



APPLICATION FOR EMPLOYMENT

HP-301-1

- HELMERICH & PAYNE, INC.
- HELMERICH & PAYNE INTERNATIONAL DRILLING CO.
- HELMERICH & PAYNE PROPERTIES, INC.

Helmerich & Payne, Inc. and its subsidiaries are Equal Opportunity Employers, and do not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or veteran status.

GENERAL INFORMATION

DATE OF APPLICATION / /	POSITION APPLIED FOR	REFERRAL SOURCE: <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> WALK-IN <input type="checkbox"/> EMPLOYEE REFERRAL <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> OTHER
NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER - -
PRESENT MAILING ADDRESS		PERMANENT ADDRESS
CITY, STATE, ZIP CODE	TELEPHONE NUMBER () -	CITY, STATE, ZIP CODE
ARE YOU OVER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		CAN YOU LEGALLY WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE AVAILABLE FOR WORK	MINIMUM SALARY/WAGE EXPECTED \$	WILL YOU WORK ANYWHERE IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF NOT, WHERE DO YOU PREFER?		
AVAILABLE FOR WORK: <input type="checkbox"/> FULL TIME <input type="checkbox"/> SUMMER	<input type="checkbox"/> PART TIME <input type="checkbox"/> BUSINESS TECHNOLOGY INTERNSHIP (BTI)	
HAVE YOU PREVIOUSLY WORKED FOR ANY HELMERICH & PAYNE ORGANIZATION? (GIVE DATES, DIVISION, LOCATION, ETC.)		<input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED	HIGH SCHOOL				COLLEGE				GRADUATE SCHOOL				HIGH SCHOOL NAME
	9	10	11	12	1	2	3	4	1	2	3	4	
COLLEGE OR UNIVERSITY	DEGREE EARNED								MAJOR				GRADE POINT AVERAGE
VOCATIONAL OR CORRESPONDENCE SCHOOL	DEGREE EARNED								MAJOR				GRADE POINT AVERAGE

OTHER SKILLS

WHAT MACHINES OR EQUIPMENT DO YOU OPERATE?

CHECK YOUR SKILLS _____ WORDPERFECT _____ WORDSTAR _____ DICTAPHONE _____ LOTUS 1-2-3 _____ APPLE/MACINTOSH _____ 10-KEY _____ EXCELL _____ MICROSOFT WORD _____ SHORTHAND _____ /WPM _____ PC _____ QUATTRO PRO _____ TYPEWRITER _____ /WPM	OTHER: _____ _____ _____
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DO YOU KNOW A SECOND LANGUAGE RELATED TO THE JOB FOR WHICH YOU ARE APPLYING? YES NO READ _____
 SPEAK _____

DID YOU SERVE IN THE MILITARY? YES NO

RANK _____

DISCHARGE DATE: _____

LIST ANY TRAINING ACQUIRED IN THE MILITARY WHICH MAY BE APPLICABLE TO THE JOB FOR WHICH YOU ARE APPLYING.

EMPLOYMENT HISTORY (List present or most recent Employer FIRST)

Use "Refer to Resume" only under "Description of Duties". ALL OTHER INFORMATION MUST BE FILLED OUT COMPLETELY.

NAME OF EMPLOYER	STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE
PERIOD OF EMPLOYMENT from _____ to _____	NAME AND TITLE OF SUPERVISOR	SALARY START \$ _____ per _____		SALARY END \$ _____ per _____	
YOUR TITLE	DESCRIPTION OF DUTIES				
WHY DID YOU LEAVE?					
NAME OF EMPLOYER	STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE
PERIOD OF EMPLOYMENT from _____ to _____	NAME AND TITLE OF SUPERVISOR	SALARY START \$ _____ per _____		SALARY END \$ _____ per _____	
YOUR TITLE	DESCRIPTION OF DUTIES				
WHY DID YOU LEAVE?					
NAME OF EMPLOYER	STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE
PERIOD OF EMPLOYMENT from _____ to _____	NAME AND TITLE OF SUPERVISOR	SALARY START \$ _____ per _____		SALARY END \$ _____ per _____	
YOUR TITLE	DESCRIPTION OF DUTIES				
WHY DID YOU LEAVE?					
NAME OF EMPLOYER	STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE
PERIOD OF EMPLOYMENT from _____ to _____	NAME AND TITLE OF SUPERVISOR	SALARY START \$ _____ per _____		SALARY END \$ _____ per _____	
YOUR TITLE	DESCRIPTION OF DUTIES				
WHY DID YOU LEAVE?					

REFERENCES (other than relatives or employers)

NAME	OCCUPATION	ORGANIZATION
ADDRESS	TELEPHONE () -	
NAME	OCCUPATION	ORGANIZATION
ADDRESS	TELEPHONE () -	
NAME	OCCUPATION	ORGANIZATION
ADDRESS	TELEPHONE () -	

TO BE READ AND SIGNED BY APPLICANT

I certify that the contents of this application form are accurate, and that I have not knowingly withheld or misrepresented any facts pertinent to my consideration for employment. I further understand that any misstatement of facts herein is cause for rejection of this application, or termination of employment. In the event of my employment I understand that I may be required to submit to periodic physical examinations and drug tests at the discretion of the company. A satisfactory pre-employment physical examination and drug test may also be required. It is agreed and understood that the company or its agents may investigate my background to ascertain any and all information of concern to my record, whether same is of record or not, and I release employers and persons named herein from all liability for any damages on their account for furnishing such information. It is agreed and understood that this application in no way obligates the company to employ me. It is agreed and understood that if employed, I will be an "at will" employee, and may be discharged at any time without cause.

DATE / /	APPLICANT'S SIGNATURE
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INTERVIEWER'S NOTES

Equal Employment Opportunity/Affirmative Action Tracking Form

(Completion of this section is strictly voluntary).

APPLICANT

HELMERICH & PAYNE, INC. is an EQUAL OPPORTUNITY EMPLOYER and complies with federal government regulations and affirmative action responsibilities. Applicants are considered for employment without regard to race, color, religion, sex, national origin, age, disability or veteran status. No question on the application will be used to exclude qualified applicants from these protected groups.

HELMERICH & PAYNE, INC. takes affirmative action to hire qualified disabled veterans and veterans of the Vietnam era and qualified persons with disabilities. If you qualify under either of these programs, we invite you to identify yourself. Such identification is voluntary and will be kept confidential. Refusal to provide identification will not result in any adverse treatment.

To assist in compliance with government record keeping, reporting, and other legal requirements, we request that you complete the information which follows.

This information is used for periodic government reporting and will be kept in a CONFIDENTIAL FILE separate from the Application for Employment.

If, for any reason, you feel that you have not received equal treatment under our EEO policies, please contact our Legal Department.

(PLEASE PRINT)

Date _____

Position(s) Applied For _____

Referral Source: Advertisement Walk-In Employee Referral
 Employment Agency Other _____

Name _____
Last First Middle

SS# _____ DATE OF BIRTH _____

Affirmative Action Survey

Government agencies require periodic reports on the sex, ages, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a disability is voluntary.

Race/Ethnic Group: White Black or African American American Indian or Alaskan Native
 Hispanic Asian/Pacific Islander

Sex: Male Female

Veteran Data: Disabled Veteran Vietnam Era Veteran

Disability Data: Disabled Individual