

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Contact Phone _____ Date of Application _____

Current Address _____
Street City State Zip

Precision Rathole, Inc.
P.O. Box 1225
Ozark, AR 72949

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

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 from all liability in responding to inquiries and releasing information in connection with my application.

I understand that information I provide regarding current and/or previous employers may be used and that 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 I have the right to:

- To review information provided by previous employers;
- To have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the company; and
- To have a rebuttal statement attached to alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

TO BE READ AND SIGNED BY 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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Signature: _____ Date: _____

Precision Rathole, Inc.

Company Position(s) Applied for _____ Rate of Pay desired: _____

Name _____ Social Security No. _____ - _____ - _____
Last First Middle

List your addresses of residency for the past 3 years:

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.
_____	How Long? _____
Street City State & Zip Code	yr./ mo.

Are you a U.S. Citizen? Yes No

If no, do you have the legal right to work in the United States? Yes No If yes, can you provide proof of permanent residency? Yes No

Because any employee of PRI may be required at any time to drive a company vehicle, please provide your date of birth (Required for driving a company vehicle).

Date of Birth _____

Were you referred? Yes No Who referred you? _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Positions Held _____

Reason for leaving _____

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

Have you ever been disciplined, removed, or denied access **for any reason** to a petroleum jobsite? Yes No If yes, explain here. (Use another sheet of paper if necessary) _____

Have you ever been convicted of a felony? Yes No_ If yes, please list and explain all. (Use another sheet of paper if necessary.)

Do you have any type of work restrictions? Yes No_ If yes, please explain: _____

Is there any reason at all that you might not be able to perform the job duties of the position for which you have applied?
 Yes No If yes, please explain: _____

EMPLOYMENT HISTORY

Please list your work experience for the past 10 years beginning with your most recent job held. List all periods of unemployment and, if you were self-employed, please give your firm's name.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

EMPLOYER		DATE
NAME		FROM: MO. YR.
ADDRESS		TO: MO. YR.
CITY	STATE	REASON FOR LEAVING
ZIP		
EMPLOYER'S CONTACT PERSON	CONTACT'S PHONE NUMBER	
POSITION HELD	SALARY/WAGE	
WERE YOU SUBJECT TO THE FMCSRs ¹ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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"/> YES <input type="checkbox"/> NO		

EMPLOYER		DATE
NAME		FROM: MO. YR.
ADDRESS		TO: MO. YR.
CITY	STATE	REASON FOR LEAVING
ZIP		
EMPLOYER'S CONTACT PERSON	CONTACT'S PHONE NUMBER	
POSITION HELD	SALARY/WAGE	
WERE YOU SUBJECT TO THE FMCSRs ¹ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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"/> YES <input type="checkbox"/> NO		

EMPLOYER		DATE
NAME		FROM: MO. YR.
ADDRESS		TO: MO. YR.
CITY	STATE	REASON FOR LEAVING
ZIP		
EMPLOYER'S CONTACT PERSON	CONTACT'S PHONE NUMBER	
POSITION HELD	SALARY/WAGE	
WERE YOU SUBJECT TO THE FMCSRs ¹ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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"/> YES <input type="checkbox"/> NO		

¹ The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYMENT HISTORY CONTINUED

EMPLOYER		DATE
NAME		FROM: MO. YR.
ADDRESS		TO: MO. YR.
CITY	STATE	ZIP
EMPLOYER'S CONTACT PERSON	CONTACT'S PHONE NUMBER	
POSITION HELD	SALARY/WAGE	
WERE YOU SUBJECT TO THE FMCSRs ¹ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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"/> YES <input type="checkbox"/> NO		

EMPLOYER		DATE
NAME		FROM: MO. YR.
ADDRESS		TO: MO. YR.
CITY	STATE	ZIP
EMPLOYER'S CONTACT PERSON	CONTACT'S PHONE NUMBER	
POSITION HELD	SALARY/WAGE	
WERE YOU SUBJECT TO THE FMCSRs ¹ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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"/> YES <input type="checkbox"/> NO		

EMPLOYER		DATE
NAME		FROM: MO. YR.
ADDRESS		TO: MO. YR.
CITY	STATE	ZIP
EMPLOYER'S CONTACT PERSON	CONTACT'S PHONE NUMBER	
POSITION HELD	SALARY/WAGE	
WERE YOU SUBJECT TO THE FMCSRs ¹ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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"/> YES <input type="checkbox"/> NO		

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, ECT.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS

AND FORFEITURES 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 AS A DRIVER

(Answer all questions! Please print.)

