



503 Park Road
Frierson, LA 71027
(318) 548-7099

Drug Free Work Environment

Drivers Application for Employment

Applicant Name: _____ **Date of Application:** _____

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.

TO BE READ AND SIGNED BY APPLICANT:

I authorize you to make such investigations and inquiries of my personal, employment, 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 decided) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge, I understand, also, I am required to abide by all rules and regulations of the company.

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 investigation my safety performance history as required by 49 cfr 391.23(d) and (e), I understand that I have the right to:

- Review information provided by previous employer,
- 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 on the accuracy of the information.

Signature: _____

Date: _____



APPLICANT TO COMPLETE

(Please answer all questions)

Name: _____ Social Security Number: _____

Phone Number: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____ How Long: _____

Past 3 Year Residency

Address: _____ City: _____ State: _____ Zip: _____ How Long: _____

Address: _____ City: _____ State: _____ Zip: _____ How Long: _____

Have you worked for CNC Oilfield Services previously? _____ Which Location? _____

Which Months/Years? _____ Previous Rate of Pay _____

Previous Position _____

Reason for leaving: _____

Are you employed now? _____ If not, how long have you been unemployed? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company: _____

Have you ever been convicted of a felony? _____ Violation _____

State of Violation _____ Penalty _____

If yes, please explain fully below and on a separate sheet of paper (if needed). 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 are applying for? _____ If yes, please explain: _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

Phone #: _____ Alt Phone#: _____



EMPLOYMENT HISTORY

*******MUST GO BACK 10 YEARS*******

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 5 years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years.

You are required to list the complete mailing address, street number and name, city, state, and zip code.

** The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

CURRENT/LAST EMPLOYER Name: _____ Phone Number _____

Street Address _____ City _____ State _____ Zip _____

Position Held: _____ From: _____ To: _____

Reasons for Leaving: _____

Were you subject to FMCSRS** while employed? _____

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 _____

*ACCOUNT FOR PERIOD BETWEEN JOBS-Include dates (month/year) and reason: _____

FIRST LAST EMPLOYER Name: _____ Phone Number _____

Street Address _____ City _____ State _____ Zip _____

Position Held: _____ From: _____ To: _____

Reasons for Leaving: _____

Were you subject to FMCSRS** while employed? _____

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 _____

*ACCOUNT FOR PERIOD BETWEEN JOBS-Include dates (month/year) and reason: _____

SECOND LAST EMPLOYER Name: _____ Phone Number _____

Street Address _____ City _____ State _____ Zip _____

Position Held: _____ From: _____ To: _____

Reasons for Leaving: _____

Were you subject to FMCSRS** while employed? _____

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 _____

*ACCOUNT FOR PERIOD BETWEEN JOBS-Include dates (month/year) and reason: _____

THIRD LAST EMPLOYER Name: _____ Phone Number _____

Street Address _____ City _____ State _____ Zip _____

Position Held: _____ From: _____ To: _____

Reasons for Leaving: _____

Were you subject to FMCSRS** while employed? _____

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 _____

*ACCOUNT FOR PERIOD BETWEEN JOBS-Include dates (month/year) and reason: _____

FOURTH LAST EMPLOYER Name: _____ Phone Number _____

Street Address _____ City _____ State _____ Zip _____

Position Held: _____ From: _____ To: _____

Reasons for Leaving: _____

Were you subject to FMCSRS** while employed? _____

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 _____

*ACCOUNT FOR PERIOD BETWEEN JOBS-Include dates (month/year) and reason: _____

FIFTH LAST EMPLOYER Name: _____ Phone Number _____
Street Address _____ City _____ State _____ Zip _____
Position Held: _____ From: _____ To: _____
Reasons for Leaving: _____
Were you subject to FMCSRS** while employed? _____
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 _____
*ACCOUNT FOR PERIOD BETWEEN JOBS-Include dates (month/year) and reason: _____

SIX LAST EMPLOYER Name: _____ Phone Number _____
Street Address _____ City _____ State _____ Zip _____
Position Held: _____ From: _____ To: _____
Reasons for Leaving: _____
Were you subject to FMCSRS** while employed? _____
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 _____
*ACCOUNT FOR PERIOD BETWEEN JOBS-Include dates (month/year) and reason: _____

