



EMPLOYMENT APPLICATION

Standard Rig Solutions
11263 S IH35, Lorena, TX 76655, 254-655-4374
An Equal Opportunity Employer

Please make sure you do not leave any questions blank.

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION

| | | | | | |
|---------------------|--|----------------------|--|-------------------------|--|
| FIRST NAME | | MIDDLE NAME | | LAST NAME | |
| PHONE | | EMAIL | | | |
| DATE OF BIRTH | | SOCIAL SECURITY # | | | |
| DATE OF APPLICATION | | POSITION APPLIED FOR | | DATE AVAILABLE FOR WORK | |

Are you a US Citizen? YES NO If NO, are you authorized to work in the US? YES NO
 Have you ever worked for this Company? YES NO Are you currently Employed? YES NO
 If Yes, Please provide date (___/___/___)? If Yes, May we Contact your Employer? YES NO

PREVIOUS THREE YEARS RESIDENCY

Attach additional sheet if more space is needed

| | STREET | CITY | STATE | ZIP CODE | # OF YEARS AT ADDRESS |
|----------|--------|------|-------|----------|-----------------------|
| CURRENT | | | | | |
| MAILING | | | | | |
| PREVIOUS | | | | | |
| PREVIOUS | | | | | |
| PREVIOUS | | | | | |

LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

| STATE | LICENSE # | TYPE/CLASS | ENDORSEMENTS | EXPIRATION DATE |
|--------------------------|-----------|------------|--------------|-----------------|
| | | | | |
| PREVIOUSLY HELD LICENSES | | | | |
| | | | | |
| | | | | |

DRIVING EXPERIENCE

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) | DATE FROM | DATE TO | APPROX # OF MILES (TOTAL) |
|--------------------|---|-----------|---------|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) | DATE FROM | DATE TO | APPROX # OF MILES (TOTAL) |
|--------------------|---|-----------|---------|---------------------------|
| | | | | |
| | | | | |
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| | | | | |

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. Check this box if none

| DATES (List most recent first) | NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.) | # FATALITIES | # INJURIES | CHEMICAL SPILLS (Y/N) |
|-----------------------------------|---|--------------|------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Attach additional sheet if more space is needed. Check this box if none

| DATE CONVICTED (Month/Year) | VIOLATION | STATE OF VIOLATION | PENALTY (Forfeited bond, collateral and/or points) |
|--------------------------------|-----------|--------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |

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

If yes, explain

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

If yes, explain

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

| CURRENT (MOST RECENT) EMPLOYER | | | | | | | |
|---|--|--|---------------|-------|--------|------------------------------|-----------------------------|
| NAME | | | | PHONE | | | |
| ADDRESS | | | | | | | |
| POSITION HELD | | | FROM MO/YR | | | TO MO/YR | |
| REASON FOR LEAVING | | | | | SALARY | | |
| EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason) | | | | | | | |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? | | | | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? | | | | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

| SECOND (MOST RECENT) EMPLOYER | | | | | | | |
|---|--|--|---------------|-------|--------|------------------------------|-----------------------------|
| NAME | | | | PHONE | | | |
| ADDRESS | | | | | | | |
| POSITION HELD | | | FROM MO/YR | | | TO MO/YR | |
| REASON FOR LEAVING | | | | | SALARY | | |
| EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason) | | | | | | | |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? | | | | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? | | | | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

| THIRD (MOST RECENT) EMPLOYER | | | | | | | |
|---|--|--|---------------|-------|--------|------------------------------|-----------------------------|
| NAME | | | | PHONE | | | |
| ADDRESS | | | | | | | |
| POSITION HELD | | | FROM MO/YR | | | TO MO/YR | |
| REASON FOR LEAVING | | | | | SALARY | | |
| EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason) | | | | | | | |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? | | | | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? | | | | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

| EDUCATION | | | | | | |
|-------------|-----------------|-----------------|-----------------|--------------------------|--------------------------|---------|
| SCHOOL | NAME & LOCATION | COURSE OF STUDY | YEARS COMPLETED | GRADUATE | | DETAILS |
| | | | | Y | N | |
| High School | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| College | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other | | | | <input type="checkbox"/> | <input type="checkbox"/> | |

OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered.

Employee Physical Qualifications: Pursuant to 49 CFR Sections 391.41 please respond to the following questions:

1.) Do you have a condition that requires a medical waiver or a Skills performance Evaluation Certificate?

Check one Yes No

2) If yes checked in question 1, I have provided a valid:

Check the box(es) that apply: State Issued Waiver Federal Issued Waiver SPE Certificate

Employee Drug and Alcohol Statement: Pursuant to 49 CFR Sections 391.23 and 40.25 please respond to the following questions:

1) Having you tested positive, or refused to test, on any drug or alcohol test administered under DOT agency drug and alcohol testing rules during the past three years?

Check one Yes No

2) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which applied for, but did not obtain, safety-sensitive transportation work covered by the DOT agency drug and alcohol testing rules during the past two years?

Check one Yes No

3) If yes answered to questions 3 and/or 4 above, can you obtain/provide proof that you have:

- Check all that apply:
- Been evaluated and released to perform DOT safety sensitive functions by a SAP
 - Successfully completed the DOT return to duty testing requirements
 - Successfully completed the DOT follow-up testing requirements

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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.

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

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/previous employers.
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

| | | | |
|--------------------------|--|------|--|
| Applicant Signature | | Date | |
| Applicant Name (printed) | | | |