APPLICATION FOR EMPLOYMENT

NOTICE TO APPLICANT FOR EMPLOYMENT WITH UNIT CORPORATION OR ONE OF ITS SUBSIDIARIES OR AFFILIATES

AN EQUAL OPPORTUNITY EMPLOYER

We are pleased that you have chosen to apply for a job with our Company. If you need assistance in filling out this application or assistance in the hiring process, let us know and we will attempt to provide a reasonable accommodation. All statements made by applicant on this application will be checked for accuracy.

Unit Corporation and its subsidiaries or affiliates (collectively or individually the "Company") are Equal Opportunity Employers. It is the policy of this Company to consider all applicants for employment based on their qualifications in light of job vacancies. Our Company fully complies with all applicable laws which prohibit discrimination and offers equal employment opportunities to all persons without discrimination on the basis of race, color, religion, gender, national origin, age, marital or veteran status, disability or any other legally protected status.

You must have two forms of identification. One must include a photo I.D., e.g., a driver's license or U.S. Passport, and the other could include your Social Security card, birth certificate, voter registration, school I.D., military I.D., etc.

Following a conditional offer of employment, you may be required to successfully pass a drug and alcohol test and physical examination. Failure or refusal to take a drug and alcohol test, a positive test result, or failure to pass the physical examination, may result in revocation of the offer of employment. For the safety of employees, as well as others, we intend for this to be a drug-free work place.

To be sure that your application receives full consideration, you must fill it in completely and accurately. Applications are considered active for 30 days from the date they are filed. After 30 days, the applications are retired to an inactive file and held in an inactive status for a period of time required by law. If you have not been hired within 30 days of the date you file your application and you wish to be considered for jobs that become available after that date, you must fill out a new application.

PERSONAL INFORMATION

LAST NAME | FIRST NAME | MIDDLE NAME | SOCIAL SECURITY NUMBER | ( ) HOME TELEPHONE

PRESENT HOME ADDRESS: NUMBER, STREET, APT, ETC. | TIME AT PRESENT ADDRESS | ( ) WORK TELEPHONE

CITY | COUNTY | STATE | ZIP CODE | EMAIL ADDRESS | ( ) CELL TELEPHONE

LIST BELOW THE OTHER ADDRESSES USED BY YOU DURING THE PAST SEVEN YEARS BEGINNING WITH THE MOST RECENT:

STREET ADDRESS	CITY	STATE	ZIP CODE	DATES FROM	TO

ARE YOU OVER THE AGE OF 18? YES NO DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

LOCATION WHERE APPLYING

LOCATION | DATE

EMPLOYMENT INFORMATION

POSITION DESIRED | DATE AVAILABLE | SALARY DESIRED

ARE YOU AVAILABLE:

TO WORK SHIFTS? YES NO

TO WORK OVERTIME? YES NO

TO WORK CALL-OUT? YES NO

REFERRED BY

CAN YOU SPEAK, READ OR WRITE ANY FOREIGN LANGUAGE? YES NO IF "YES", GIVE DETAILS.

HAVE YOU APPLIED TO THIS COMPANY BEFORE? YES NO IF "YES", WHEN?

HAVE YOU BEEN INVOLUNTARILY DISCHARGED OR ASKED TO RESIGN BY AN EMPLOYER? YES NO IF "YES", PLEASE EXPLAIN BELOW.

HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFERENT NAME OR USED A DIFFERENT NAME IN SCHOOL? YES NO IF "YES", PLEASE STATE OTHER NAMES AND EXPLAIN BELOW.

EMPLOYMENT HISTORY

PLEASE LIST EMPLOYERS FOR THE LAST SEVEN YEARS. LIST JOBS IN REVERSE ORDER, BEGINNING WITH YOUR MOST RECENT POSITION. EXPLAIN ANY GAPS IN EMPLOYMENT IN THE "COMMENTS" SECTION AT THE BOTTOM OF THE PAGE.

FULL NAME OF EMPLOYER YOUR POSITION

EMPLOYER'S STREET ADDRESS CITY STATE ZIP

STARTING SALARY ENDING SALARY REASON FOR LEAVING

DATES OF EMPLOYMENT: BEGINNING MONTH _____ YEAR _____ ENDING MONTH _____ YEAR _____

NAME AND TITLE OF IMMEDIATE SUPERVISOR AT TIME OF SEPARATION: _____

DO WE HAVE PERMISSION TO CONTACT THIS EMPLOYER? YES NO IF YES, PLEASE PROVIDE PHONE NUMBER OF IMMEDIATE SUPERVISOR ( ) _____

PLEASE DESCRIBE YOUR DUTIES:

