



APPLICATION FOR EMPLOYMENT

(answer all questions – please print)

Name _____ Position Applied For _____
Last First Middle
 Social Security Number _____ Date of Birth _____
 Email Address _____ Phone (Home) _____ Phone (Cell) _____

Residence (last three years)

Street Address _____ City _____ State _____ How Long _____
(Current) Years/Months
 Street Address _____ City _____ State _____ How Long _____
(Previous) Years/Months
 Street Address _____ City _____ State _____ How Long _____
(Previous) Years/Months

Who referred you? _____ Desired rate of pay _____

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.

Have you ever tested positive or refused to be tested on a Pre-Employment Drug Screen for an employer that you did not go to work for? Yes No

Please list any reason you might be unable to perform the functions of the job for which you have applied.

EMPLOYMENT HISTORY

All driver applicants that will drive in interstate commerce must provide the following information on all employers during the past 3 years. List complete mailing address, street number, city, state and zip code. Applicants shall also provide an additional 7 years information on those employers for whom the applicant operated a commercial motor vehicle.

(NOTE: List employers starting with the most recent. Please include any lapse in employment).

Most Recent Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip Code	Salary/Wage	
Contact Person		Phone No.	Reason For Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was this job 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer			Date
Name			From To
Address			Position Held
City	State	Zip Code	Salary/Wage
Contact Person		Phone No.	Reason For Leaving
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? ___ Yes ___ No		Was this job 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	

Employer			Date
Name			From To
Address			Position Held
City	State	Zip Code	Salary/Wage
Contact Person		Phone No.	Reason For Leaving
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? ___ Yes ___ No		Was this job 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	

Employer			Date
Name			From To
Address			Position Held
City	State	Zip Code	Salary/Wage
Contact Person		Phone No.	Reason For Leaving
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? ___ Yes ___ No		Was this job 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	

Employer			Date
Name			From To
Address			Position Held
City	State	Zip Code	Salary/Wage
Contact Person		Phone No.	Reason For Leaving
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? ___ Yes ___ No		Was this job 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	

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years

State	License number	Type	Expiration Date

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

If the answer to either A or B is yes, give details _____

Experience and Qualifications—Other

1. List any trucking, transportation or other experience that may help in your work for this company

2. List courses and training other than shown elsewhere in the application _____

3. List special equipment or technical materials you can work with (other than those already shown)

DRIVING EXPERIENCE CIRCLE YES OR NO

CLASS OF EQUIPMENT			CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
				FROM (Mo/Yr)	TO (Mo/Yr)	
Straight Truck	Yes	No	(VAN, TANK, FLAT, DUMP, REFER)			
Tractor and Semi-Trailer	Yes	No	(VAN, TANK, FLAT, DUMP, REFER)			
Tractor – Two Trailers	Yes	No	(VAN, TANK, FLAT, DUMP, REFER)			
Tractor – Three Trailers	Yes	No	(VAN, TANK, FLAT, DUMP, REFER)			
Motorcoach – School Bus (More than 16 passengers)	Yes	No	_____			
Motorcoach – School Bus (More than 8 passengers)	Yes	No	_____			
Other _____						

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS _____

ACCIDENT RECORD for past 3 years or more (attach sheet if more space needed). If none, write none.

Date	Nature of Accident (Head-on, Rear-end, etc)	Fatalities, Injuries, Property Damage	Hazardous Material Spill

TRAFFIC CONVICTIONS AND 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.)

Education

Circle highest grade completed: High school: 1 2 3 4 College: 1 2 3 4

Last school attended _____

Name

City, State

TO BE READ AND SIGNED BY APPLICANT

I understand that the information in this application, including past employment information, will be used and that prior employers will be contacted for purposes of investigating my safety performance history information as required by paragraphs (d) and (e) of Part 391.23 of the Federal Motor Carrier Safety Regulations.

I also understand that I have the following rights regarding the investigative information that will be provided to Petroleum Services: 1) the right to review information provided by previous employers; 2) the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to Petroleum Services; 3) the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

In order to review previous employer-provided investigative information I must submit a written request to Petroleum Services, 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. Petroleum Services will provide this information to me within five business days of receiving my written request. If Petroleum Services has not yet received the requested information from the previous employer(s), then the five-business day's deadline will begin when Petroleum Services receives the requested safety performance history information. If I have not arranged to pick up or receive the requested records within thirty (30) days of Petroleum Services making them available, Petroleum services may consider me to have waived my request to review the records.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. 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



FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

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.

Driver's Signature

Date

Print Name

Social Security Number

DRIVER'S LICENSE INFORMATION

Driver's License #

Issuing State

Expiration Date of License

Date of Birth



PREVIOUS EMPLOYER INFORMATION

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
 First, M.I., Last _____ (Social Security Number) _____
 _____ (Date of Birth) _____
 hereby authorize: _____
 Previous Employer: _____ Email: _____
 Street: _____ Telephone: _____
 Previous Position: _____ Dates Employed: _____
 (From) (To)
 City, State, Zip: _____ Fax No.: _____

I hereby authorize all previous employers to release records of my employment within the past 3 years from the date of application listed below, including assessment of my job performance, commercial driving, accidents, general work ability/fitness and drug & alcohol history to Petroleum Services Inc. I hereby release this company from any and all liability as a result of providing the requested information to Petroleum Services Inc.

I also understand that I have the following rights regarding the investigative information that will be provided to Petroleum Services: 1) the right to review information provided by previous employers; 2) the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to Petroleum Services; 3) the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

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 (date of employment application)
 To: Petroleum Services, Inc.
 Attn: Sonia Palmer
 P.O. Box 1486
 Williston, ND 58802
 (701) 572-2487 Fax (701) 774-6100
 Sonia@PetroleumServicesAndTools.com

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, email, or letter.

 Applicant's Signature Date

This information is being requested in compliance with §40.25 and §391.23.



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