



DRIVER QUALIFICATION CRITERIA

1. Must be at least 25 years of age.
2. Must have at least 2 years Class A CDL experience.
3. Must possess a CDL from state of residence with Tanker Endorsement.
4. Must have no current license suspensions. A work permit is not acceptable.
5. Must meet all DOT requirements.
6. **MOVING VIOLATIONS:**
 - a. No more than 3 moving violations within the past three years.
 - b. No more than 2 moving violations within the past year.
 - c. No major moving violations with in the last 3 years.
Major moving violations include but are not limited to:
 1. Excessive speed (15 mph or more above posted speed limit)
 2. Reckless, careless or imprudent driving.
 3. Hit & run or leaving the scene of an accident.
 4. Attempting to elude or evade a police officer.
 5. Driving on the wrong side of the road.
 6. Following too closely or rear-end collision.
 7. Erratic or improper lane change or passing.
7. **Accidents:**
 - a. Must have no preventable accidents involving bodily injury or damage to property in excess of \$4000.
 - b. No more than 2 accidents of any kind within one year.
8. No DWI, DUI, alcohol or drug related pleas (guilty or no contest), bond forfeitures or convictions within the past 10 years and no more than 1 on record if over 10 years.
9. Must pass drug and alcohol screening.



NATIVE OILFIELD SERVICES, LLC
7900 SOUTH I-35 W
ALVARADO, TX 76009
BUS: 817.783.3636 FAX: 817.783.3890

TO ALL APPLICANTS OF NATIVE OILFIELD SERVICES, LLC

This application must be filled out completely per federal regulations. It is a regulation that all information be complete and verified. Please fill out all available information.

- All past employment must included address, dates, contacts and phone numbers for verification. We do check past employment!!
- If you are a CDL driver we must have 10 years past employment! Please indicate which jobs include CDL driving. If you have not worked long enough for 10 years history, please indicate that on your application.
- If the answer is "0" or "NO" write NONE – N/A is not an acceptable answer for the auditors!
- Please sign all lines that have "Applicant Signature"
- If you have any questions, PLEASE ASK!

"We are informing you that the information you provide on this application will be used and your prior employers may be contacted for the purpose of investigating your background as required by Federal Regulation 391.23"

Permission is granted to Native Oilfield Services, LLC to investigate my employment history, education and background. Permission is also granted to solicit statements or information from any person. I **understand that any misrepresentation made by me in filling out this application shall be considered just cause for cancellation of employment.**

Applicant Signature: _____

Date: _____



NATIVE OILFIELD SERVICES, LLC
7900 S INTERSTATE 35W
ALVARADO, TX 76009
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DRIVER APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, age, marital status, or non-job related injury. (answer all questions-please print)

Date of Application: _____ Position Applied for: _____

Name: _____

Social Security Number: _____

Home Phone: _____ Cell Phone: _____

Current Address: _____

Previous Address: _____
(if less than 3 years at current address)

Do you have the legal right to work in the United States? Yes No

Date of Birth: _____ Can you provide proof of age? Yes No
(required for commercial drivers)

Have you worked for this company before? Yes No If so, where? _____

Dates: From: _____ To: _____ Rate of Pay: \$ _____ Position: _____

Reason for leaving _____

Are you employed now? Yes No If not, how long since last employment? _____

Who referred you? _____ Rate of pay expected: \$ _____

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge?
 Yes No

If your answer is "Yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will.

Is there any reason you might be unable to perform the functions of the job for which you have applied?

Yes No If Yes, please explain: _____

I understand that any misrepresentation made by me in filling out this application shall be considered just cause for cancellation of employment.

Applicant Signature: _____ Date: _____

Native Oilfield Services, LLC

ACCIDENT RECORD FOR THE PAST THREE (3) YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) – IF NONE, WRITE NONE, DO NOT WRITE N/A

Date of accident, Nature of accident. Were there any fatalities or injuries?

Last accident _____

Next previous _____

Next previous _____

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS
IF NONE, WRITE NONE, DO NOT WRITE N/A**

Location Date Charge Penalty

Location Date Charge Penalty

Location Date Charge Penalty

Attach sheet if more space is needed

EDUCATION

Circle highest grade completed 1 2 3 4 5 6 7 8 high school 9 10 11 12 college 1 2 3 4

Last school attended _____
Name City / State

DRIVER EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSE _____
License # State Type Endorsements Expiration

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 yes to either, please explain: _____

DRIVING EXPERIENCE – IF NONE, WRITE NONE Yes No
TYPE OF EQUIPMENT

Straight Truck _____

Tractor – Trailer _____

Other _____

List States operated in the last 5 years _____

List any Safe Driving Awards you have received _____

EMPLOYMENT HISTORY

All driver applicants to driver a commercial motor vehicle in interstate or intrastate commerce must provide the following information on all employers during the preceding ten (10) years. Please list complete mailing address, street number, city, state and zip code, phone & fax.

