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: o DOT Drivero Leased Driver/OOo Non-DOT Driver o Field Hando 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 Leavin

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, pleasc explain fully on a separate sheet ofpaper. 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?a YESa 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? O YES NO |

Unemployed — From:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | EMPLOYER |  | DATE |
| NAME |  |  |  | FROM: |
| ADDRESS |  |  |  | POSITION: |
| CITY | STATE |  | ZIP | SALARY/WAGE |
| CONTACT PERSON |  |  | PHONE NUMBER | REASON FOR LEAVING |
| WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?O YESa NO |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION [N ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? a YES a NO |

Unemployed — From:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | EMPLOYER |  | DATE |
| NAME |  |  |  | FROM: / |
| ADDRESS |  |  |  | POSITION: |
| CITY | STATE |  | ZIP | SALARY/WAGE |
| CONTACT PERSON |  |  | PHONE NUMBER | REASON FOR LEAVING |
| WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?a YESa NO |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG ANDALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? a YES a NO |

Unemployed — From:

|  |  |  |  |
| --- | --- | --- | --- |
|  | EMPLOYER |  | DATE |
| NAME |  |  | FROM: / TO: |
| ADDRESS |  |  | POSITION: |
| CITY STATE |  | ZIP | SALARYNVAGE |
| CONTACT PERSON |  | PHONE NUMBER | REASON FOR LEAVING |
| WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? O YES |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG ANDALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? a YES a NO |

Unemployed — From: 

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 |
| ST ACCIDENT |  |  |  |  |
| XT PREVIOUS |  |  |  |  |
| T 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DRIVERLICENSES | STATE | LICENSE NUMBER | TYPE | EXPIRATION DATE |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

a YES a No HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?

a YES a 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 | TO | DATESFROM | CIRCLE TYPE | APPROX. NO.MILES |
| STRAIGHT TRUCK | OYES O NO |  |  |  | VAN. TANK, FLAT,DUMP.REFER |  |
| TRACTOR AND SEMI TRAILER | OYES a NO |  |  |  | VAN. TANK. FLAT.DUMP REFER |  |
| TRACTOR - TWO TRAILERS | QYES a NO |  |  |  | VAN, TANK, FLAT,DUMP.REFER |  |
| TRACTOR - THREE TRAILERS | OYES a NO |  |  |  | VAN, TANK, FLAT.DUMP,REFER |  |

ONE DRIVER'S LICENSE CERTIFICATION

InitialI 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.

InitialI 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.

InitialI acknowledge and understand that notification of any revocation or suspension of my CDL must be made to my employer within one (l) 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

O YES ONO 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 perfonn safety-sensitive functions for our company, you are required by CFR 40.25 (j) to respond to the following questions.

O YES O 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?

O 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 resewation 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 matt ers 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 infon•nation 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:



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 perfonn safety-sensitive functions.

## CONSEOUENCES 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 confracted with a bona fide alcohol and drug testing progam administrator, as authorized under the Federal regulations, to administer the program.

## ADDITIONAL REOUIREMENTS

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.

1 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

General Consent for Limited Queries of the

Federal Motor Carrier Safety Administration (FMCSA)

Drug and Alcohol Clearinghouse

1, 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 fumish 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 perfonning safety-sensitive ftnctions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.



Applicant / Employee Signature Date

## 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, 391.251

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 11, Subtitle D, Chapter 1, of Public Law 104-208).

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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 infonnation 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