SEVENTH LAST EMPLOYER Name: _____ Phone Number _____
Street Address _____ City _____ State _____ Zip _____
Position Held: _____ From: _____ To: _____
Reasons for Leaving: _____
Were you subject to FMCSRS** while employed? _____
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 _____
*ACCOUNT FOR PERIOD BETWEEN JOBS-Include dates (month/year) and reason: _____

EIGHTH LAST EMPLOYER Name: _____ Phone Number _____
Street Address _____ City _____ State _____ Zip _____
Position Held: _____ From: _____ To: _____
Reasons for Leaving: _____
Were you subject to FMCSRS** while employed? _____
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 _____
*ACCOUNT FOR PERIOD BETWEEN JOBS-Include dates (month/year) and reason: _____

NINTH LAST EMPLOYER Name: _____ Phone Number _____
Street Address _____ City _____ State _____ Zip _____
Position Held: _____ From: _____ To: _____
Reasons for Leaving: _____
Were you subject to FMCSRS** while employed? _____
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 _____
*ACCOUNT FOR PERIOD BETWEEN JOBS-Include dates (month/year) and reason: _____

TENTH LAST EMPLOYER Name: _____ Phone Number _____
Street Address _____ City _____ State _____ Zip _____
Position Held: _____ From: _____ To: _____
Reasons for Leaving: _____
Were you subject to FMCSRS** while employed? _____
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 _____

EXPERIENCE AND QUALIFICATION



Driving Experience

If no driving experience within the last 3 years- check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle)	DATES FROM	TO
Straight Truck	Van, Reefer, Tank, Flat	_____	_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____
Tractor- Two Trailers	Van, Reefer, Tank, Flat	_____	_____
Tractor- Three Trailers	Van, Reefer, Tank, Flat	_____	_____
Motor Coach- School Bus 8 or More	N/A	_____	_____
Motor Coach- School Bus 15 or More	N/A	_____	_____
Other	Van, Reefer, Tank, Flat	_____	_____

Accident History (3 years)

If no accidents within the last 3 years- check here

DATE (Month/Date)	NATURE OF ACCIDENT (Head-on, Rear-End, Upset, ETC,)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILLS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

License Information

CDL

Chauffeur

Section 383 21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE: _____ LICENSE NUMBER: _____ EXPIRATION DATE: _____

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO

If yes, give details: _____

B. Has any license, permit or privilege ever been suspended or revoked? YES NO

If yes, give details: _____

APPLICANT CERTIFICATION

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.

Applicants Signature: _____ Date: _____

** The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYER VERIFICATION FOR CDL DRIVERS

FORMER EMPLOYEE INFORMATION AND RELEASE

NAME: _____ Social Security # _____
(please print)

I hereby authorize _____ to release the following requested
(Name of Prior Company)

information to CNC Oilfield Services for the purpose of investigation and qualifying me to drive a commercial motor vehicle.

Previous Employer: _____ Email: _____

Street Address: _____ Telephone: _____

City, State Zip: _____ Fax Number: _____

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

In the PAST THREE YEARS, has the previously named applicant ever:

- Tested positive for a controlled substance? YES NO
- Tested with an alcohol concentration of .04 or higher? YES NO
- Refused to submit to a DOT required drug and/or alcohol test, including a verified adulterated or substituted result? YES NO
- Had any other violations of DOT drug and/or alcohol testing regulations? YES NO
- Had any violations of drug and/or alcohol regulations from previous employers? YES NO
- Did a previous employer report a drug and alcohol rule violation to you? YES NO

For any YES answer, please provide documentation of the previously named applicants successful completion of DOT return-to-duty requirements (including follow-up tests).

FORMER EMPLOYEE WORK HISTORY

Employed from _____ to _____ as a _____ at average or salary of _____. Did former employee drive a motor vehicle for you? YES NO

If yes, please indicate specific type of vehicle(s) and time driven for you:

Tractor/Semi Trailer: years _____ months _____ Straight Truck: years _____ months _____

Other (Please Specify) _____ years _____ months _____ Any

special equipment driver? (such as: Doubles, Tanker, Flat Bed, etc) Please list: _____

Reason for leaving your employ: Discharged Resigned Laid Off Other Is former employee eligible for re-hire at your company? YES NO

Your Name _____ Title _____ Telephone: _____

Your Signature: _____ Date: _____

Please forward response as indicated as soon as possible.
Thank you.

