



# Application for Employment

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant Name \_\_\_\_\_  
(First) (MI) (Last)

Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SSN # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long at this address \_\_\_\_\_ (Please specify year(s) and month(s))  
(If less than three(3) years, list all previous addresses in the past three(3) years below. Attach a separate sheet if necessary)

Address \_\_\_\_\_ How long \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_ How long \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position applying for \_\_\_\_\_ Full Time Part Time Temporary

Who referred you \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you worked for this company before YES NO From \_\_\_\_\_ To \_\_\_\_\_  
(Month/Year) (Month/Year)

Where \_\_\_\_\_ Position Held \_\_\_\_\_

Highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

Last School attended \_\_\_\_\_  
(Name) (City/State)



Describe any truck driving, transportation or other related experience that may help in your work for this company\_\_\_\_\_

---

---

---

List any other courses or training\_\_\_\_\_

---

---

---

---

List special equipment or other training you might have had\_\_\_\_\_

---

---

---

---



## Employment History

All driver applicants to drive in interstate commerce must provide the following on ALL past employers during the preceding 3 years: the past employers name, address, dates of employment (explain all gaps), and the reason for leaving employment. Applicants to drive a commercial motor vehicle\* in interstate or intrastate commerce must provide an additional 7 years of information on those past employers for whom the applicant operated such vehicle.

Employer			Dates		
Name			From: Month/Year		Position Held
Address					
City	State	Zip	TO: Month/Year		Reason for Leaving
Contact Person		Phone #			
Were you subject to the Federal Motor Carrier Safety Regulations while being employed?					Yes    No
Was your job designated as a Safety-Sensitive Function, in any DOT-Regulated Mode subject to Drug and Alcohol Testing Requirements of 49 CFR Part 40?    Yes    No					
Employer			Dates		
Name			From: Month/Year		Position Held
Address					
City	State	Zip	TO: Month/Year		Reason for Leaving
Contact Person		Phone #			
Were you subject to the Federal Motor Carrier Safety Regulations while being employed?					Yes    No
Was your job designated as a Safety-Sensitive Function, in any DOT-Regulated Mode subject to Drug and Alcohol Testing Requirements of 49 CFR Part 40?    Yes    No					
Employer			Dates		
Name			From: Month/Year		Position Held
Address					
City	State	Zip	TO: Month/Year		Reason for Leaving
Contact Person		Phone #			
Were you subject to the Federal Motor Carrier Safety Regulations while being employed?					Yes    No
Was your job designated as a Safety-Sensitive Function, in any DOT-Regulated Mode subject to Drug and Alcohol Testing Requirements of 49 CFR Part 40?    Yes    No					
Employer			Dates		
Name			From: Month/Year		Position Held
Address					
City	State	Zip	TO: Month/Year		Reason for Leaving
Contact Person		Phone #			
Were you subject to the Federal Motor Carrier Safety Regulations while being employed?					Yes    No
Was your job designated as a Safety-Sensitive Function, in any DOT-Regulated Mode subject to Drug and Alcohol Testing Requirements of 49 CFR Part 40?    Yes    No					
Employer			Dates		
Name			From: Month/Year		Position Held
Address					
City	State	Zip	TO: Month/Year		Reason for Leaving
Contact Person		Phone #			
Were you subject to the Federal Motor Carrier Safety Regulations while being employed?					Yes    No
Was your job designated as a Safety-Sensitive Function, in any DOT-Regulated Mode subject to Drug and Alcohol Testing Requirements of 49 CFR Part 40?    Yes    No					

\*Include vehicles having a GVWR of 26,001 lbs. or more designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity placarding.



## Driver Experience and Qualification

List ALL Drivers Licenses or permits held in the last three (3) years

State	License Number	Class	Endorsement(s)	Expiration Date

- 1) Have you ever been denied a license, permit or privilege to operate a motor vehicle?    Yes    No  
 2) Has any license, permit or privilege ever been suspended or revoked?                      Yes    No

If you answered "Yes" to 1 or 2, attach a statement giving facts and circumstances.

## Driver Experience

Class of Equipment	Type of equipment (Van, Tank, Flat)	From Month/Year	To Month/Year	Approximate Number of Miles
Auto (Passenger)				
Straight Truck				
Tractor & Semi-Trailers				
Tractor & Two-Trailers				
Motor Coach-Bus				
Other-Please Specify				

## Accident Record

List ALL accidents in the past three (3) years. Attach separate sheet if more space is required.

Date	Nature of Accident (Head-on, Rear-end, ect.)	Property Damage Yes/No	Personal Injury Yes/No

## Traffic Convictions and Forfeitures

List ALL in the past three (3) years (other than parking tickets). Attach separate sheet if more space is required.

Date	City and State	Charge	Penalty

This certifies that this application was completed by me, and all entries on it and information in it are true and complete to the best of my knowledge. 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 extended.) I hereby release employers, schools, health care providers and other persons for all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand, also, that I am required to abide by all rules and regulations of the Company.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**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 \_\_\_\_\_ (“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 \_\_\_\_\_ (“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.

*LAST UPDATED 12/22/2015*



## Request for Check of Driving Record

I hereby authorize, without reservation, ITS Compliance, Inc (ITS) and HireRight, Inc. (HireRight) to:

- Generate a Motor Vehicle Report,
- provide is Report to Arkoma Energy Services, Inc., and
- release them from any and all liability that may result from furnishing such information.

**Please furnish all Driver Licenses you have held in the last 3 years.**

_____		_____
Applicant's Signature		Date
_____		_____
Printed Name as it appears on Driver's License		Date of Birth
_____	_____	_____
Current Driver's License Number	State	Social Security Number
_____	_____	
Previous Driver's License Number	State	

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file identification and paying the costs of duplication services, by appearing at HireRight in person or by May. The Agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on my by checking this box.  (Ca applicants only)