

**KENERGY OILFIELD SOLUTIONS LLC**  
**806 FM 1681**  
**NIXON, TX 78140**  
**(979) 571-9198**

**DOT DRIVER APPLICATION FOR EMPLOYMENT**

(Answer all questions - please print)

Position Applied for: ☐ DOT Driver    ☐ Leased Driver/OO    ☐ Non-DOT Driver    ☐ Field Hand    ☐ Other \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Suffix Social Security #

Current Address \_\_\_\_\_  
Street City State Zip Code  
From \_\_\_\_\_ to \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_ Required for Commercial Drivers

If your above address is less than 3 years – list them below to cover the previous 3 year period – Use another sheet for additional addresses

Previous Address \_\_\_\_\_  
Street City State Zip Code  
From \_\_\_\_\_ to \_\_\_\_\_

Previous Address \_\_\_\_\_  
Street City State Zip Code  
From \_\_\_\_\_ to \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_  
(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? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants must provide the following information on all employers during the preceding 10 years. List complete mailing address, street number, city, state and zip code. Applicants are also required to note any gaps of employment between previous employers and list reason why. (NOTE: list employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			FROM:	TO:
ADDRESS			POSITION:	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS YOUR 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Unemployed – From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for unemployment: \_\_\_\_\_

EMPLOYER			DATE	
NAME			FROM:	TO:
ADDRESS			POSITION:	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS YOUR 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Unemployed – From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for unemployment: \_\_\_\_\_

EMPLOYER			DATE	
NAME			FROM:	TO:
ADDRESS			POSITION:	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS YOUR 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Unemployed – From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for unemployment: \_\_\_\_\_

EMPLOYER			DATE	
NAME			FROM:	TO:
ADDRESS			POSITION:	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS YOUR 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Unemployed – From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for unemployment: \_\_\_\_\_

## ACCIDENT RECORD

FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATE	NATURE OF ACCIDENT	INJURIES	FATALITIES	HAZARDOUS
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

## TRAFFIC CONVICTIONS AND FORFEITURES

FOR THE LAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

## EXPERIENCE AND QUALIFICATIONS - DRIVER

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS.

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

☐ YES ☐ NO 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?

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS.

## DRIVING EXPERIENCE CHECK YES/NO

CLASS OF EQUIPMENT		DATES		CIRCLE TYPE	APPROX. NO. MILES
		TO	FROM		
STRAIGHT TRUCK	<input type="checkbox"/> YES <input type="checkbox"/> NO			VAN, TANK, FLAT, DUMP, REFER	
TRACTOR AND SEMI TRAILER	<input type="checkbox"/> YES <input type="checkbox"/> NO			VAN, TANK, FLAT, DUMP, REFER	
TRACTOR - TWO TRAILERS	<input type="checkbox"/> YES <input type="checkbox"/> NO			VAN, TANK, FLAT, DUMP, REFER	
TRACTOR - THREE TRAILERS	<input type="checkbox"/> YES <input type="checkbox"/> NO			VAN, TANK, FLAT, DUMP, REFER	

## ONE DRIVER'S LICENSE CERTIFICATION

Initial \_\_\_\_\_ I acknowledge and understand that if I currently have more than one license, I will keep the license from my state of resident and return the additional licenses to the state that issued them. DESTROYING a license does not close the record in the state that issued it; I will notify the state. If a multiple license has been lost, stolen or destroyed, I will close my record by notifying the state of issuance that I no longer want to be licensed by that state.

Initial \_\_\_\_\_ I acknowledge and understand that anytime a driver with a Commercial Driver's License violates a state or local traffic law (other than parking), I will report it within 5 working days to my employer and within 30 days to the state that issued the license. Notification to the state is only made if the violation occurred in a state other than the one that issued the license.

Initial \_\_\_\_\_ I acknowledge and understand that notification of any revocation or suspension of my CDL must be made to my employer within one (1) day of receiving notice. Drivers or employers who violate these requirements are subject to civil penalties of up to \$2,500 or under certain circumstances, criminal penalties of \$5,000 and/or 90 days imprisonment.

## **CERTIFICATION OF NON-DOT DRIVER**

☐ **YES** ☐ **NO** I certify that I have not worked as a driver in a DOT regulated position for any employer in the preceding three (3) years that was regulated by the Department of Transportation.

### **DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT** **Pursuant to CFR Part 40.25(b)(5) and (e)**

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR 40.25 (j) to respond to the following questions.

☐ **YES** ☐ **NO** 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 during the past (2) years?

