

DOT Regulated Driver
 (To be completed before hire)

Driver Name: _____ Facility: _____

Today's Date: _____ Hire Date: _____ Job Title: _____

Required Documents	Notes/Comments	Initial when complete
1) Copy of Driver's License (legible in color, front and back)		
2) DOT Driver Application		
3) Medical Certificate with Expiration Date		

Driver Application for Employment Instructions

Each application form must be completed by the applicant, must be signed by the applicant, and contain the following information

- The applicant's name, address, date of birth, and social security number
- The addresses at which the applicant has resided during the **three years** preceding the date on the application
- Indicate the date on which the application was submitted
- The issuing state, number, and expiration date of each unexpired motor vehicle operator's license or permit that has been issued to the applicant
- Describe the nature and extent of the applicant's experience in the operation of motor vehicles, including the types of motor vehicles that applicant has operated
- A list of all motor vehicle accidents in which the applicant was involved during the **three years** preceding the date the application was submitted, specifying the date and nature of each accident and any fatalities or personal injuries it caused
- A list of all violations of motor vehicle laws or ordinances (other than parking) of which the applicant was convicted or forfeited bond or collateral during the **three years** preceding the date of the application
- A statement setting forth in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to the applicant or a statement that no such denial, revocation, or suspension has occurred
- A list of the names and addresses of the applicant's employers for 3 **years** preceding the date of application for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reason for leaving such employment
- The following certification and signature line, which must appear at the end of the application form and be dated and signed by the applicant: *"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."*



RR Oilfield Services

220 N Main
Ringwood OK 73768

DRIVER'S APPLICATION FOR EMPLOYMENT (Please use pen)

RR Oilfield Services is an equal opportunity employer and does not discriminate in any aspect of employment on the basis of race, color, religion, sex, pregnancy, sexual orientation, national origin, marital status, age, ancestry, veteran status, physical or mental disability, or any other legally protected status.

Please exclude any information, which may indicate your race, color, religion, sex, pregnancy, sexual orientation, national origin, marital status, ancestry, veteran status, physical or mental disability, or any other legally protected status.

Position applied for _____ Date of application _____

Name _____ Social Security Number _____
 Last First Middle
(List addresses of residency for the past three years)

Current Address _____
 Street City
 State Zip Phone Number How long _____

Previous Address _____ How long _____
 Street City State Zip

Previous Address _____ How long _____
 Street City State Zip

Previous Address _____ How long _____
 Street City State Zip

Date of Birth (required for commercial drivers) _____ Can you provide proof of age? _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? [] YES [] NO
 If yes, please explain (a conviction is not an absolute bar to employment but will be considered as it relates to fitness and ability to perform the job. _____

Accident History

Accident record for past **3 years** or more (attach sheet if additional space is needed). **If none, write NONE**

Dates	Nature of accident (Head on, rear-end, upset, etc.)	Fatalities	Injuries

Traffic Convictions and Forfeitures

Traffic Convictions and forfeitures for the past **3 years** (other than parking violations). **If none, write NONE**

Location	Date	Charge	Penalty

(Attach sheet if additional space is needed)

License Information

Section 383.21 FMCSR states “No person who operates a commercial vehicle shall at any time have more than one driver license”. I certify that I do not have more than one motor vehicle license, the information for which is listed below

State	License Number	Type	Expiration Date

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

Has any license, permit, or privilege ever been suspended or revoked? []YES []NO

If the answer to A or B is YES, attach statement-giving details.

Driving Experience (if none, write NONE)

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Number of Miles (Total)
		From	To	
Straight truck				
Tractor and Semi Trailer				
Tractor—two trailers				
Motorcoach—School bus				
Other				

List States operated in for the last 5 years _____

Show special courses or training that will help you as a driver _____

Which safe driving awards do you hold and from whom? _____

Education Information

School Name – High School, College, Technical	City	State	Graduated
			[]YES []NO
			[]YES []NO
			[]YES []NO

If you did not graduate from high school, did you complete the G.E.D.? []YES []No

Employment History

All driver applicants must provide the following information on all employers and periods of unemployment during the preceding three years. List complete mailing address, street number, city, state, and zip code.

List employers in reverse order starting with the most recent. Add another sheet as necessary.

Employer Name	From Mo. Yr.	To Mo. Yr.
Address		Position Held
City	State	Zip
Contact Person		Reason for leaving
Phone		
Were you subject to the FMCSR's* while employed by this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Name	From Mo. Yr.	To Mo. Yr.
Address		Position Held
City	State	Zip
Contact Person		Reason for leaving
Phone		
Were you subject to the FMCSR's* while employed by this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Name	From Mo. Yr.	To Mo. Yr.
Address		Position Held
City	State	Zip
Contact Person		Reason for leaving
Phone		
Were you subject to the FMCSR's* while employed by this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Name	From Mo. Yr.	To Mo. Yr.
Address		Position Held
City	State	Zip
Contact Person		Reason for leaving
Phone		
Were you subject to the FMCSR's* while employed by this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?		<input type="checkbox"/> Yes <input type="checkbox"/> No

***FMCSR – Federal Motor Carrier Safety Regulations**

Employment History Continued

All driver applicants must provide the following information on all employers and periods of unemployment during the previous seven years preceding the three years listed above if applicant was a commercial motor vehicle operator. List complete mailing address, street number, city, state, and zip code.

List employers in reverse order starting with the most recent. Add another sheet as necessary.