YOU MUST LIST TEN (10) YEARS WITH DATES OF EMPLOYMENT FOR VERIFICATION.

CAN WE CONTACT YOUR CURRENT EMPLOYER? YES NO

EMPLOYER **LIST CURRENT OR MOST RECENT FIRST**
Name _____
Address _____
City/State/Zip _____
Contact _____
Phone Number _____
Fax Number _____

DATES
from _____ to _____
Position _____
Salary/wage _____
Reason for leaving _____

EMPLOYER
Name _____
Address _____
City/State/Zip _____
Contact _____
Phone Number _____
Fax Number _____

DATES
from _____ to _____
Position _____
Salary/wage _____
Reason for leaving _____

EMPLOYER
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Position _____
Salary/wage _____
Reason for leaving _____

EMPLOYER
Name _____
Address _____
City/State/Zip _____
Contact _____
Phone Number _____
Fax Number _____

DATES
from _____ to _____
Position _____
Salary/wage _____
Reason for leaving _____

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.

Applicant Signature: _____ Date: _____

ADDITIONAL LISTINGS

EMPLOYER

Name _____
Address _____
City/State/Zip _____
Contact _____
Phone Number _____
Fax Number _____

EMPLOYER

Name _____
Address _____
City/State/Zip _____
Contact _____
Phone Number _____
Fax Number _____

EMPLOYER

Name _____
Address _____
City/State/Zip _____
Contact _____
Phone Number _____
Fax Number _____

EMPLOYER

Name _____
Address _____
City/State/Zip _____
Contact _____
Phone Number _____
Fax Number _____

EMPLOYER

Name _____
Address _____
City/State/Zip _____
Contact _____
Phone Number _____
Fax Number _____

DATES

from _____ to _____
Position _____
Salary/wage _____
Reason for leaving _____

DATES

from _____ to _____
Position _____
Salary/wage _____
Reason for leaving _____

DATES

from _____ to _____
Position _____
Salary/wage _____
Reason for leaving _____

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from _____ to _____
Position _____
Salary/wage _____
Reason for leaving _____

DATES

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Salary/wage _____
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Applicant Signature: _____ Date: _____



Written Consent for Release of Motor Vehicle Record

I _____, hereby certify that I grant access to this one occasion to my Driver License / ID Card record, inclusive of the personal information (name, address, driver identification number, etc.) to **Native Oilfield Services, LLC**.

First Name: _____ CDL#: _____

Middle Name: _____ DOB: _____

Last Name: _____

Driver Signature: _____ Date: _____

State and Federal Law Requires Requestors to Agree to the following:

In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (18 U.S.C. Section 2721 et seq.) and Texas Transportation Code Chapter 730. False statements or representations to obtain personal information pertaining to any individual from the DPS could result in the denial to release any driver record information to myself and the entity for which I made the request. Further, I understand that if I receive personal information as a result of this request, it may only be used for the stated purpose and I may only resell or re-disclose the information pursuant to Texas Transportation Code §730.013. Violations of that section may result in a criminal charge with the possibility of a \$25,000 fine.

I certify that I have read and agree to the above conditions and that the information provided by me in this request is true and correct. If I am requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf. I also acknowledge that failure to abide by the provisions of this agreement and any state and federal privacy law can subject me to both criminal and civil penalties.

Signature of Requestor: _____ Date: _____
Native Oilfield Representative Signature

AUTHORIZATION BACKGROUND INVESTIGATION

Reference #: _____

To Whom It May Concern:

I, _____, hereby authorize Select Personnel Investigations LLP, Inc. and/or its agents to make an independent investigation of my background, which may include my character, general reputation, personal characteristics, and mode of living in connection with an application of employment with Native Oilfield Services, LLC.

The Scope of the report may include information concerning my driving record, civil and criminal court records, credit, workers compensation record, education, credentials, identity, past addresses, social security number, previous employment and personal references.

I authorize and request any present or former employer, state/federal government office, state department of motor vehicles, credit bureaus, school, police department, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me to furnish Select PI, LLP with any and all information in their possession regarding me for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: _____

Print Maiden Name or Other Names Used: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

D.O.B. (for I.D. purposes only): ___/___/___ **You may contact current employment?** ___ Yes ___ No

Social Security Number: _____ - _____ - _____

Driver s License Number: _____ State of Issue: _____

Select Personnel Investigations LLP will need to contact you if additional information is needed to process your Background Investigation. Please provide a telephone/cell phone number where we may contact you. Phone: () _____ - _____

Cell: () _____ - _____

If you have been convicted and/or found guilty of violating any law, place an X in the blank "yes", below. A "yes" will not disqualify you from employment consideration. Do not designate "yes" for traffic violations unless applying for motor vehicle operation.

