

## TO ALL APPLICANTS

Complete this application fully, legibly, and accurately.

**Do not leave blanks.**

FAILURE TO COMPLETE THE APPLICATION IN ITS ENTIRETY WILL DELAY PROCESSING AND POTENTIAL EMPLOYMENT.

- Include all past employment addresses, dates, contacts, and phone numbers for verification.
- If you are a Commercial Driver License (CDL) holder/driver applicant, you must provide ten (10) years of previous employment history if available. If you do not have this experience, please indicate so.
- If you did not operate a commercial motor vehicle requiring a CDL, then you need only list three (3) years of previous employment history.
- If the answer to a question is not applicable, enter NONE or initial the appropriate block.
- Sign on all lines requiring your signature. Initial and date each of the mandatory notification boxes.
- If you need more space for comments – make a note and write your comments on the last page of the application.

WE WILL USE THIS INFORMATION TO CONTACT PREVIOUS EMPLOYERS, TO CHECK YOUR DRIVING RECORD, AND TO VERIFY YOUR EXPERIENCE AND COMPLIANCE WITH LOCAL, STATE, AND FEDERAL REQUIREMENTS NECESSARY FOR THE OPERATION OF COMMERCIAL MOTOR VEHICLES. THANK YOU FOR APPLYING.

**COMPLETE ALL BLOCKS – PLEASE PRINT**

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Current ADDRESS: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**ADDRESSES FOR THE PAST THREE (3) YEARS**

	ADDRESS	CITY	STATE	ZIP	HOW LONG
Present:					
Previous:					
Previous:					

**\*\*\* REQUIRED INFORMATION \*\*\***

**DOT-REGULATED EXPERIENCE (CHECK BOX IF NONE )**

CLASS	TYPE	DATES		STATES OPERATED IN
		FROM	TO	
Straight Truck	<input type="checkbox"/> Box Van <input type="checkbox"/> Flatbed <input type="checkbox"/> Dump			
Straight Truck - Cargo Tank	<input type="checkbox"/> HM <input type="checkbox"/> Non-HM			
Straight Truck + Trailer/Semi-Trailer	<input type="checkbox"/> Box Van <input type="checkbox"/> Flatbed <input type="checkbox"/> Dump			
Truck-Tractor + Trailer/Semi-Trailer	<input type="checkbox"/> Box Van <input type="checkbox"/> Flatbed <input type="checkbox"/> Dump			
Truck-Tractor + Cargo Tank	<input type="checkbox"/> HM <input type="checkbox"/> Non-HM			
Other (specify)				

**CURRENT DRIVER LICENSE DATA**

NUMBER	TYPE/CLASS	ENDORSEMENTS	RESTRICTIONS	STATE	EXPIRES

Have you ever had your current driver's license, permit or privilege suspended, revoked or denied? YES  NO

If YES, explain: \_\_\_\_\_

**PREVIOUS DRIVER LICENSE DATA - INDICATE ANY DRIVER LICENSE PREVIOUSLY HELD**

NUMBER	TYPE /CLASS	ENDORSEMENTS	RESTRICTIONS	STATE	SUSPENDED, REVOKED, OR DENIED? (Y/N)	DATES SUSPENDED, REVOKED, OR DENIED	REASON (REQUIRED)

**ACCIDENT RECORD FOR THE PAST THREE (3) YEARS (CHECK BOX IF NONE )**

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

**TRAFFIC CONVICTIONS AND FOREFITURES FOR THE PAST THREE (3) YEARS-OTHER THAN PARKING VIOLATIONS FOR WHICH I HAVE BEEN CONVICTED OR FORFEITED BOND OR COLLATERAL (CHECK BOX IF NONE )**

DATE	LOCATION	CHARGE	PENALTY

**FULL 10 YEAR WORK HISTORY REQUIRED - LIST THE MOST RECENT FIRST**  
**JOB TITLES & DATES REQUIRED**

EMPLOYER				DATE			
				FROM		TO	
NAME:				MO.	YR.	MO.	YR.
ADDRESS:				POSITION:			
	STREET	CITY		STATE/ZIP			
				PAY:			
CONTACT:			PHONE:			REASON FOR LEAVING:	

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer? YES  NO   
 Was the job was designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? YES  NO

EMPLOYER				DATE			
				FROM		TO	
NAME:				MO.	YR.	MO.	YR.
ADDRESS:				POSITION:			
	STREET	CITY		STATE/ZIP			
				PAY:			
CONTACT:			PHONE:			REASON FOR LEAVING:	

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer? YES  NO   
 Was the job was designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? YES  NO

