



Drivers first day of driving (hire date) (for company use only) \_\_\_\_\_

**DRIVERS APPLICATION FOR DOT CERTIFICATION (CDL DRIVER)**

**NAME** \_\_\_\_\_  
 FIRST M.I. LAST MAIDEN

**GENERAL**

POSITION APPLIED FOR? \_\_\_\_\_ DATE YOU ARE AVAILABLE TO START WORK? \_\_\_\_\_  
 Would you be willing to submit to pre-employment and/or random drug & alcohol testing? YES \_\_\_ NO \_\_\_  
 Would you be willing to have a physical examination and/or fitness-for-duty exam? YES \_\_\_ NO \_\_\_

**PREVIOUS THREE YEARS RESIDENCY**

STREET CITY STATE ZIP # YEARS \_\_\_\_\_  
 STREET CITY STATE ZIP # YEARS \_\_\_\_\_  
 STREET CITY STATE ZIP # YEARS \_\_\_\_\_

**APPLICANT INFORMATION**

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
 TELEPHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**EMERGENCY CONTACT**

NAME ADDRESS PHONE#

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES	APPROX. # OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR & SEMI-TRAILER			
TRACTOR- TWO TRAILERS			
OTHER			

**CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS**

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 states that issued them. Destroying a license does not close the record in the 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. Sections 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 employing motor carrier and the 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 will possess:

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT	# FATALITIES	# INJURIES	CHEMICAL SPILLS
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

DATE CONVICTED (MONTH/ YEAR)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (FORFEITED BOND, COLLATERAL, AND/OR POINTS)

**REQUIRED QUESTIONS**

- A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES\_\_\_ NO\_\_\_
- B. HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES\_\_\_ NO\_\_\_
- C. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL ACT INVOLVING THE USE OF A CMV? YES\_\_\_ NO\_\_\_
- D. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES\_\_\_ NO\_\_\_
- E. HAVE YOU EVER REFUSED TO BE TESTED FOR DRUGS OR ALCOHOL FOR DOT-MANDATED TEST? YES\_\_\_ NO\_\_\_
- F. HAVE YOU EVER TESTED POSITIVE FOR DRUGS OR ALCOHOL ON A DOT-MANDATED TEST? YES\_\_\_ NO\_\_\_
- G. HAVE YOU EVER TESTED POSITIVE FOR DRUGS OR ALCOHOL FOR A DOT-MANDATED PRE-EMPLOYMENT TEST? YES\_\_\_ NO\_\_\_

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE EXPLANATION.

QUESTION RESPONDED (A-G)	DATE CONVICTED (MONTH/ YEAR)	VIOLATION	BRIEF EXPLANATION	PENALTY

**EMPLOYMENT RECORD**  
**(Attach sheet if more space is needed)**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

**LAST EMPLOYER:** NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM (M/Y) \_\_\_\_\_ TO (M/Y) \_\_\_\_\_  
REASONS FOR LEAVING \_\_\_\_\_

**ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON** \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations while employed by the previous employer? Yes / No  
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes / No

**SECOND LAST EMPLOYER:** NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM (M/Y) \_\_\_\_\_ TO (M/Y) \_\_\_\_\_  
REASONS FOR LEAVING \_\_\_\_\_

**ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON** \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations while employed by the previous employer? Yes / No  
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes / No

**THIRD LAST EMPLOYER:** NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM (M/Y) \_\_\_\_\_ TO (M/Y) \_\_\_\_\_  
REASONS FOR LEAVING \_\_\_\_\_

**ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON** \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations while employed by the previous employer? Yes / No  
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes / No

**FOURTH LAST EMPLOYER:** NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM (M/Y) \_\_\_\_\_ TO (M/Y) \_\_\_\_\_  
REASONS FOR LEAVING \_\_\_\_\_

**ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON** \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations while employed by the previous employer? Yes / No  
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes / No

**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 the Company.

"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; 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." I have been informed that my previous DOT Regulated employment history in the previous 3 years can be reviewed by me submitting a written request to the prospective employer, which may be done at any time, including when applying or as late as 30 days after being employed or being notified of denial of employment. This company has advised me that within 5 business days after receiving my request or within 5 business days of receiving the information, they will supply the information to me. This company has advised me that if I have not arranged to pick up or receive the requested records from previous employers within thirty (30) days of making them available, this company may consider I have waived the request to review the records. All information is to be used in the decision making for employment with this company. 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.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

### SAFETY PERFORMANCE HISTORY RECORDS REQUEST

**Section 1:**

I, \_\_\_\_\_  
FIRST LAST LAST 4 DIGITS OF SSN DATE OF BIRTH

**HEREBY AUTHORIZE MY PREVIOUS EMPLOYER**

\_\_\_\_\_  
COMPANY NAME PHONE NUMBER  
\_\_\_\_\_  
ADDRESS (STREET ADDRESS, CITY, STATE, ZIP) FAX NUMBER

To release and forward the information requested by section 2 of this document concerning my dates and nature of employment as well as any DOT-recordable accident history within the previous three years of my employment dates:  
FROM \_\_\_\_\_ TO \_\_\_\_\_

**TO MY PROSPECTIVE EMPLOYER:**

FREEDOM OILFIELD SERVICES, LLC  
325 REMCO DR.  
HAUGHTON, LA 71037  
PHONE: (318) 949-0698  
FAX: (318) 949-0757  
EMAIL: KRISTI@FREEDOMOILFIELD.NET

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, letter, or e-mail.