If you have not been convicted of violating any law, place an X in the blank marked "no". You should include any dispositions where you received a punishment such as; guilty, probation, probation before judgment, deferred adjudication, adjudication withheld, fines or suspended sentences. Do not include dismissed, expunged or no guilty disposition.

___ Yes ___ No

If you have responded "Yes" please provide county, state and charge and disposition information below: _____

NOTICE TO CALIFORNIA, MINNESOTA AND OKLAHOMA RESIDENTS:

If you would like to receive a free copy of your background information obtained by Select Personnel Investigations LLP, please indicate by checking the following box: Yes (Please send me a copy of my Background Report)

Signature: _____ Date: ___/___/___

Instructions for the following

**REQUEST FOR PAST EMPLOYMENT INFORMATION
REQUEST FOR DRUG & ALCOHOL TESTING INFORMATION**

**Only sign where marked
with an “X”.**

**Do not fill out anything else on
the next pages.**

REQUEST FOR PAST EMPLOYMENT INFORMATION

DATE: _____

TO: _____ **ATTN:** _____

FAX #: _____

FORMER EMPLOYEE: _____ **SS#:** _____

Has made application for this company for a position as _____
And states that he/she was employed by you from _____ to _____

- Is employment record with your company correct as stated above? Yes No
If not, please show correct dates _____
- What kind of work did he/she do? _____
- Reason for leaving your employment? Dismissed Laid Off Resigned
Other: _____
- Was his/her general conduct satisfactory? Other Yes No
- Is he/she competent for this position? Yes No
- Would you re-employ? Review Yes No
- If employed as a driver, specify equipment driven: _____
- Did the driver have any reportable accidents? _____
Number of accidents _____ number preventable _____
(please attached any additional information)
- Was his/her driver's license every suspended or revoked? Yes No
- Did he/she have any safety violations while in your employment? Yes No
- Were there any safety violations or accidents reported to you by any previous employers? Yes No

By: _____ For: _____
Signature of person supplying information Company Name

Print Name: _____ Date: _____

----- **EMPLOYEE AUTHORIZATION** -----

I hereby authorize any representative or investigator of Native Oilfield Services, LLC to obtain all information regarding my service, character, and conduct while in your employ, including performance, attendance, and personal history, disciplinary and conviction records. I hereby direct you to release such information upon request to the bearer of this AUTHORIZATION. I understand that the information released is for official use by this prospective employer and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities. I hereby release any individual or entity from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance or attempts to comply, with this request for information and authorization.

X _____
Applicant Signature

X _____
Date

REQUEST FOR DRUG & ALCOHOL TESTING INFORMATION

TO: _____ **ATTN:** _____

FAX #: _____

FORMER EMPLOYEE: _____ **SS#:** _____

Previous employers must supply the following information regarding the above named individual during the past 3 years while employed to perform DOT covered safety sensitive functions:

1. Has this person ever tested positive for a controlled substance in the past 3 years? Yes No
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the past 3 years? Yes No
3. Has this person ever refused a required test for Controlled Substance or Alcohol in the past 3 years? (including verified substituted or adulterated drug test results) Yes No
4. Have there been any other violations of DOT agency drug and alcohol testing regulations? Yes No
5. Did a previous employer report a drug and alcohol rule violation to you? Yes No
If yes, you must provide previous employer's report
6. If you answered yes to any of the above questions, did the employee complete the return to duty process prescribed by a Substance Abuse Professions (SAP)? Yes No
If yes, you must provide appropriate return to duty documentation e.g. SAP report(s) follow up testing records
7. After employee successfully completed the return to duty process, did employee have any...
 alcohol tests with a result of 0.04 or higher alcohol concentration? Yes No
 verified positive drug results? Yes No
 refusals, verified adulterated or substituted results? Yes No

By: _____ For: _____
 Signature of person supplying information Company Name
 Print Name: _____ Date: _____

----- **EMPLOYEE AUTHORIZATION** -----

REQUEST FOR CONTROLLED SUBSTANCE & ALCOHOL TESTING RECORDS

This is only required from previous employers where applicant drove a CDL vehicle within the past 3 years. I hereby authorize my previous employers listed above to release and forward all information on my Controlled substance & Alcohol Testing & Training records to my prospective employer listed above. This request is required and authorized by Federal Motor Carrier Safety Regulations 382.405 (access to facilities and records) and 382.413 (inquiries for controlled substance & alcohol testing information from previous employers).

X _____ X _____
 Applicant Signature Date

1st Attempt _____ Date 2nd Attempt _____ Date (Required if no response within 14 days)