EMPLOYER				DATE			
				FROM		TO	
NAME:				MO.	YR.	MO.	YR.
ADDRESS:				POSITION:			
	STREET	CITY		STATE/ZIP			
				PAY:			
CONTACT:			PHONE:			REASON FOR LEAVING:	

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer? YES  NO   
 Was the job was designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? YES  NO

EMPLOYER				DATE			
				FROM		TO	
NAME:				MO.	YR.	MO.	YR.
ADDRESS:				POSITION:			
	STREET	CITY		STATE/ZIP			
				PAY:			
CONTACT:			PHONE:			REASON FOR LEAVING:	

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer? YES  NO   
 Was the job was designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? YES  NO

EMPLOYER				DATE			
				FROM		TO	
NAME:				MO.	YR.	MO.	YR.
ADDRESS:				POSITION:			
	STREET	CITY		STATE/ZIP			
				PAY:			
CONTACT:			PHONE:			REASON FOR LEAVING:	

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer? YES  NO   
 Was the job was designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? YES  NO

EMPLOYER				DATE			
				FROM		TO	
NAME:				MO.	YR.	MO.	YR.
ADDRESS:				POSITION:			
	STREET	CITY		STATE/ZIP			
				PAY:			
CONTACT:			PHONE:			REASON FOR LEAVING:	

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer? YES  NO   
 Was the job was designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? YES  NO

Do you have a legal right to work in the United States? YES  NO

Have you ever been convicted of a traffic felony in a CMV? YES  NO

If YES, explain on a separate sheet of paper. This information will remain confidential. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Do you have a current medical examiner's certificate? YES  NO  Expiration Date: \_\_\_\_\_

If you have any interstate or intrastate medical, vision, or limb waivers, check the appropriate box and type below

Interstate  Expiration Date: \_\_\_\_\_ Intrastate  State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type: Insulin  Limb  Vision  Other (Specify) \_\_\_\_\_

Are you currently subject to an out-of-service order? YES  NO

Are you currently disqualified to drive? YES  NO

Describe any trucking, transportation, training, courses, specialized equipment or other experience that may be helpful:

---

---

---

---

---

### **DOT-AGENCY DRUG AND ALCOHOL TESTING**

Have you ever 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 and alcohol testing rules? YES  NO

Have you ever tested positive, or refused to test, on any random, post-accident or reasonable suspicion drug and/or alcohol test while engaged in safety-sensitive transportation work covered by USDOT agency drug and alcohol testing rules? YES  NO

***If you answered YES to either of the two questions above, you must provide copies of all Substance Abuse Professional referral, evaluation, and treatment documentation including return-to-duty and follow-up testing chain of custody forms and results.***

### **OTHER COMPENSATED WORK**

Are you currently working for another employer? YES  NO

At this time do you intend to work for another employer while employed with this company? YES  NO

If I start working with another employer for compensation after employment with this company I will immediately inform my current supervisor.

**GENERAL INFORMATION**

Are you under the age of 18? YES  NO  If under age 18, can you supply working papers? YES  NO  N/A

Only legal citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? YES  NO

Have you ever been convicted of a felony? YES  NO

Have you ever been convicted or pled guilty or no contest to a DWI/DUI or any alcohol or drug related offense? YES  NO

(A conviction record will not necessarily be a bar to employment. Factors such as job relations, age and time of the offense, seriousness and nature of violation and rehabilitation will be taken into account.)

If **YES** to either of the two questions above, please explain:

---

---

---

---

---

---

---

---

Have you ever been discharged from any employment or asked to resign? YES  NO

If YES, please explain:

---

---

---

---

---

---

---

---

**If you have any questions about the essential functions of the position for which you have applied, ask the interviewer before answering.**

Can you perform the essential functions of the position for which you have applied? YES  NO

If NO, please explain:

---

---

---

---

---

---

---

---

## NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in dismissal.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or Company medical examination or inquiry, including a drug-screening test. I consent to the investigation, physical and drug test.

I hereby authorize the Company to investigate all statements contained in this application, to interview the references and previous employers listed in the application, and to obtain a report from a consumer-reporting agency to be used for employment purposes in accordance with the Fair Credit Reporting Act. I authorize the references and previous employers listed to give the Company all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such information to the Company, including, but not limited to, any liability or invasion of privacy. I understand that I will be provided a separate consent form authorizing a consumer report and/or investigative consumer report.

If I am applying for a position as a Driver within any division of Complete Production Services, I understand that information I provide regarding current and/or previous employers may be used, and those employer's contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

Review information provided by previous employers;

Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and

Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company.

I further understand and voluntarily agree as a condition of employment or my continued employment, that I may be requested by the Company to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in immediate dismissal.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

