

COMMERCIAL DRIVER APPLICATION



APPLICANT INFORMATION

DATE _____

NAME _____

PHONE () _____ EMERGENCY PHONE () _____

DATE OF BIRTH _____ SS# _____

PHYSICAL EXAM EXPIRATION DATE _____

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

_____	FROM _____	TO _____
_____	FROM _____	TO _____
_____	FROM _____	TO _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ Yes _____ No

If yes, give dates: From _____ To _____

Reason for leaving? _____

EDUCATION HISTORY:

Please circle the highest grade completed:

Grade school: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post Graduate: 1 2 3 4

EMPLOYMENT HISTORY:

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, **and all commercial driving experience for the past ten (10) years.**

Mo/Yr	Mo/Yr	Present or Last Employer
From _____	To _____	Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ 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? _____ Yes _____ No

Mo/Yr	Mo/Yr	Present or Last Employer
From _____	To _____	Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____
Were you subject to the FMCSRs while employed here? _____ Yes _____ 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? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ 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? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ 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? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ 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? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ 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? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ 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? _____ Yes _____ No *(Attach additional sheets for 10-year history, if needed.)*

DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi-trailer			
Tractor & two trailers			
Tractor & triple trailers			
Other			

List states operated in, for the last five (5) years: _____

List special courses/training completed (PTD/DDC, HAZMAT, ETC) _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three (3) years: (attach sheet if more space is needed):

Date of Accident	Nature of Accidents (Head on, rear end, etc)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three(3) years:

State	License	Type	Endorsements	Expiration Date

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? _____ Yes _____ No

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No

If the answers to any questions listed above are "yes", give details _____

Job References

List three (3) persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

To Be Read and Signed by Applicant:

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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.

Applicant Signature _____ **Date** _____

Remarks: (For office use only)



Employee ID: _____

RELEASE FOR INFORMATION FROM PREVIOUS EMPLOYER

(Complete one form for each previous employer for the prior 3 years)

☐ First Attempt – Date/Time _____ ☐ Second Attempt – Date/Time _____

To: _____ Phone: _____ Fax: _____
Address: _____ City: _____ State/Zip: _____

Person for whom information being requested:

Name: _____ Social Security Number: _____ Date of Birth: _____
MM/DD/YYYY

I hereby authorize you to release the following information to Nine Energy Service for investigation as required by CFR part 391.23, 382.413, and 40.25 of FMCSR's regarding my previous employment including alcohol and controlled substance testing results.

Signature: _____ Date: _____
MM/DD/YYYY

SECTION 1: DRIVER IDENTIFICATION

The above applicant was employed by us. ☐ YES ☐ NO

His/Her Position: _____

Date of Employment: From _____ To _____

Was this person a safe and efficient driver? ☐ YES ☐ NO _____

Type(s) of vehicle(s) driven: ☐ T/T ☐ S/Truck ☐ Bus ☐ Other: _____

Was this employee required to complete logs? ☐ YES ☐ NO

How was log completion? ☐ GOOD ☐ FAIR ☐ POOR

SECTION 2: SAFETY PERFORMANCE HISTORY

If there is no safety performance to report, check here: ☐

Please complete the following for any accidents included on your register (390.15(b)) that involved this person in the past three (3) years prior to the application date shown above.

DATE	LOCATION	TOW		# OF INJURIES	# OF FATALITIES	HAZMAT SPILL
		YES	NO			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			



Employee ID: _____

RELEASE FOR INFORMATION FROM PREVIOUS EMPLOYER

(Complete one form for each previous employer for the prior 3 years)

SECTION 3: DRUG TESTING INFORMATION

Was this person involved in a safety-sensitive position subject to drug testing under part 40? ☐ YES ☐ NO

Applicant was subject to Department of Transportation testing requirements

From _____ to _____.

Has this person had an alcohol test with a result of 0.04 or higher? ☐ YES ☐ NO

Has this person tested positive for controlled substances? ☐ YES ☐ NO

Has this person refused a test for alcohol or controlled substances? ☐ YES ☐ NO

Has this person committed violations of Subpart B of Part 382, or Part 40? ☐ YES ☐ NO

If this person violated a DOT drug and alcohol regulation, did this person complete a SAP prescribed rehabilitation program during their employment with you? If yes, please send documentation. ☐ YES ☐ NO

Did this person successfully complete a SAP's rehabilitation referral and remain employed, then subsequently have an alcohol test of 0.04 or higher, or test positive for controlled substances, or refuse a test for alcohol or controlled substances? ☐ YES ☐ NO

SECTION 4: ADDITIONAL INFORMATION

Was conduct satisfactory? ☐ YES ☐ NO

Eligible for re-employment? ☐ YES ☐ NO

Remarks: _____

Previous Employer: _____

Print Name: _____ Title: _____

Signature: _____ Date: _____
MM/DD/YYYY

Please return information by Fax or Mail to the attention SAFETY and COMPLIANCE DEPARTMENT and mark as "CONFIDENTIAL". Please Note: Previous employers MUST respond within 30 days according to the new regulations of the FMCSA.

