

COMMERCIAL DRIVER APPLICATION

XPAT XTREME PUMP & TESTING, LLC

Employment Application

FAX # 361-237-3626

Email: jobs@xpatllc.com



APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available		Social Security No.		Desired Salary
Emergency Contact		Relationship to You		EC Phone Number
Position Applied for				
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?				
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain				

PREVIOUS ADDRESS If your above address is less than (3) years, continue listing them below to cover the previous (3) year period.

Street Address		Dates From:	To:
City		State	ZIP
Street Address		Dates From:	To:
City		State	ZIP
Street Address		Dates From:	To:
City		State	ZIP

EDUCATION

High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

DRIVER'S LICENSE INFORMATION: LIST ALL LICENSES HELD IN LAST (3) YEARS

State	DL #	Expiration Date
State	DL #	Expiration Date
State	DL #	Expiration Date

**FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED
PLEASE PRINT OR TYPE**

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EXPERIENCE			
Type of Vehicle	Dates From:	To:	Approx Mileage
Type of Vehicle	Dates From:	To:	Approx Mileage
Type of Vehicle	Dates From:	To:	Approx Mileage

ALL ACCIDENTS, LAST (3) YEARS: IF NONE, WRITE NONE.

Please list three professional references.

Date	Describe
Fatalities	Injuries
Date	Describe
Fatalities	Injuries
Date	Describe
Fatalities	Injuries

LIST ALL TRAFFIC VIOLATIONS & CONVICTIONS, LAST (3) YEARS: IF NONE, WRITE NONE.

Date	State	Commercial Vehicle?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Violation
Date	State	Commercial Vehicle?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Violation
Date	State	Commercial Vehicle?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Violation
Date	State	Commercial Vehicle?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Violation
Date	State	Commercial Vehicle?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Violation

Have you ever had any driver's license denied, suspended, revoked or canceled by any issuing state agency?

YES NO Explain.

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

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PREVIOUS EMPLOYMENT, LAST (10) YEARS			
<i>(383.35) Account for gaps between employers. (If owner/operator, list carriers leased to.)</i>			
Company	Phone ()		
Address	Supervisor		
Job Title	Start Date	End Date	
Responsibilities			
Reason for Leaving			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company	Phone ()		
Address	Supervisor		
Job Title	Start Date	End Date	
Responsibilities			
Reason for Leaving			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company	Phone ()		
Address	Supervisor		
Job Title	Start Date	End Date	
Responsibilities			
Reason for Leaving			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company	Phone ()		
Address	Supervisor		
Job Title	Start Date	End Date	
Responsibilities			
Reason for Leaving			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Use backside of sheet for additional employers.

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MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE
For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).
I certify that my answers are true and complete to the best of my knowledge. I hereby agree to a background check, Driving Record check, and a credit check. I understand that any offer of employment is contingent upon successful completion of a drug and alcohol screen.
As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in termination of my employment.

CERTIFICATION	
"I certify 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."	
Signature	Date

TO BE COMPLETED BY EMPLOYER	
Application received by:	
Title	Date

Application reviewed for completeness by:	
Title	Date

SIGNIFICANT DATES	
Date of Hire	Date
Date of Pre-Emp DT	Date
Date of Pre-Emp DT Results	Date
Date First Used in Safety Sensitive Position	Date
Date of Termination	Date

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**Controlled Substance and Alcohol Questionnaire
Pursuant to 49 CFR Part 40.25(j)**

Last Name			First			MI		
Street Address					Phone No.			
City			State			ZIP		
Date of Birth				Social Security No.				

49 CFR 40.25(J)	
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, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules</u> during the past two years?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes, Have you successfully completed the return-to-duty process?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes, Documentation <u>MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed.	
Signature	Date

TO BE COMPLETED BY EMPLOYER	
Application received by:	
Title	Date
Application reviewed for completeness by:	
Title	Date

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The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Minnesota Division Office of the Federal Motor Carrier Safety Administration at 651-291-6150, during business hours.

TO: _____
Former Employer's Name

Mailing Address

City / State / Zip

Telephone # _____ Fax Number _____

DATE: _____

I, _____, hereby authorize _____ to release to all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

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

Witness's Signature: _____ **Date:** _____

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REQUEST FROM:

Company: _____ XPAT - Xtreme Pump & Testing
Address/City/State/Zip: _____ P.O. Box 725
Telephone Number: _____ (361) 655-7287 Fax Number: _____ (361) 237-3626
Contact Person: _____ Venus Star Houde Title: _____ Safety & DOT Compliance

NAME OF APPLICANT: _____ SSN: _____

JOB APPLYING FOR: _____ Operator / Tester _____ Helper _____ Pump Operator

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INQUIRY INTO EMPLOYMENT HISTORY, PRECEDING 3 YEARS

- Did applicant work for you as a _____ from ____/____/____ to ____/____/____ YES or NO
IF NO, please explain: _____
- If employed as driver, please answer the following: Company Driver? _____ Owner/Operator? _____ Other? _____
Type of truck(s) and/or truck/tractor(s) operated: _____
Commodities transported: _____ Area of operations: _____
- Accidents? YES or NO IF YES, please give date(s) and brief description of each accident: _____
- Why did this employee leave your company? _____
- Would you re-employ this person? YES or NO IF NO, please explain: _____
- Additional comments: _____

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INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 2 YEARS

- Alcohol tests with a result of 0.04 or greater?.....YES or NO If yes, please give date(s): _____
- Verified positive controlled substances test results?.....YES or NO If yes, please give date(s): _____
- Refusals to be tested?YES or NO If yes, please give date(s): _____
- Was rehabilitation completed as required?YES or NO If yes, please give date(s): _____

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Person providing the above information:

Name: _____ Title: _____

Company: _____ Date: _____

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