

DOT DRIVER APPLICATION FOR

Patriot Oilfield Service, LLC
P O Box 65
Louise, TX 77455

Position applied for: Driver

General Information

Name: _____
First MI Last

Present Address: _____ How long (yrs/mths) _____
Street City State Zip Code

(If at present address for less than three years list additional address for previous three years below)

_____ How long (yrs/mths) _____
Street City State Zip Code

_____ How long (yrs/mths) _____
Street City State Zip Code

Social Security #: _____ Date of Birth: _____ Telephone #: _____

Drivers License #: _____ State: _____ Endorsements: _____

Class **A B C** CDL? Yes No Expiration Date: _____

Education and Skills

Type of School	Name and City/State	From Month/yr	To Month/yr	Did you Graduate?	Type of School	Name and City/State	From City/Yr	To Month/Yr	Did you Graduate?
High School					College				
Other					Specialized Training				

Driver Past Record

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Have you ever been disqualified for violation(s) of the Federal Motor Carrier Safety Regulations? Yes No

Has any license, permit or privilege ever been suspended or revoked? Yes No

If Yes to any of the above please describe: _____

Type of Equipment	Dates From/To	Type of Equipment	Dates From/To	Type of Equipment	Dates From/To

Please list any other relevant experience: _____

Please list all States you have held a commercial motor vehicle Driver's License in the past 3 years: _____

Please list any safe driving awards you have received: _____

Accident and Incident

Have you been involved in an accident in the past 3 years? (If yes, please complete the information below) Yes No

Date of Accident _____ Location (City/State) _____ Fine (if any) \$ _____

Describe Accident _____

No. of Injuries _____ No. of Fatalities _____ Was HazMat (other than fuel from tanks) released? Yes No

Type of vehicle operated _____ DOT Regulation Cited _____

Date of Accident _____ Location (City/State) _____ Fine (if any) \$ _____

Describe Accident _____

No. of Injuries _____ No. of Fatalities _____ Was HazMat (other than fuel from tanks) released? Yes No

Type of vehicle operated _____ DOT Regulation Cited _____

Traffic Convictions and Forfeitures for past 3 years (other than parking) **If none, write none.**

Location	Date	Charge	Penalty

Employment Information

List all periods of employment and unemployment in reverse order starting with the most recent. CFR 391.51(b) requires **3 years of history to be verified and 7 subsequent years** to be recorded for a total of **10 years of employment history**, or to the extent of which the applicant has worked. (If additional space is needed, please attach second sheet).

Employer Name _____	Telephone # () - _____	FAX # () - _____
Address _____ <small>(Street, City, State & Zip Code)</small>		Position _____
Supervisor Name _____	Employed From _____ / _____ To _____ / _____ <small>Mth Yr Mth Yr</small>	Reason for Leaving _____
CDL Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you subject to the FMCSR while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ending Salary _____
Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other _____

Employer Name _____ Telephone # () - _____ FAX # () - _____

Address _____ Position _____
(Street, City, State & Zip Code)

Supervisor Name _____ Employed From ____/____ To ____/____ Reason for Leaving _____ Ending Salary _____
Mth Yr Mth Yr

CDL Required? Were you subject to the FMCSR while employed? Yes No Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40? Yes No

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other _____

Employer Name _____ Telephone # () - _____ FAX # () - _____

Address _____ Position _____
(Street, City, State & Zip Code)

Supervisor Name _____ Employed From ____/____ To ____/____ Reason for Leaving _____ Ending Salary _____
Mth Yr Mth Yr

CDL Required? Were you subject to the FMCSR while employed? Yes No Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40? Yes No

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other _____

Employer Name _____ Telephone # () - _____ FAX # () - _____

Address _____ Position _____
(Street, City, State & Zip Code)

Supervisor Name _____ Employed From ____/____ To ____/____ Reason for Leaving _____ Ending Salary _____
Mth Yr Mth Yr

CDL Required? Were you subject to the FMCSR while employed? Yes No Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40? Yes No

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other _____

Employer Name _____ Telephone # () - _____ FAX # () - _____

Address _____ Position _____
(Street, City, State & Zip Code)

Supervisor Name _____ Employed From ____/____ To ____/____ Reason for Leaving _____ Ending Salary _____
Mth Yr Mth Yr

CDL Required? Were you subject to the FMCSR while employed? Yes No Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40? Yes No

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other _____

Employer Name _____ Telephone # () - _____ FAX # () - _____

Address _____ Position _____
(Street, City, State & Zip Code)

Supervisor Name _____ Employed From ____/____ To ____/____ Reason for Leaving _____ Ending Salary _____
Mth Yr Mth Yr

CDL Required? Were you subject to the FMCSR while employed? Yes No Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40? Yes No

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other _____

Applicant Certification

By signing this statement I certify that:

- This application for employment was completed by me and that all entries on it and the information contained within it are true and correct tot the best o my knowledge.
- As required by 383.21 of the FMCSR’s, I only have one motor vehicle operator’s license.

Furthermore, I authorize you, Patriot Oilfield Services LLC 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 the employment decision. I hereby release any and all of; the employers, the schools, the health care providers, the company and any subsidiaries, as well as the other persons associated with this application for employment and the subsequent processes and procedures from all liability in response to inquiries and the releasing of 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 be considered fraud and could be construed as criminal, and may be grounds for termination and permanent discharge from this company. I understand that I am required to abide by all rules and regulations of the company as outlined in the company policies and statements.

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 investigating 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 employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend 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.

Applicant’s Signature: _____ Date: _____

Patriot Oilfield Services, LLC. is an equal opportunity employer. Patriot Oilfield Services, LLC. does not discriminate on the basis of race, color, religion, gender, age, sexual orientation, national origin or ancestry, physical or mental disability, marital status, pregnancy, veteran status, medical condition, or any other protected status as defined by law.

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FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Applicant hired? Yes No Date hired: _____

TERMINATION INFORMATION

Date Terminated: _____ Reason for Termination: Dismissed _____
Voluntary Separation _____
Other _____