## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |
| --- | --- |
| Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

 Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Position Applied for: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? | YES[ ]  | NO[ ]  | If not, are you authorized to work in the U.S.? | YES[ ]  | NO[ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever worked for this company? | YES[ ]  | NO[ ]  | If yes, when? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been convicted of a felony? | YES[ ]  | NO[ ]  |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

## Driving Experience

|  |  |
| --- | --- |
| Type of Equipment: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| From: |  | To: |  |

|  |  |
| --- | --- |
| Type of Equipment: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| From: |  | To: |  |

|  |  |
| --- | --- |
| Type of Equipment: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| From: |  | To: |  |

|  |  |
| --- | --- |
| Type of Equipment: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| From: |  | To: |  |

## Driver’s License Information

Driver’s License Number: State:

CDL Class: Hazmat: Tanker:

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

Has any license, permit, or privilege ever been suspended or revoked?

Have you ever been convicted of any criminal act involving the use of a CMV or while operating a CMV?

If yes to any of the above, please explain:

## Driving History – Tickets and Accidents

Date Offense Location Type of Vehicle Operated

## References

Please list three professional references.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
|  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
|  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |

## Education History

|  |  |  |  |
| --- | --- | --- | --- |
| Highest Level of Education Completed: |  | Graduation Date: |  |

|  |  |
| --- | --- |
| School Name: |  |
| Address: |  |

|  |  |
| --- | --- |
| Graduation Date: |  |
| Dates of Attendance: |  |

## Previous Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |
| --- | --- |
| Job Title: |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |
| --- | --- |
| Job Title: |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |
| --- | --- |
| Job Title: |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
|  |  |  |  |

## Disclaimer and Signature

I am submitting the attached form to Lightning Services, LLC., for the purpose of obtaining employment. I acknowledge that completion of this application does not indicate that any position is available, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any information submitted on this application. I understand that any misrepresentation or omission of any fact on my application, resume, any other submitted materials, or verbally portrayed, can be justification for refusal of employment, or if employed, termination from the company’s employ.

I understand that this application is not an employment contract for any specific length of time between Lightning Services and the applicant and that in the event I am hired, my employment will be “at will” and either the company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy, or the like, distributed by the company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the company’s behalf. The company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services, or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for the purposes of evaluating my credentials and qualifications.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

## Motor Vehicle Report and Background Investigation Release

In connection with your application for employment with Lightning Energy Services, LLC. (referred to herein as “Lightning”) it may obtain one or more reports regarding your credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If the Prospective Employer user any information it obtains from a background report in the determination of hire or makes any other adverse employment decision between you and Lightning, you will be provided a copy of the report upon which judgment was rendered and a written summary of your rights under the Fair Credit Reporting Act before any further action is taken, thereby allowing you due time to contact the investigate third party agency regarding any inaccuracies. If any adverse action including termination of employment is taken by Lightning, the employer cannot obtain any further background report from the consumer reporting agencies or other sources regarding you without additional written consent. If you agree that Lightning may obtain such background reports, please read the following and sign:

I authorize Lightning Energy Services, LLC. / Lightning Trucking Services, LLC., to contact any organization or individual that I have included on my employment application or resume, or as otherwise discussed during interviews, and obtain from them any relevant information about my job qualification, including my experience, skills and abilities. I understand that I am consenting to the release of safety performance information including accident history from the previous five (5) years and motor vehicle violations from the previous three (3) year, as well as any reference-related information about me held or known by my former employers, supervisors and co-workers. In addition, I consent to the release of any information about my education, experience, abilities or work-related characteristics or traits held of known by other organizations or individuals, including school and educational institutions, professional or business associates, and friends/acquaintances that Lightning may contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that the release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with Lightning. Specifically, I am authorizing the release of any information about my performance, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organization.

In exchange for the prospective employer’s consideration of my employment application, I agree not to file or pursue ay complaints, claims or legal actions of any kind against any organization or individual that provides work related information about me to prospective employer or its agents in accordance with the terms and intent of the release. I also agree not to file or pursue any complaints, claims, or legal actions against Lightning or any of its employees, representatives, or agents arising out of their efforts to obtain work related information about me.

##

I have read the above notice regarding background reports provided to me by Lightning and I understand that if I provide consent by signing this form, Lightning and/or any entity it retains to obtain such background reports and may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment. I hereby authorize Lightning and its employees, agents and its affiliates to obtain the information authorized above.

Print Name:

Signature: Date:

## Background Investigation Release

I authorize Lightning Energy Services, LLC / Lightning Trucking Services LLC to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with this application.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in termination. I understand, also, that I am required to abide by all rules and regulations of Lightning Energy Services, LLC / Lightning Trucking Services, LLC.

I understand information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

* Review information provided by the previous employers
* Have errors in the information corrected by previous employers at which time the previous employer must re-send a corrected version to the prospective employer.
* Have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

This certifies this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Print Name:

Signature: Date:

## Fair Credit Reporting Act Disclosure

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (title II, Subtitle D, Chapter I of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations. Your employer may obtain this information from Equifax, TransUnion, Experian, or other vendors of information services.

Print Name:

Signature: Date:

## Alcohol and Controlled Substance Consent and Release

Have you ever refused to be tested for drugs and alcohol? Yes No

Have you ever tested positive for drugs or alcohol? Yes No

Have you ever tested positive for any pre-employment drug or alcohol test for a job to Yes No

which you applied for but did not obtain?

**If you have answered “yes” to any of the above questions, please attach a statement of explanation and provide proof of SAP Return to Duty.**

I understand that, as required by the Federal Motor Carrier Safety Regulation or company policy that all employees must submit to alcohol and drug testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and drug screen.

Applicants for positions that require driving a Commercial Motor Vehicle operated by a driver with a Commercial Driver’s License will be required to undergo testing for controlled substances and at our discretion, alcohol testing prior to employment and will be subject to further testing throughout the period of their employment.

The company’s policy is that if a person has ever been in violation of the rules in part 40 (DOT) or 382 (FMCSA), they will NOT be considered eligible for any job which includes operation of a CMV (greater than 10,000 gvwr) unless they have completed the required Return to Duty Process.

CDL drivers will be subject to random and reasonable suspicion drug testing each day they report for work.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company’s policies:

* Pre-employment, to determine employment eligibility
* Random
* Reasonable suspicion
* Post-accident
* Follow Up (See company policy)
* Return to Duty (See company policy)

*I certify that I have read, understand and agree to abide by the condition of this consent and release form. Failure to sign will prevent this employer from using you as a CMV driver.*

Print Name:

Signature: Date:

## Certification of Compliance with Driver’s License Requirements

**Motor Carrier Instructions**: The requirements in Part 383 apply to every driver who operates in intrastate, interstate or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in the interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport for than 15 people, or transports hazardous material that require placarding.

Driver Requirements: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license.
2. If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the stats that issued them. Destroying a license does not close the record in that state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
3. Section 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the next business day of any revocation or suspension of your driver’s license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employer and that state that issued your license within 30 days.

**Driver Certification**: *I certify that I have read and understand the above requirements.*

*The following license is the only one I possess*:

Driver’s License Number: State: Expiration Date:

Signature: Date:

Print Name: