**CDL Driver Employment Application**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Kenergy Oilfield Solutions LLC**

***COMPLETE ALL PAGES AND SIGN***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: Last | | First | | | MI |
| Address: | | City: | State: | | Zip: |
| Phone: **( ) --** | | E-mail Address: @ | | | |
| SSN: **--** **--** | Position Applied for | | | Desired Salary: | |

**If you have not been at this address for at least 3 years, please list all prior address from the last 3 years (required).**

**GENERAL**

Fluent in Spanish YES NO Fluent in English YES NO 

Have you ever worked for this company? YES NO  If so when?

Dates From: To: Rate of Pay: Position:

Are you now employed? If not, how long since leaving last employment?

Who referred you? Rate of pay expected:

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

Are you a citizen of the United States? YES  NO 

If no, are you authorized to work in the U.S.? YES  NO 

Have you even been convicted of a felony? YES  NO 

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes, explain if you wish.

IF NECESSARY FOR THE JOB, I CAN:

Work overtime: YES NO Work Weekends YES NO  Overnight YES NO 

Work the following Shifts: Any Day Night Swing Rotating Split Graveyard 

**EDUCATION**

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 High School: 1 2 3 4 Did You Graduate? YES NO 

Last School Attended Name: City: State:

College: 1 2 3 4 Did You Graduate? YES NO  Degree:

Last School Attended (Name) City State

**MILITARY SERVICE**

Branch: From: To: Type of Discharge: Rank at Discharge:

If other than honorable, explain

**LIST THREE PROFESSIONAL REFERENCES. (Not relatives or former supervisors)**

|  |  |  |
| --- | --- | --- |
| Name | | Relationship |
| Company | Phone: ( ) | Email: |
| Name | | Relationship |
| Company | Phone: ( ) | Email: |
| Name | | Relationship |
| Company | Phone: ( ) | Email: |

**PROFESSIONAL CERTIFICATION & SAFETY CARDS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Professional Certifications** | **Latest Certification Date** |  | **Professional Certifications** | **Latest Certifications Date** |
| 1. |  |  | 5. |  |
| 2. |  |  | 6. |  |
| 3. |  |  | 7. |  |
| 4. |  |  | 8. |  |

**EMPLOYMENT HISTORY**

All driver’s applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years’ information on those employers for whom the applicant operated such vehicle.

***(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)***

|  |  |  |
| --- | --- | --- |
| **EMPLOYER** | **DATE** | |
| Name | **From:** | **To:** |
| Month Year | Month Year |
| Address | Position Held | |
| City State Zip | Salary/Wages | |
| Contact Person Phone # | Reason For Leaving | |
| Were You Subject to FMCSRs While Employed?  Yes  No | | |
| Was You Job Designated As A Safety-Sensitive Function In Any Dot – Regulated Mode Subject To The Drug And Alcohol Testing Requirements Of 49 CFR fr Part 40?  Yes  No | | |

|  |  |  |
| --- | --- | --- |
| **EMPLOYER** | **DATE** | |
| Name | **From:** | **To:** |
| Month Year | Month Year |
| Address | Position Held | |
| City State Zip | Salary/Wages | |
| Contact Person Phone # | Reason For Leaving | |
| Were You Subject to FMCSRs While Employed?  Yes  No | | |
| Was You Job Designated As A Safety-Sensitive Function In Any Dot – Regulated Mode Subject To The Drug And Alcohol Testing Requirements Of 49 CFR Part 40?  Yes  No | | |

|  |  |  |
| --- | --- | --- |
| **EMPLOYER** | **DATE** | |
| Name | **From:** | **To:** |
| Month Year | Month Year |
| Address | Position Held | |
| City State Zip | Salary/Wages | |
| Contact Person Phone # | Reason For Leaving | |
| Were You Subject to FMCSRs While Employed?  Yes  No | | |
| Was You Job Designated As A Safety-Sensitive Function In Any Dot – Regulated Mode Subject To The Drug And Alcohol Testing Requirements Of 49 CFR Part 40?  Yes  No | | |

EMPLOYMENT HISTORY (continued)

|  |  |  |
| --- | --- | --- |
| **EMPLOYER** | **DATE** | |
| Name | **From:** | **To:** |
| Month Year | Month Year |
| Address | Position Held | |
| City State Zip | Salary/Wages | |
| Contact Person Phone # | Reason For Leaving | |
| Were You Subject to FMCSRs While Employed?  Yes  No | | |
| Was You Job Designated As A Safety-Sensitive Function In Any Dot – Regulated Mode Subject To The Drug And Alcohol Testing Requirements Of 49 CFR Part 40?  Yes  No | | |

|  |  |  |
| --- | --- | --- |
| **EMPLOYER** | **DATE** | |
| Name | **From:** | **To:** |
| Month Year | Month Year |
| Address | Position Held | |
| City State Zip | Salary/Wages | |
| Contact Person Phone # | Reason For Leaving | |
| Were You Subject to FMCSRs While Employed?  Yes  No | | |
| Was You Job Designated As A Safety-Sensitive Function In Any Dot – Regulated Mode Subject To The Drug And Alcohol Testing Requirements Of 49 CFR Part 40?  Yes  No | | |

|  |  |  |
| --- | --- | --- |
| **EMPLOYER** | **DATE** | |
| Name | **From:** | **To:** |
| Month Year | Month Year |
| Address | Position Held | |
| City State Zip | Salary/Wages | |
| Contact Person Phone # | Reason For Leaving | |
| Were You Subject to FMCSRs While Employed?  Yes  No | | |
| Was You Job Designated As A Safety-Sensitive Function In Any Dot – Regulated Mode Subject To The Drug And Alcohol Testing Requirements Of 49 CFR Part 40?  Yes  No | | |

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

The federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle:

1. weighs or has a GVWR of 10,001 pounds or more,
2. is designed or used to transport more than 8 passengers (including the driver), or
3. is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD** For Past 3 Years Or More (Attach Sheet Is More Space Is Needed) If More, Write None

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates** | **Nature Of Accident**  **(Head-On, Rear-End, Upsent, Etc)** | **Fatalities** | **Injuries** | **Hazardous Material Spill** |
| Last Accident |  |  |  |  |
| Next Previous |  |  |  |  |
| Next Previous |  |  |  |  |

**TRAFFIC CONVICTIONS** & Forfeitures For The Past 3 Years (Other Than Parking Violations) ) If None, Write None

|  |  |  |  |
| --- | --- | --- | --- |
| **Location** | **Date** | **Charge** | **Penalty** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS - DRIVERS** List all driver licenses or permits held in the past 3 years

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DRIVER LICENSES** | **State** | **License No.** | **Type** | **Expiration Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Having you ever been denied a license, permit or privilege to operate a motor vehicle?  YES  NO
2. Has any license, permit or privilege ever been suspended or revoked?  YES  NO

If the answer to either A or A is YES, Give details

*(Required For Commercial Drivers)* Date Of Birth / / Can You Provide Proof Of Age?

**DRIVING EXPERIENCES** Check Yes or No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Class Of Equipment** | **Circle Type Of Equipment** | **Dates** | | **Approx No Of Miles (Total)** |
| **From(M/Y)** | **To(M/Y)** |
| Straight Truck  Yes  No | Van Tank Flat Cump Refer |  |  |  |
| Tractor And Semi-Trailer  Yes  No | Van Tank Flat Cump Refer |  |  |  |
| Tractor- Two Trailers  Yes  No | Van Tank Flat Cump Refer |  |  |  |
| Motorcoach – School Bus  Yes  No | More Than 8 Passengers |  |  |  |
| Motorcoach – School Bus  Yes  No | More Than 15 Passengers |  |  |  |
| Other |  |  |  |  |

**Date CDL was issued (required)**:

List States Operated in Four Last Five Years:

***ON REVERSE OF THE SHEET LIST:***

1. Which safe driving awards do you hold and from whom?
2. Show special courses or training that will help you as a driver
3. Any trucking, transportation or other experience that may help in your work for this company.
4. List courses and training other than shown elsewhere in this application.
5. List special equipment or technical materials you can work with (not already shown above).

**TO BE READ AND SIGNED BY ALL APPLICANT**

**Disclaimer and Signature**As part of our procedure for processing your employment application, your personal & employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination &/or a drug test, or to sign a conflict of interest agreement & abide by its terms. I understand & agree to the information shown above.

**THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO BEST OF MY KNOWLEDGE**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_