

DSI Oil Field Service, LLC
5815 Acton Circle Suite 101
Granbury, TX 76049

Application for Employment

Applicant Name: _____ **Date:** _____

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.

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 provided regarding current and/or previous 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(d) and (e) I understand I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send 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.

Signature: _____ **Date:** _____

COMPANY USE ONLY

Process Record

APPLICANT HIRED: _____ REJECTED: _____

DATE EMPLOYED: _____ POINT EMPLOYED: _____

DEPARTMENT: _____ CLASSIFICATION: _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWER: _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED: _____ DEPARTMENT RELEASED FROM: _____

DISMISSED: _____ VOLUNTARILY QUIT: _____ OTHER: _____

TERMINATION REPORT PLACED IN FILE: _____ SUPERVISOR: _____

APPLICANT TO COMPLETE

(answer all questions – please print)

Position Applied for: _____

Name: _____ Social Security #: _____
Last First Middle

Address: _____
Street City

State Zip Phone: _____ How Long? _____ Yrs _____ Mos.

If less than 3 years list previous address.

Address: _____
Street City

State Zip Phone: _____ How Long? _____ Yrs _____ Mos.

Do you have a legal right to work in the United States? _____
 Date of Birth: _____ Can you provide proof of age? _____

(Required for Commercial Drivers)

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

From: _____ To: _____ Rate of Pay: _____ Position: _____

Reason for leaving: _____

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

Who referred you? _____ Rate of pay expected: _____

Have you ever been bonded? _____ Name of bonding company: _____

(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

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

If yes, explain if you wish.

EMPLOYMENT HISTORY

All applicants must provide the following information on all employers during the preceding 3 years. List the complete mailing address, street number, city, state, and zip code.

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

EMPLOYER	DATE (Mo/Yr)
NAME	FROM: _____ TO: _____
ADDRESS	POSITION HELD: _____
CITY STATE ZIP	SALARY / WAGE: _____
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING: _____
WERE YOU SUBJECT TO FMCSRs† 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 & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT HISTORY (continued)

EMPLOYER	DATE (Mo/Yr)
NAME	FROM: TO:
ADDRESS	POSITION HELD:
CITY STATE ZIP	SALARY / WAGE:
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING:
WERE YOU SUBJECT TO FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† 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.

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	HAZAROUS 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

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY 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 ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE LEVEL COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 9 10 11 12 COLLEGE: 1 2 3 4 5 6

LAST SCHOOL ATTENDED _____
(NAME) (CITY, STATE)

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all the entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____