Attention: _____ Fax: _____

Address: _____



6804 Melrose Lane
Oklahoma City, OK 73127
V. 405-787-2244 F. 405-789-1474

AFFIRMATIVE ACTION INFORMATION

LAST NAME _____ FIRST NAME _____ MI _____

BIRTH DATE _____ SOCIAL SECURITY # _____

GENDER _____ MARITAL STATUS _____

LOCATION _____ POSITION APPLYING FOR _____

EEO JOB CATEGORY:

_____ OFFICE STAFF _____ SUPERVISOR _____ SHOP _____ STRIPER

_____ TRAFFIC CONTROL _____ CABLE BARRIER _____ PERM SIGN

I AM A MEMBER OF THE FOLLOWING RACE / ETHNIC GROUP:

A. RACE

_____ AMERICAN INDIAN / ALASKAN NATIVE (CARD # _____)

_____ ASIAN / PACIFIC ISLANDER

_____ BLACK

_____ WHITE

B. ETHNIC GROUP

_____ HISPANIC ORIGIN

_____ NOT OF HISPANIC ORIGIN

ARE YOU A VIETNAM VETERAN: _____ YES _____ NO
(180 DAYS OF CONTINUOUS ACTIVE DUTY BETWEEN 08//5/61 TO 05/07/75)

CONFIDENTIAL

THIS DATA WILL AID IN KEEPING RECORDS REQUIRED OF US BY THE FEDERAL AND STATE LAWS TO WHICH WE ARE SUBJECT.
IT IS CONFIDENTIAL AND WILL REMAIN SEPARATE FROM THE OTHER PERSONNEL RECORDS.

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

Date: _____

Last Name

First Name

Middle Name

Maiden and/or Other Last Names Used

City

County

State

Male or Female

Date of Birth

Social Security Number

Circle One

This authorization and consent for release of personal information acknowledges that **Action Safety Supply Co., LLC**. (Hereafter referred to as "Company") and/or its agent, VICTIG, LLC, SecurityCheck, Inc., may now, or at any time I am assigned to, volunteer with or am employed by this Company, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, Oklahoma Workers' Compensation Court, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Victig, LLC, SecurityCheck, Inc., the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I designate SecurityCheck, Inc. as my representative, for the purpose of conducting a search of the records of the Oklahoma Workers' Compensation Court for prior workers' compensation claims filed in my name, and hereby authorize SecurityCheck to conduct a search of the Oklahoma Workers' Compensation Court.

I understand that these searches will be used to determine work assignment or employment eligibility under the company's employment or volunteer policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may, within 30 days of the date the report was ran, request a copy of the report from **SecurityCheck, Inc. / PO Box 14189, Oklahoma City, OK 73113**. After reading this document, I fully understand its contents and authorize the background verification.

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF COMPANY.

Signed this _____ day of _____, 20____

Applicant (Print Name)

Applicant Signature

DRUG/ALCOHOL TESTING CONSENT FORM

I, _____, hereby give my consent to authorize my perspective employer known as Action Safety Supply Co., L.L.C. and the testing laboratory designated to conduct analytical tests deemed necessary, on an ongoing basis, to determine the absence or the presence of

☐ - Alcohol ☐ - Class A Drugs (heroin, cocaine, etc.) ☐ - Class B Drugs (cannabis, amphetamines, etc.)
in my body
through the use of urine, breath or any sample as specified by statute and regulation.

I give my consent to release the results of the test(s) and other medical information from the laboratory to my employer pursuant to statute or regulation with the condition that the results may not be used in any criminal proceeding. My employer may request proof that I am taking a controlled substance as directed pursuant to a lawful prescription issued in my name. If requested, I agree to provide such proof within 72 hours.

I have the right to request a re-test of the initial specimen at a licensed laboratory of my choice if and when I have a positive test for drugs. All requests for a re-test of the sample must be made within ten (10) working days of the receipt of the original positive test result. The results of the samples must be forwarded to me by the appointing authority of the licensed laboratory.

I further understand that a positive test, refusal to authorize this form, refusal to take the test, or failure to produce a specimen, may result in the withdrawal of a job offer in accordance with any local, State, or Federal statute, regulation, and policy.

Employee Signature _____ **Print** _____

Date _____