MAIL/FAX EMAIL TO:	CNC OILFIELD SERVICES ATTN: STACEY CRAWFORD 503 PARK RD. FRIERSON, LA 71027 318-714-3071 STACEY.C@CNCOILFIELD.COM Any questions -318-584-7099
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Section 3**TO BE COMPLETED BY PREVIOUS EMPLOYER**

DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign and return. Driver was subject to Department of Transportation testing requirements from _____ to _____.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ including return-to-duty and follow-up tests? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remain in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test or refuse to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior or previous employers in the previous 3 years prior to the application date shown on side 1.

Name _____
Company _____
Street _____
City, State, Zip _____ Telephone _____
Section 3 completed by (Signature) _____ Date _____

Section 4A**TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one) Emailed to previous employer Faxed to previous employer

By: _____ Dated: _____

Section 4B**TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained:

Information Received from: _____

Recorded by _____ Method: Fax Mail Email Telephone

Date: _____ Other: _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SIDE 1 SECTION 1: Prospective Employee Complete the information required in this section. Sign and Date, Submit to the Prospective Employer

SIDE 1 SECTION 2: Previous Employer, Complete the information required in this section. Sign and Date, Turn form over to complete

SIDE 2 SECTION 3: Previous Employer Complete the information required in this section, Sign and Date, Return to Prospective Employer

SIDE 2 SECTION 4A: Prospective Employer, Complete the information, Send to Previous Employer

SIDE 2 SECTION 4B: Prospective Employer, Record receipt of the information, Retain the form



503 Park Road
Frierson, LA 71027

CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING POLICY AND PROCEDURES

ACKNOWLEDGMENT OF RECEIPT AND UNDERSTANDING

I HEREBY ACKNOWLEDGE that I have received read and understand my Employer's *Controlled Substances and Alcohol Use and Testing Policy and Procedures* and understand that I must abide by the terms as a condition of employment. I understand that during my employment I may be required to submit to a controlled substances and/or alcohol test based on Department of Transportation (DOT) regulations and my Employer's requirements.

I also understand that refusal to submit to a controlled substances or alcohol test is a violation of DOT regulations and my Employer's policy, and may result in disciplinary action, including suspension (with or without pay) or termination from this organization. I further understand the consequences related to controlled substances use or alcohol misuse conduct as prohibited by my Employer's policy.

I acknowledge that the provisions of my Employer's *Controlled Substances and Alcohol Use and Testing Policy and Procedures* are part of the terms and conditions of my employment, and that I agree to abide by them.

THE UNDERSIGNED STATE THAT HE OR SHE HAS READ THE FOREGOING ACKNOWLEDGEMENT AND UNDERSTANDS THE CONTENTS THEREOF.

DATE: _____

Signature of Employee/Applicant

Printed Name

Social Security Number

REQUEST FOR CHECK OF DRIVING RECORDS

I hereby authorize you to release the following information to CNC Oilfield Services, LLC (*Prospective Employer*) for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Applicants Signature

Date

In accordance with the provisions of 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), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report:
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes.
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose.
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provision of the Drivers Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Sections 3000002(a)).

Requestors Signature

Date

To: CNC Oilfield Services, LLC
503 Park Road
Frierson, LA 71027
Requested by: Human Resources/Safety

DEAR SIR/MADAM:

- The following named person has made application with our company for the position of _____. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.
- The following named person is employed with our company in the position of _____. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER: _____
EMPLOYMENT DATES FROM: _____ **TO:** _____
ADDRESS: _____ **CITY/STATE/ZIP:** _____
DATE OF BIRTH: _____ **SSN:** _____
DRIVERS LICENSE NUMBER: _____ **STATE ISSUED:** _____

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS



IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with CNC Oilfield Services, LLC (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.



AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize CNC Oilfield Services, LLC (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant’s written or electronic consent prior to accessing the Applicant’s PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant’s consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of “employee” contained at 49 C.F.R. 383.5.