

Employment History

Instructions

Print all information and complete all sections. List previous employers in reverse order starting with the most recent, or current, employer.

Employer _____
Company Name Mailing Address City State Zip

Position held _____ Supervisor Name _____ Phone Number _____

Dates of employment _____ Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes No

Employer _____
Company Name Mailing Address City State Zip

Position held _____ Supervisor Name _____ Phone Number _____

Dates of employment _____ Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes No

Employer _____
Company Name Mailing Address City State Zip

Position held _____ Supervisor Name _____ Phone Number _____

Dates of employment _____ Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes No

Employer _____
Company Name Mailing Address City State Zip

Position held _____ Supervisor Name _____ Phone Number _____

Dates of employment _____ Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes No

Qualifications

Driver's License(s) – list each license held in the previous three (3) years

State of Licensure _____ License Number _____ Type of License _____ Expiration date _____

State of Licensure _____ License Number _____ Type of License _____ Expiration date _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

Has any license, permit, or privilege ever been suspended or revoked? Yes No

If yes, please explain _____

Driver Experience

List information regarding your driving experience for the last three years. If no driving experience, write none.

Class of Equipment	Years of Driving Experience	Approximate Number of Miles
Straight Truck		
Tractor and Semi-Trailer		
Motorcoach/Bus		
Other		

Traffic Convictions and Forfeitures

List all traffic convictions and forfeitures for the previous three (3) years. Do not include parking violations.

Location	Date	Charge	Penalty

Accident History

List all motor vehicle accidents the applicant was involved in during the previous three (3) years

Date of accident	Nature of accident	Fatalities	Injuries

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Three Peaks Drilling, Inc.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be 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 current/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
- 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

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

APPLICANT'S SIGNATURE

TODAY'S DATE

Request for Check of Driving Record

To be completed by Applicant

Name of applicant	Date of Birth	Social Security Number		
Current Address		City	State	Zip
Type of License	License Number	State of issuance	Expiration Date	

I, _____, hereby authorize the above company to release the requested information to the following company:

Three Peaks Drilling, Inc.
P.O. Box 1126
Parowan, UT 84761

This information will be used for the purpose of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are hereby released from any and all liability which may result from furnishing such information.

Applicant's Signature _____ Date _____

REGARDING BACKGROUND REPORTS

I _____ authorize Three Peaks Drilling, Inc. to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist Three Peaks Drilling, Inc. in making a determination regarding my suitability as an employee.

I further understand that neither Three Peaks Drilling, Inc., nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data.

I have read the above Notice Regarding Background Reports provided to me by Three Peaks Drilling, Inc. and I understand that if I sign this consent form, Three Peaks Drilling, Inc. may obtain a report of my crash and inspection history. I hereby authorize Three Peaks Drilling, Inc and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)