarding Consumer Reports" and hereby authorize the Company to obtain consumer reports as described.
2. I understand that I have the right to make a written request within a reasonable amount of time to receive a complete and accurate disclosure of the nature and scope of any consumer reports that are obtained by the Company, including the name, address and telephone number of the consumer reporting agency.
3. I hereby authorize any present or former employers, consumer reporting agencies, educational institutions, or any other person or agency having knowledge of me to submit information or opinions about myself, including data received from other sources, in order that my employment qualifications may be evaluated. I hold said persons and/or organizations blameless and without liability for statements or opinions made regarding my character, experience or qualifications.
4. For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box. If checked and you are a California applicant, a copy of the consumer report will be sent within three days of the employer receiving a copy of the consumer report.
5. For California applicants only, if public record information about your character, general reputation, personal characteristics, and mode of living is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information within seven days of the employer's receipt unless you check this box where you hereby waive your right to obtain a copy of the consumer report.

By my signature below, I acknowledge that I have read and understood all of the above statements.

Signature: _____
 Printed Name: _____
 Date: _____

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 generally is not required in the trucking 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 Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
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

**NOTICE TO APPLICANTS REGARDING
DISPUTE RESOLUTION PROGRAM**

Nabors Industries, Inc. and its subsidiaries have a Dispute Resolution Program in effect to handle all disputes between applicants or employees and the Company. This program gives applicants and employees the most effective and efficient means of resolving any disputes they may have through a process that encourages a resolution at the earliest possible opportunity.

A copy of the Dispute Resolution Program is being provided for your review. If any applicant fails to acknowledge and agree to the Program, they will not be considered for employment. The acknowledgement is provided below for your signature.

1. I have been allowed the opportunity to review the Nabors Dispute Resolution Program.
2. By my signature below, I acknowledge and understand that I am required to adhere to the Dispute Resolution Program and its requirement for submission of all claims to a process that may include mediation and/or arbitration. I further understand that my employment application submission with the Company constitutes my acceptance of the terms of this provision as a condition of employment consideration.

Name of Applicant

Signature of Applicant

Date

**AVISO PARA ASPIRANTES DE EMPLEO RESPECTO AL PROGRAMA DE RESOLUCIÓN
DE CONFLICTOS**

Nabors Industries, Inc. y sus filiales tienen un Programa de Resolución de Conflictos vigente para tratar todas los conflictos entre aspirantes o empleados y la Compañía. Este programa le proporciona a aspirantes y empleados el medio más efectivo y eficiente para resolver cualquier conflicto que pudieran tener a través de un proceso que fomenta una resolución de la misma a la máxima brevedad posible.

Junto con el presente aviso se le está proporcionando una del Programa de Resolución de Conflictos para su revisión. Si un aspirante a un puesto de trabajo no acusa recibo y no está de acuerdo con el Programa, no será considerado para el empleo. Se le proporciona este formulario de acuso de recibo de esta notificación con respecto al programa de resolución de conflictos para que usted lo firme en conformidad a continuación.

3. Se me ha permitido revisar el Programa de Resolución de Conflictos de Nabors.
4. Con mi firma a continuación, acuso recibo de la información anteriormente mencionada y comprendo que se me requiere cumplir con el Programa de Resolución de Conflictos y su requisito de someter todos los reclamos a un proceso que puede incluir mediación y/o arbitraje. También comprendo que la presentación de mi solicitud para empleo con la Compañía constituye mi aceptación de los términos de esta disposición como una condición para ser considerado para el empleo.

Nombre del Aspirante

Firma del Aspirante

Fecha

Nabors Drilling USA, LP

Applicant Data Record

Nabors Drilling USA does not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability.

As an employer, we comply with government regulations and equal employment responsibilities.

Compliance with government record keeping, reporting and other legal requirements, necessitates the following information. Submission of this information is voluntary. Refusal to provide this information will not jeopardize or adversely affect any consideration you may receive for employment, or later advancement in employment. This information is kept separate from your application and plays no part in consideration for employment.

Name: _____ Date: _____
 (Last) (First)

Address: _____
 (Street) (City) (State) (Zip)

Social Security # _____

Position applied for: _____

SUBMISSION OF THE FOLLOWING INFORMATION IS PURELY VOLUNTARY

Gender (Check one): _____ Male _____ Female

Race/Ethnic Group (Check one):

- _____ American Indian or Alaskan Native
- _____ Asian
- _____ Black or African American
- _____ Native Hawaiian or Other Pacific Islander
- _____ White
- _____ Hispanic or Latino

Check if any of the following are applicable:

- _____ Disabled
- _____ Vietnam Era Veteran
- _____ Disabled Veteran