☐ **YES** ☐ **NO** If you answered yes to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

### **MOTOR VEHICLE REPORT RELEASE & AUTHORIZATION**

In connection with my application for employment, promotion, reassignment, retention or contract for services it is understood that a Motor Vehicle Report (MVR) will be requested concerning my driving record.

I authorize without reservation any party or agency to furnish a MVR for purposes of investigation as required by Federal Motor Carrier Safety Administration in 49 CFR 391.23 and 391.25. If hired (or contracted) this authorization shall remain on file and serve as ongoing authorization to procure a MVR at any time during my employment (or contract) period.

I have the right to request from the party or agency obtaining the MVR the nature and substance of all information on me in its files, including the source of information and the recipients of any reports issued within the two-year period preceding my request.

### **DISCLOSURE AND ACKNOWLEDGEMENT**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

I authorize you to make such investigations and inquiries of my personal, 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, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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 a 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 to the accuracy of the information.

This certifies that 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

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

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# **COVERED EMPLOYEE CERTIFICATE OF RECEIPT OF THE CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING POLICY**

## **STATEMENT OF POLICY**

Every covered driver is required to refrain from the use of prohibited controlled substances on and off duty. Every covered driver is required to refrain from the use of alcohol before (within 4 hours) and during the performance of safety-sensitive functions (operating on a public roadway a vehicle which requires a Commercial Driver's License).

Covered drivers will be tested for marijuana, cocaine, opioids, amphetamines and phencyclidine (PCP). Covered drivers will also be tested for alcohol. Driver applicants will be subject to a pre-employment drug test. The employer must receive a verified NEGATIVE result before driver applicants will be permitted to perform safety-sensitive functions.

## **CONSEQUENCES OF PROHIBITED CONDUCT**

Any driver who has a POSITIVE drug test result, an alcohol test with a result of 0.04 OR GREATER, or has engaged in other conduct prohibited by SECTION B of this policy, will be immediately removed from safety-sensitive functions and will be subject to disciplinary action up to and including termination. A driver who has a POSITIVE test result will not be hired.

## **TESTING PROGRAM ADMINISTRATORS**

Your employer has contracted with a bona fide alcohol and drug testing program administrator, as authorized under the Federal regulations, to administer the program.

## **ADDITIONAL REQUIREMENTS**

The employer is permitted by Federal regulations to require and enforce more stringent requirements relating to safety of operation and employee and health including additional requirements relating to alcohol and controlled substances.

I hereby acknowledge receipt of the U.S. DEPARTMENT OF TRANSPORTATION (DOT), FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA), CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING POLICY. I agree to familiarize myself with the requirements of the policy and comply with its provisions.

\_\_\_\_\_  
Employee's Name (Print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

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**General Consent for Limited Queries of the  
Federal Motor Carrier Safety Administration (FMCSA)  
Drug and Alcohol Clearinghouse**

I, \_\_\_\_\_, hereby provide consent to the Company to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I authorize without reservation any party or agency to furnish a limited report for purposes of investigation as required by the Company. If hired (or contracted), this authorization shall remain on file and serve as on-going authorization to procure a limited inquiry report at any time during my employment (or contract) period.

I understand that if the limited query conducted by the Company indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the Company without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for the Company to conduct a limited query of the Clearinghouse, the Company must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

\_\_\_\_\_  
Applicant / Employee Signature

\_\_\_\_\_  
Date

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**BACKGROUND RELEASE FORM INCLUDING MOTOR VEHICLE REQUEST**

**The following release is to be signed by the applicant or employee so a Motor Vehicle Report (MVR) request may be submitted. A MVR will be requested from the State that issued the individual's driver's license prior to employment and, once hired, requested annually thereafter. [49 CFR 391.23, 391.25]**

**The request for a MVR, which is a consumer report, will be made in accordance with Sections 604 and 607 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 1, of Public Law 104-208).**

**In connection with my application for employment, promotion, reassignment, retention or contract for services it is understood that a Motor Vehicle Report (MVR) will be requested concerning my driving record.**

**I authorize without reservation any party or agency to furnish a MVR for purposes of investigation as required by Federal Motor Carrier Safety Administration in 49 CFR 391.23 and 391.25. If hired (or contracted) this authorization shall remain on file and serve as on-going authorization to procure a MVR at any time during my employment (or contract) period.**

**I have the right to request from the party or agency obtaining the MVR the nature and substance of all information on me in its files, including the source of information and the recipients of any reports issued within the two year period preceding my request.**

\_\_\_\_\_  
Print Name (First, Middle, Last, Suffix)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License No.

\_\_\_\_\_  
Issuing State