FULL NAME OF EMPLOYER YOUR POSITION

EMPLOYER'S STREET ADDRESS CITY STATE ZIP

STARTING SALARY ENDING SALARY REASON FOR LEAVING

DATES OF EMPLOYMENT: BEGINNING MONTH _____ YEAR _____ ENDING MONTH _____ YEAR _____

NAME AND TITLE OF IMMEDIATE SUPERVISOR AT TIME OF SEPARATION: _____

DO WE HAVE PERMISSION TO CONTACT THIS EMPLOYER? YES NO IF YES, PLEASE PROVIDE PHONE NUMBER OF IMMEDIATE SUPERVISOR ( ) _____

PLEASE DESCRIBE YOUR DUTIES:

FULL NAME OF EMPLOYER YOUR POSITION

EMPLOYER'S STREET ADDRESS CITY STATE ZIP

STARTING SALARY ENDING SALARY REASON FOR LEAVING

DATES OF EMPLOYMENT: BEGINNING MONTH _____ YEAR _____ ENDING MONTH _____ YEAR _____

NAME AND TITLE OF IMMEDIATE SUPERVISOR AT TIME OF SEPARATION: _____

DO WE HAVE PERMISSION TO CONTACT THIS EMPLOYER? YES NO IF YES, PLEASE PROVIDE PHONE NUMBER OF IMMEDIATE SUPERVISOR ( ) _____

PLEASE DESCRIBE YOUR DUTIES:

FULL NAME OF EMPLOYER YOUR POSITION

EMPLOYER'S STREET ADDRESS CITY STATE ZIP

STARTING SALARY ENDING SALARY REASON FOR LEAVING

DATES OF EMPLOYMENT: BEGINNING MONTH _____ YEAR _____ ENDING MONTH _____ YEAR _____

NAME AND TITLE OF IMMEDIATE SUPERVISOR AT TIME OF SEPARATION : _____

DO WE HAVE PERMISSION TO CONTACT THIS EMPLOYER? YES NO IF YES, PLEASE PROVIDE PHONE NUMBER OF IMMEDIATE SUPERVISOR ( ) _____

PLEASE DESCRIBE YOUR DUTIES:

COMMENTS REGARDING GAP(S) IN EMPLOYMENT

EDUCATION INFORMATION

HIGH SCHOOL	CITY | STATE	DIPLOMA YES NO	GED YES NO
COLLEGE	CITY | STATE	DEGREE OBTAINED | MAJOR	GPA
OTHER	CITY | STATE	DEGREE OBTAINED | MAJOR	GPA

SKILLS & QUALIFICATIONS

SUMMARIZE SPECIFIC SKILLS, TRAINING, MANAGEMENT EXPERIENCE, INDUSTRY CERTIFICATION, EQUIPMENT OPERATION, OR QUALIFICATIONS YOU FEEL WILL BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.

PROFESSIONAL REFERENCES

NAME | TITLE	COMPANY	( ) TELEPHONE
NAME | TITLE	COMPANY	( ) TELEPHONE
NAME | TITLE	COMPANY	( ) TELEPHONE

MOTOR VEHICLE INFORMATION

TYPE OF LICENSE: OPERATOR COMMERCIAL DRIVER'S LICENSE

HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED OR SUSPENDED? YES NO

HAS ANY COMPANY EVER CANCELLED YOUR MOTOR VEHICLE INSURANCE OR REFUSED TO INSURE YOU? YES NO

PLEASE LIST ALL MOTOR VEHICLE CONVICTIONS WITHIN THE PAST 10 YEARS:

IDENTIFY EACH STATE IN WHICH YOU HAVE BEEN ISSUED A DRIVER'S LICENSE WITHIN THE PAST 10 YEARS. FOR EACH DRIVER'S LICENSE ISSUED, PROVIDE THE FOLLOWING INFORMATION:

DRIVER'S LICENSE NUMBER	STATE ISSUING DRIVER'S LICENSE	DRIVER'S LICENSE EXPIRATION DATE
DRIVER'S LICENSE NUMBER	STATE ISSUING DRIVER'S LICENSE	DRIVER'S LICENSE EXPIRATION DATE

NOTE: LACK OF A DRIVER'S LICENSE OR HISTORY OF DRIVING VIOLATIONS WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM CONSIDERATION AS A CANDIDATE FOR EMPLOYMENT.

CRIMINAL HISTORY

HAVE YOU BEEN CONVICTED OR PLED NO CONTEST TO ANY CRIME? YES NO
IF "YES", EXPLAIN EACH OFFENSE IN DETAIL BELOW.

TYPE OF OFFENSE	WHERE WERE YOU CONVICTED? (CITY | COUNTY | STATE)	DATE CONVICTED	SENTENCE

NOTE: CONVICTIONS WILL NOT NECESSARILY BAR YOU FROM BEING HIRED. THE NATURE OF THE CONVICTION, DATE, SERIOUSNESS OF THE CRIME, AND WHETHER IT IS JOB -RELATED WILL BE AMONG THE FACTORS TAKEN INTO ACCOUNT.