Employer Name	From Mo. Yr.	To Mo. Yr.
Address	Position Held	
City State Zip	Salary/Wage	
Contact Person Phone	Reason for leaving	
Were you subject to the FMCSR's* while employed by this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employer Name	From Mo. Yr.	To Mo. Yr.
Address	Position Held	
City State Zip	Salary/Wage	
Contact Person Phone	Reason for leaving	
Were you subject to the FMCSR's* while employed by this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employer Name	From Mo. Yr.	To Mo. Yr.
Address	Position Held	
City State Zip	Salary/Wage	
Contact Person Phone	Reason for leaving	
Were you subject to the FMCSR's* while employed by this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employer Name	From Mo. Yr.	To Mo. Yr.
Address	Position Held	
City State Zip	Salary/Wage	
Contact Person Phone	Reason for leaving	
Were you subject to the FMCSR's* while employed by this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

***FMCSR – Federal Motor Carrier Safety Regulations**

Experience and Qualifications—Other

Show any trucking, transportation, or other experience that may help in your work for this company:

List education, training courses and prior military other than those shown elsewhere in this application:

List special equipment or technical materials you can work with (other than those already shown):

TO BE READ AND SIGNED BY APPLICANT

Please read this section.

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

I understand and agree that RR Oilfield Services or its authorized representative may verify all information furnished in this application. I waive any right I may have to be notified by any individuals and organizations named in this application prior to the release of any information to RR Oilfield Services. I further authorize all individuals and organizations named in this application to give RR Oilfield Services all information relative to such verification. I hereby release such individuals and organizations and RR Oilfield Services from any and all liability for any claim or damage resulting therefrom.

I understand that RR Oilfield Services is not obligated to provide employment and that I am not obligated to accept employment. Nothing in this application, or in any prior or subsequent oral or written statement, is intended to create any contract of employment or to create any rights in the nature of a contract of employment. This application does not bind either party for a specific period of time regarding employment. If hired, nothing in this application shall restrict my right as an employee or RR Oilfield Services right as an employer to terminate my employment at any time. I understand that employment at this company is "at will", which means that either I or the company can terminate the employment relationship at any time, with or without notice, and for any reason not prohibited by statute.

I hereby acknowledge that I have read and understand the above statements.

Signature (sign, do not print) _____ **Date** _____

DISCLOSURE AND AUTHORIZATION



DISCLOSURE REGARDING BACKGROUND INVESTIGATION

RR Oilfield Services ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. These reports will include checks regarding your criminal history, social security trace, employment and education references, salary information, credit history, professional licenses and credentials and drug & alcohol use. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained ~~with regard to~~ applicants for employment is an investigation into your education and/or employment history conducted by **SHIELD SCREENING, 6810 S 121st Street, Bixby, OK 74008, P: 918.970.2800, F: 800.737.5184**, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine Applicants or Employees Only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the **DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT** and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **SHIELD SCREENING, 6810 S. 121st, Bixby, OK 74008, P: 918.970.2800, F: 800.737.5184**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York Applicants or Employees Only: By signing below, you also acknowledge receipt of Article 23-A of ~~the~~ New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the company.

California applicants or employees only: By signing below, you also acknowledge receipt of the **NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW**. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California Law.

RR Oilfield Services

- I am authorizing SHIELD SCREENING, Inc to conduct the background check(s) described above
- I am consenting to use electronic means to sign this form and have read and understand the above disclosure
- I acknowledge I may request a hard copy of this Disclosure and Authorization form after agreeing to the background check electronically by calling SHIELD SCREENING at P: 800.260.3738, F: 800.737.5184.

FULL NAME	DOB	EMAIL ADDRESS
ADDRESS	CITY	ZIP CODE
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER / ISSUING STATE	
SIGNATURE	DATE	CELL PHONE



Release of Information Form – 49 CFR Part 40 Drug and Alcohol Testing

Section I. To be completed by the new employer, signed by the employee and transmitted to the previous employer:

- **Employee Printed or Typed Name:** _____
- **Employee SS or ID Number:** _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section 1-B, to the employer listed in Section 1-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-Regulated testing items:

1. Alcohol test with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

- **Employee Signature:** _____ ● **Date:** _____

I-A.

New Employer Name: _____

As Requested By: _____

Address: _____

Phone #: _____ Fax #: _____

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

VIII. APPENDIX A – ACKNOWLEDGEMENT/RECEIPT FORM

I acknowledge, by signing this form, that my full compliance with the Drug and Alcohol Plan (the “Plan”) and **DOT** drug and alcohol regulation requirements is a condition of my initial and continued employment with the Company. I understand and agree that I may be discharged or otherwise disciplined for any drug and/or alcohol violation, committed by me, as cited in the Plan.

I also acknowledge, by signing this form, that a copy of the Plan has been made available to me and that I have read and understand the requirements of the Company. I have also been provided with informational material on the dangers and problems of drug abuse and alcohol misuse.

Signed this _____ day of _____, 20 _____.

Employee Name _____ Signature _____

Acknowledgement of drug and alcohol contraband policy receipt

I hereby acknowledge that I have been provided a copy of the RR Oilfield Services drug/alcohol policy requirements. I understand that disciplinary action up to and including termination, will result if I violate this policy.

I also hereby authorized and consent to disclosure by RR Oilfield Services and its agents, including, but not limited to, any collection and testing agencies, of the drug and alcohol test results and any related information to customers of RR Oilfields Services and its authorized agents, assigns, or representatives.

Employee Signature

Date

Employee Printed Name

This consent form is for release of **NON-DOT** tests. Please follow DOT regulations if you choose to submit DOT test results in place of non-dot in order to meet the requirements of a specific client