



## DRIVER PRE-QUALIFICATION

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PLEASE READ THIS PAGE BEFORE PROCEEDING TO THE APPLICATION

- Must be at least 25 years of age.
- Must have at least 2 years Class A CDL experience.
- Must possess a CDL from state of residence with Tanker Endorsement.
- Must have no current license suspensions. A work permit is not acceptable.
- Must meet all DOT requirements.

### Moving Violations

- No more than 3 moving violations within the past three years.
- No more than 2 moving violations within the past year.
- 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.

### Accidents

- Must have no preventable accidents involving bodily injury or damage to property in excess of \$4,000.
- No more than 2 accidents of any kind within 1 year.
- 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.
- You must be able to pass a drug and alcohol screening.

**I acknowledge that I have met all the above requirements before submitting this application. Once this application is complete, please press the "Submit" button on page 8.**



Native Oilfield Services, LLC  
7900 S 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 include 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: \_\_\_\_\_



## 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 or type)*

Date of Application: \_\_\_\_\_ Position Applying 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: \_\_\_\_\_

**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**

Select Highest Education Completed

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, DO NOT WRITE N/A**

**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.**

May 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  
 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 \_\_\_\_\_  
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 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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATES

from \_\_\_\_\_ to \_\_\_\_\_  
Position \_\_\_\_\_  
Salary/wage \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATES

from \_\_\_\_\_ to \_\_\_\_\_  
Position \_\_\_\_\_  
Salary/wage \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



## WRITTEN CONSENT FOR RELEASE OF MOTOR VEHICLE RECORD

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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

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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): \_\_\_\_\_ May we contact your current employer?  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: \_\_\_\_\_



# Affirmative Action Information

<b>Personal</b>	Full Name			
	Address		Driver's License #	
	City/State/Zip		DL Expiration:	
	Phone		Department:	
	Date of Birth		Social Security #:	

<b>Voluntary Information</b>				
<b>EEOC</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen	Ethnicity	<input type="checkbox"/> White <input type="checkbox"/> Black or African Am.
	<input type="checkbox"/> Yes <input type="checkbox"/> No	US Veteran	Status: <input type="checkbox"/> Active <input type="checkbox"/> Reserve	<input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled	Explain:	<input type="checkbox"/> Asian
	<input type="checkbox"/> M <input type="checkbox"/> F	Gender		

<b>How did you hear about us?</b>	
<b>Newspaper:</b>	<input type="checkbox"/> FW Star Telegram <input type="checkbox"/> Other: _____
<b>Internet:</b>	<input type="checkbox"/> Careerbuilder.com <input type="checkbox"/> Craigslist.com
<b>Other:</b>	<input type="checkbox"/> Billboard/Sign <input type="checkbox"/> Mud Flaps <input type="checkbox"/> Radio <input type="checkbox"/> Job Fair, which one: _____
<b>Referral:</b>	