



# Employment Application

1709 Elk Street, Bldg B  
 Rock Springs, WY 82901  
 Phone: (307) 362-3631  
 Email: m.hernandez@rdoilngas.com

## Applicant Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Date Available: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO  If yes, explain? \_\_\_\_\_

Do you have a valid Driver's License: YES  NO  DL #: \_\_\_\_\_ Expiration: \_\_\_\_\_

## Education

School Name	Address	Years Attended	Degree Received	Major

## Professional References

Please list three (3) Professional References

Name	Title	Company	Address	Phone

## Previous Employment

(CDL Drivers must list for past 10 years. If additional space is required, please utilize space provided on Page 4.)

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

	YES	NO
Were you subject to FMCSRs while employed?	<input type="checkbox"/>	<input type="checkbox"/>
May we contact your previous supervisor for a reference?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

	YES	NO
Were you subject to FMCSRs while employed?	<input type="checkbox"/>	<input type="checkbox"/>
May we contact your previous supervisor for a reference?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

	YES	NO
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May we contact your previous supervisor for a reference?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

	YES	NO
Were you subject to FMCSRs while employed?	<input type="checkbox"/>	<input type="checkbox"/>
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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?	<input type="checkbox"/>	<input type="checkbox"/>

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

	YES	NO
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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?	<input type="checkbox"/>	<input type="checkbox"/>

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

	YES	NO
Were you subject to FMCSRs while employed?	<input type="checkbox"/>	<input type="checkbox"/>
May we contact your previous supervisor for a reference?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

	YES	NO
Were you subject to FMCSRs while employed?	<input type="checkbox"/>	<input type="checkbox"/>
May we contact your previous supervisor for a reference?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in the termination of my employment.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Space**





# DRIVER ONLY APPLICATION

ANSWER ALL QUESTIONS –PLEASE PRINT CLEARLY

Position(s) applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

**List your addresses of residency for the past 3 years.**

*Current Address*

\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code Yr. /Mo

*Previous Addresses*

\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code Yr. /Mo

\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code Yr. /Mo

\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code Yr. /Mo

# DRIVER ONLY APPLICATION

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL

**TRAFFIC CONVICTIONS AND FOREFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

### EXPERIENCE AND QUALIFICATIONS-DRIVER

**LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS**

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES \_\_\_\_\_ NO \_\_\_\_\_
- B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES \_\_\_\_\_ NO \_\_\_\_\_
- IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS

\_\_\_\_\_

\_\_\_\_\_

**DRIVING EXPERIENCE (CHECK YES OR NO)**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO OF MILES
STRAIGHT TRUCK _____ YES _____ NO	(VAN,TANK,FLAT,DUMP,REFER)		
TRACTOR & SEMI-TRAILER _____ YES _____ NO	(VAN,TANK,FLAT,DUMP,REFER)		
TRACTOR-TWO TRAILERS _____ YES _____ NO	(VAN,TANK,FLAT,DUMP,REFER)		
TRACTOR-THREE TRAILERS _____ YES _____ NO	(VAN,TANK,FLAT,DUMP,REFER)		
MOTORCOACH-SCHOOL BUS _____ YES _____ NO	(VAN,TANK,FLAT,DUMP,REFER)		
MOTORCOACH-SCHOOL BUS _____ YES _____ NO	(VAN,TANK,FLAT,DUMP,REFER)		
OTHER _____	(VAN,TANK,FLAT,DUMP,REFER)		

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS:

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM \_\_\_\_\_

### EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MY HELP IN YOUR WORK FOR THIS COMPANY

\_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

\_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

\_\_\_\_\_

### EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8      HIGH SCHOOL: 1 2 3 4      COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETED TO THE BEST OF MY KNOWLEDGE.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



# DRIVER ONLY APPLICATION

**Commercial Motor Vehicle Driver Applicant  
Controlled Substance and Alcohol Questionnaire  
Pursuant to 49 CFR part 40.25 (j)**

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_  
First
Middle
Last

Address: \_\_\_\_\_

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

Home Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

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## 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?	<b>Yes</b>	<b>No</b>
<b>If Yes</b>	Have you successfully completed the return-to-duty process?	<b>Yes</b> <b>No</b>
<b>If Yes</b>	<b>Documentation MUST BE PROVIDED before any safety-sensitive transportation function is performed.</b>	

\_\_\_\_\_  
**Applicant Signature**
\_\_\_\_\_  
**Date Signed**

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TO BE COMPLETED BY EMPLOYER

\_\_\_\_\_  
**Received by:**
\_\_\_\_\_  
**Reviewed by:**

\_\_\_\_\_  
**Title**
\_\_\_\_\_  
**Date**
\_\_\_\_\_  
**Title**
\_\_\_\_\_  
**Date**