

BOB'S OILFIELD SERVICE

**P. O. Box 706
3364 Hwy 85 N.
Belfield ND 58622**

APPLICATION OF EMPLOYMENT

I authorize you to make such investigations and inquire of my personal employment as may be necessary in arriving at an employment decision. I hereby release employers from all liability in responding to inquiries and releasing information connection with my application.

I understand false and misleading information giving in my application or interview may lead to discharge, I understand also that I am required to abide by all rules and regulations of the Company.

I understand that the information provided under the Employment history may be used, and the previous employers that follow under the FMCSR, will be contacted, for the purpose of investigating the performance history of my past employment. I understand I have the right to review information provided by previous employers, and have errors in the information corrected by having the previous employer resubmit the correct information, or have an argumentative statement attached to the alleged mistaken information, if the previous employer and the prospect employee cannot agree upon the accuracy of the information.

Applicants Signature: _____ Date: _____

Date of Application: _____

Name: _____ Social Security No.: _____
Last First Middle

Address: _____
Street\PO box City State Zip

Date of Birth: _____ Age: _____ Phone: (_____) _____
Month Day Year

List your addresses

For the past 3 yr.: _____ How long: _____
City State Zip

_____ How long: _____
City State Zip

_____ How long: _____
City State Zip

PERSONAL INFORMATION

Are you either a U.S. citizen or an alien authorized to work in the U.S.? Yes No

Have you ever been convicted of a felony? Yes No

If YES, please explain (a YES answer does not necessarily mean that employment will be denied). _____

Do you have any physical condition or handicap that may limit your ability to perform the job applied for?

Yes No If yes explain _____

Have you ever been injured on the job or sustained an illness to where as a Workers Compensation Form has been filed? Yes No If yes give the nature and degree of such injury / or illness.

Have you ever had lost time or restricted duty from a work-related injury or illness in the **past 3 years**?

Yes No If yes how long? **Lost time:** _____ **Restricted duty:** _____

If this job requires to travel are you able to do so? Yes No

EMPLOYMENT DESIRED

Type of position applying for (Check all that apply):

- Roustabout Foreman
- Hydrovac Operator
- General Labor
- Vac Truck Operator
- Dump Truck Driver
- Truck Driver

Heavy Equipment Operator (List Equipment you have experience with) _____

Date you can start: _____

Are you willing to work evenings? Yes No

Are you willing to work weekends? Yes No

Are you willing to work holidays? Yes No

Would you like to work? Part-time Full-time

EDUCATION OR TRAINING

	Name of School	Course of Study	Years Completed
Did you graduate High School:	_____	_____	_____
College:	_____	_____	_____
OSHA 10:	_____	Other Training/Dates: _____	
First Aid/CPR:	_____		
Safe land/PEC:	_____	Other Orientations/Dates: _____	

EXPERIENCE AND QUALIFICATION

Driver's License:

State issued: _____ License No.: _____ Type: _____ Expiration Date: _____

Has any permit, license, or privilege to operate a motor vehicle ever been suspended revoked, or denied?

Yes No

If the answer is yes, please give details: _____

Driving Experience "If none enter none"

Class of Equipment	Type (van, tanker, flat, etc.)	How Long
Straight Truck:		
Tractor and Semi-Trailer:		
Tractor - Two Trailers:		
Other:		

Accident Record (For the past 3 yrs.) "If none enter none"

	Dates	Nature of Accident	Fatalities	Injuries
Last Accident:				
Next Previous:				
Next Previous:				

Traffic Convictions and Forfeitures for the past 3 years (other than parking) "If clear enter clear"

Location (State/County)	Date	Charge

Note: (If additional room is needed for more employment status use the back of this form.)

If answered **no**, to alcohol and/or controlled substance testing in the previous employment questionnaire skip the questions in the boxed area below, and continue application.

If the answer is **yes** complete all questions in boxed area.

Have you ever tested positive, or refused to test, on any drug or alcohol test administered by an employer in which, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past **3** years?
 Yes No

If answered yes to the question above, continue, if answer is no, skip down to the **references**.

If yes, have you successfully completed the returned to duty process? 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 **3** years? Yes No

If answered **no**, to alcohol and/or controlled substance testing in the previous employment questionnaire, are you be willing to perform alcohol and/or controlled substance in accordance with Companies policies?

Yes No

REFERENCES

Give the name of three persons not related to you, whom you have known for at lease one year.
Not previous employers mentioned above.

	Name	Address	Years Acquainted	Phone #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

PROSPECTIVE EMPLOYEE

This certifies that I completed this application, and that all entries on it are true and completed to the best of my knowledge.

Date: _____ **Applicant's Signature:** _____

FOR COMPANY USE

Date applicant hired: _____ Position hired for: _____

TERMINATION OF APPLICATION

Date application terminated: _____

Reason for leaving: Dismissed Voluntary Quit Other

**INQUIRE TO STATE AGENCY FOR
DRIVERS RECORD**

DEAR SIR\MADAM:

The following named person has made application with us for employment. Applicant has indicated that the operator's license or permit has been issued by your State to applicant and that it is in good standing.

As in accordance with Section 391.23 Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past 3 years.

In the event that this inquire does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

NAME OF APPLICANT: _____
(Please Print)

ADDRESS: _____
(Street) (City) (State) (Zip)

DATE OF BIRTH: _____ SOCIAL SECURITY: _____

LICENSE NUMBER: _____ STATE: _____

I here by authorize you to release the following information to BOB'S OIL FIELD SERVICE for the purposes of investigation.

(Applicant's Signature) (Date)

To be completed by Bob's Safety:

BOB'S OILFIELD SERVICE

BOX 706

BELFIELD, ND 58622

REQUESTED BY:

(Print\Type Name)

(Signature)

SAFETY ADVISOR

DRIVER LICENSE CERTIFICATION OF COMPLIANCE

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in Intrastate, Interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in Interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transport hazardous materials that require placarding.

DRIVERS' REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1 1997.

- 1) You as a commercial vehicle driver, may not possess more than one operator's license.

If you currently have more than one license, you should keep the license from your state of residence 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; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record.

- 2) Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the **NEXT BUSINESS DAY** of any revocation or suspensions of your driver's license. In addition, Section 383.31 requires that any time you violate a local or state traffic law (other than parking), you must report it to your employing motor carrier and the state.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Exp. Date _____

Driver's Name (Print) _____ Date _____

Driver's Signature _____

Notes: _____