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

**Section 2:**

The applicant named above was employed by us: Yes / No Employment Dates: \_\_\_\_\_

Did he/she drive a motor vehicle for you? Yes / No Type of Vehicle: \_\_\_\_\_

Reason for leaving your employ? Discharged \_\_\_\_\_ Resignation \_\_\_\_\_ Layoff \_\_\_\_\_ Military Duty \_\_\_\_\_ Other \_\_\_\_\_

**If there is no Safety Performance History to report, check here  and sign below.**

Complete the following for any accidents included on your accident register

Date	Location	# Injuries	# Fatalities	Hazmat Spill
_____/_____/_____	_____	_____	_____	_____
_____/_____/_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

Date	Location	# Injuries	# Fatalities	Hazmat Spill
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### SAFETY PERFORMANCE HISTORY RECORDS REQUEST - CONTINUED

Section 3:

If the applicant was NOT subject to DOT testing requirements while employed by you, please check here , fill in the dates of employment, complete the bottom of Section 3, sign and return.

Employment Dates \_\_\_\_\_ to \_\_\_\_\_

Has this person had an alcohol test with a result of 0.04 or higher? Yes\_\_\_ No\_\_\_

Has this person tested positive, adulterated or substituted a test specimen for controlled substances? Yes\_\_\_ No\_\_\_

Has this person refused to submit to a post accident, random, reasonable suspicion or follow up controlled substance test? Yes\_\_\_ No\_\_\_

Has this person committed other violations of Subpart B of Part 382 or Part 40? Yes\_\_\_ No\_\_\_

If this person has violated a DOT Drug and Alcohol regulation, did this person complete a SAP prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? Yes\_\_\_ No\_\_\_ N/A\_\_\_  
If yes, please send documentation with this form.

For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested? Yes\_\_\_ No\_\_\_ N/A\_\_\_

In answering these questions, include any required DOT Drug or Alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.

Previous Employer Print Name	Title
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Address (Street Address, City, State, Zip Code) \_\_\_\_\_

Signature	Date
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Section 3:

This form was: \_\_\_ Faxed \_\_\_ Mailed \_\_\_ Emailed \_\_\_ Other \_\_\_\_\_ Date) \_\_\_\_\_

This form was: \_\_\_ Faxed \_\_\_ Mailed \_\_\_ Emailed \_\_\_ Other \_\_\_\_\_ Date) \_\_\_\_\_

This form was: \_\_\_ Faxed \_\_\_ Mailed \_\_\_ Emailed \_\_\_ Other \_\_\_\_\_ Date) \_\_\_\_\_

Received via: \_\_\_ Faxed \_\_\_ Mailed \_\_\_ Emailed \_\_\_ Other \_\_\_\_\_ Date) \_\_\_\_\_

### ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Employer at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by DISA GLOBAL SOLUTIONS, 12600 Northborough Dr., Suite 300, Houston, TX 77067, www.disa.com, add toll free number and/or Employer itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

<p><b>New York applicants only:</b> Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law</p>
<p><b>Washington State applicants only:</b> You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.</p>
<p><b>Minnesota and Oklahoma applicants only:</b> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/></p>
<p><b>California applicants only:</b> Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA’s file on you with proper identification, as follows:</p> <ul style="list-style-type: none"><li>• In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.</li><li>• A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.</li><li>• By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs. “Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person’s presence. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. <input type="checkbox"/></li></ul>

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**Freedom Oilfield Services, LLC** (“the Company”) may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by DISA GLOBAL SOLUTIONS, 12600 Northborough Dr., Suite 300, Houston, TX 77067, [www.disa.com](http://www.disa.com). The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**BACKGROUND INFORMATION**

First Name	M.I.	Last Name	Other Names/ Aliases
SSN		Date of Birth	
Drivers License #		Drivers License State	
Street Address	City	State	Zip Code
Former Employer		Position	Dates of Employment

By signing this form I hereby authorize, without reservation, any law enforcement agency, institution, information service, bureau, school, employer, reference, insurance company, or any other source contacted by DISA or its agent, to furnish the information described in Section 1. I hereby release the employer and agents and all persons, agencies, and entitites providing information or reports about me from any and all liability arising out of the request for or release of any of the above-mentioned information or reports I acknowledge that I have read and understood the Employee Screening Release Authorization form. I understand that if hired my consent will apply throughout the term of my employment.

Signature	Date
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\*This information will be used for background screening purposes only and will not be used as hiring criteria.