List all driver licenses or permits held in the past 3 years:

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO If yes, please explain:

B. Has any license, permit, or privilege ever been suspended or revoked? YES NO If yes, please explain: _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (Mo/Yr)	TO (Mo/Yr)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	---			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	---			
OTHER _____				

For the last five years, list the states operated in where you drove as an experienced driver: _____

List special courses or training for drivers that you've completed: _____

List safe driving awards you hold and from whom: _____

OTHER EXPERIENCE AND QUALIFICATIONS

Show any trucking, transportation, or other related experience that you have completed: _____

List additional courses and training not shown elsewhere in this application: _____

List your experience with special equipment, materials, or technology not shown elsewhere in this application: _____

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Other (GED, etc.): _____

Last School
 Attended (NAME) _____ (CITY) _____ (STATE) _____

PRECISION RATHOLE, INC
FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e)).

Prospective Employee Name: _____ ID Number: _____
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

1. Have you 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, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes No

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(signature)

**PRECISION RATHOLE, INC
PRE-EMPLOYMENT DRUG TESTING POLICY**

- The abuse of drugs and alcohol in the workplace poses a threat to the health and safety of every employee. It is a major cause of on-the-job accidents and injuries, it impairs performance and productivity, and results in absenteeism and other attendance related problems.
- The manufacture, use, possession, sale, distribution, dispensation, and transportation of illegal drugs and alcohol by anyone while on Company premises or business is absolutely prohibited, as is reporting to or being at work while under the influence of illegal drugs or alcohol. Any employee who violates this rule will be subject to disciplinary action, up to and including termination.
- All applicants to whom the Company intends to extend an offer of employment are required, as a condition of receiving an offer, to submit to and successfully pass a drug screen to detect the presence of illegal drugs in their system.
- An applicant may request that the original sample be retested at his or her own expense. If a confirmed positive test result is reversed due to the retest, the applicant will be deemed to have passed the initial drug screen.
- If it is confirmed that the sample provided has been switched, adulterated, or tampered with in any manner and results in a false negative, the application of employment will be rejected.

Applicant Consent to Pre-Employment Drug Screen

I hereby acknowledge that I have received, read, and understand the Company's Pre-Employment Drug Testing Policy that I agree to abide by the provisions set forth in the policy.

I understand that as an applicant for employment with the Company, and in consideration for my being considered for employment, I must voluntarily consent to a drug screen to detect the presence of illegal drugs in my system and that an offer of employment is contingent upon passing this drug screening. I also understand that my application for employment will be rejected or, if I have already begun work, I will be terminated, if the drug screen is positive, false negative, or if I decline to sign this consent and thereby decline to be tested.

I hereby knowingly and voluntarily consent to the Company's request and authorize the Company to conduct, through its designated medical examiner(s), a substance abuse drug screen. In addition, I authorize the medical examiner(s) to release any and all information regarding the drug screen, including its results, to the Company representatives and parent affiliated, subsidiary and other related companies, from any and all claims, suits, cause of action, liability, and damages arising from my submitting to the drug screen and from the information obtained by the urinalysis.

Employee Signature: _____ Date: _____
Witness Signature: _____ Date: _____

PRECISION RATHOLE, INC

Disclosure Regarding Background Investigation

Precision Rathole Inc (the “Company”) may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with you employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as “background reports”). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period.

Hireright, Inc., and another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight, Inc. is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761.

The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker’s compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, ect.); personal and professional reference checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of you rights under the Fair Credit Reporting Act is also being provided to you.

Additional State Law Notices

If you are a California, Maine, Massachusetts, New York or Washington State applicant, employee or contractor, please also note:

CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code you may view the file maintained by you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt or you request, the name, address and telephone number of the nearest unit designated to handle inquires for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

MASSACHUSETTS: If we request an investigative consumer report, you have the right, upon written request, to a copy of the report.

NEW YORK: You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency. Please [click here](#) for additional information about New York law, as applicable.

WASHINGTON STATE: If the Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after you receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request form the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc., and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports, throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services. .

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete, I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form , will be valid for any background reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only: You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.

I wish to receive a free copy of the report.

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____