APPLICATION FOR EMPLOYMENT – SUPPLEMENTAL SHEET

IF HIRED, CAN YOU MAKE IT TO WORK ON TIME? YES ☐ NO ☐

IF HIRED, YOU MUST PROVIDE TWO NON-EXPIRED, ORIGINAL, NON-LAMINATED FORMS OF IDENTIFICATION. DO YOU HAVE TWO FORMS OF IDENTIFICATION? YES ☐ NO ☐

IF HIRED, ARE YOU WILLING AND ABLE TO FOLLOW ALL SAFETY POLICIES AND PROCEDURES AS REQUIRED? YES ☐ NO ☐

IF HIRED, ARE YOU WILLING TO WEAR SPECIFIED PROTECTIVE EQUIPMENT (PPE) AS REQUIRED TO PERFORM THE JOB FUNCTIONS? YES ☐ NO ☐

IF HIRED, ARE YOU WILLING TO WORK IN OTHER STATES BESIDES OKLAHOMA, SUCH AS TEXAS, LOUISIANA, COLORADO, WYOMING, UTAH, NORTH DAKOTA, OR NEW MEXICO? YES ☐ NO ☐

IF YOU ANSWERED "NO" TO THE PREVIOUS QUESTION, WHICH STATES ARE YOU WILLING TO WORK IN? _____

IF HIRED, DO YOU NEED A TRAVEL PERMIT TO WORK IN ANOTHER STATE? YES ☐ NO ☐

IF HIRED, YOU WILL BE REQUIRED TO PRIMARILY WORK OUTSIDE WITH PROLONGED EXPOSURE TO THE ENVIRONMENTS; WILL YOU BE WILLING TO WORK UNDER THOSE CONDITIONS FOR AN ENTIRE REGULAR SHIFT? YES ☐ NO ☐

IF HIRED, ARE YOU WILLING TO WORK IN SAFETY SENSITIVE POSITIONS WITH LOUD NOISES, CONSTANTLY MOVING PARTS AND HEAVY MACHINERY? YES ☐ NO ☐

IF HIRED, DO YOU HAVE THE MEANS TO PURCHASE A SUITABLE PAIR OF STEEL-TOE BOOTS? YES ☐ NO ☐

EXPERIENCE:

DO YOU HAVE EXPERIENCE WORKING WITH HAND TOOLS/POWER TOOLS? PLEASE GIVE EXAMPLES BELOW.

_____

_____

_____

_____

DO YOU HAVE EXPERIENCE OPERATING EQUIPMENT OR MACHINERY? PLEASE GIVE EXAMPLES BELOW.

_____

_____

_____

_____

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

PLEASE READ CAREFULLY AND FULLY

I certify that the information given by me in this application is true and complete in all respects, and I agree that the omission of any requested and applicable information or misrepresentation of any fact provided in this application will be sufficient reason for the Company to deny me employment. I also understand and agree that should I become employed by the Company and it is later discovered I have omitted or misrepresented any fact in this application, including any supplement thereto, or any other corporate record, the Company may immediately terminate my employment upon discovery of such omission or misrepresentation.

I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability to perform the essential functions of the job, character, reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I authorize the Company to conduct any necessary background checks it deems necessary.

I authorize the Company to obtain a copy of my driving record maintained by any state that has issued a driver's license to me within the past 10 years.

I understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract (express or implied) between the Company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless a written contract created for the express purpose of altering the employee's at-will employment status is signed by the President or a Vice President of the Company. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and for any reason and that the Company retains the same right.

If I accept a conditional offer of employment from the Company, I understand that I may be requested to take a medical examination and I consent and agree to take such medical examination. I understand that I will be asked to complete various forms in connection with my conditional job offer including a medical questionnaire. I understand that any failure on my part to fully and accurately answer all questions asked will be grounds for withdrawing the conditional offer of employment and/or termination of employment.

I further consent and agree to submit to any lawful drug and alcohol testing that may be required either as a condition for employment or for continued employment. I understand and agree that refusal to submit to such testing may result in revocation of the conditional offer of employment and/or termination of employment.

In the event I have a disability which will affect my ability to take such medical examination and drug and alcohol testing, I will so inform the Company prior to the administration of the examination or testing so that a reasonable accommodation can be made. Requested accommodations may include accessible examination/testing sites, modified examination/testing conditions and accessible examination/testing formats. The Company reserves the right to require medical documentation concerning the need for the accommodation.

I understand that policies and procedures which are issued by the Company may be revised or eliminated in whole or in part at any time.

I understand that this application will be kept on active file for 30 days from the date completed, after which time I will have to reapply for employment in accordance with established Company procedures.

I understand by checking the box, I am signing this application electronically. I agree that my electronic signature is the legal equivalent of my manual signature and by checking the box I am consenting to the terms and conditions of this application.

SIGNATURE OF APPLICANT

Please type your full name in the signature line above.

Complete and email to: drillingjobs@unitcorp.com

DATE

FOR OFFICE USE ONLY

INTERVIEWER'S NAME

DATE