

CDL DRIVER APPLICATION



To the applicant:

Canyon Oilfield Services, LLC does not discriminate in hiring or employ on the basis of race, color, religion, sex, national origin, age, disability or any other legally protected status.

No question on this application is intended to secure information to be used for such discrimination.

Consideration of this application will be given; however, by receiving this document, Canyon Oilfield Services, LLC is under no obligation of employment to the applicant.

GENERAL INFORMATION

The information requested in this application is pursuant to FMCSR §391.21. **(Please print clearly)**

Date _____ SSN _____ - _____ - _____ Date of Birth _____

Name _____
Last First M.I.

Address _____
Number Street Unit / Apt #

City State Zip

Phone _____ Email Address (Required): _____

Do you have the legal right to live and work in the U.S.? **YES** **NO**

If hired, can you provide the documentation required by U.S. law? **YES** **NO**
(If hired, documented proof of legal right to work is required)

Since the age of 18, have you ever been convicted of a misdemeanor or felony? **YES** **NO**

Note: a conviction will not necessarily disqualify you from employment. Each conviction will be judged on its own merits with respect to time, circumstance and seriousness.

If yes, please provide nature and date: _____

Have you worked for this company before? **YES** **NO**

If so, please indicate dates and position held _____

Do you have any relatives employed by us? **YES** **NO** If so, who? _____

Are you currently employed? **YES** **NO** May we contact your present employer? **YES** **NO**

If you are accepted for employment, when would you be available? _____

The following information is required by the U.S. Department of Transportation, Section 391.21. Your application will not be considered if all information is not furnished.

Previous Residency

Please furnish the addresses at which you resided during the 3 years preceding the date on which the application is submitted.

Begin with the most recent:

Address	Street	City	State	Length of Residency

Commercial Motor Vehicle Operator’s License

Please furnish the issuing state, number, and expiration of each unexpired commercial motor vehicle operator’s license or permit that has been issued to you in the table below.

State	Number	Date of Issue	Expiration	Type

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

If so, please explain (required). _____

Have you ever had your license or permit suspended? YES NO _____
Initials

If so, please explain (required). _____

Have you ever been disqualified for violation of safety regulations? YES NO _____
Initials

If so, please explain (required). _____

Employment Record

The U.S. Department of Transportation requires that driver applicants show all employment for the past three (3) years. Applicants must also show all commercial driver employment for the seven (7) years immediately preceding this three (3) year period for which the applicant was an operator of a commercial motor vehicle. The information provided below in accordance with paragraph (b)(10) of §391.21 may be used, and the previous employers will be contacted, for the purpose of investigating your safety performance history information as required by paragraphs (d) and (e) of §391.23(i) regarding information received as a result of these investigations.

List below present and past employment, beginning with the most recent:

Name & Address of Company		From		To		Starting Hourly Rate	Ending Hourly Rate	Reason for Leaving	Name of Supervisor		
		Month (mm)	Year (yy)	Month (mm)	Year (yy)						
Phone		Describe the work you did:									
Were you subject to FMCSRs? (circle one)		YES	NO	Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?				YES	NO		
Name & Address of Company		From		To		Starting Hourly Rate	Ending Hourly Rate	Reason for Leaving	Name of Supervisor		
		Month (mm)	Year (yy)	Month (mm)	Year (yy)						
Phone		Describe the work you did:									
Were you subject to FMCSRs? (circle one)		YES	NO	Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?				YES	NO		
Name & Address of Company		From		To		Starting Hourly Rate	Ending Hourly Rate	Reason for Leaving	Name of Supervisor		
		Month (mm)	Year (yy)	Month (mm)	Year (yy)						
Phone		Describe the work you did:									
Were you subject to FMCSRs? (circle one)		YES	NO	Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?				YES	NO		
Name & Address of Company		From		To		Starting Hourly Rate	Ending Hourly Rate	Reason for Leaving	Name of Supervisor		
		Month (mm)	Year (yy)	Month (mm)	Year (yy)						
Phone		Describe the work you did:									
Were you subject to FMCSRs? (circle one)		YES	NO	Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?				YES	NO		

Name & Address of Company	From		To		Starting Hourly Rate	Ending Hourly Rate	Reason for Leaving	Name of Supervisor		
	Month (mm)	Year (yy)	Month (mm)	Year (yy)						
Phone	Describe the work you did:									
Were you subject to FMCSRs? (circle one)	YES	NO	Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?				YES	NO		

Name & Address of Company	From		To		Starting Hourly Rate	Ending Hourly Rate	Reason for Leaving	Name of Supervisor		
	Month (mm)	Year (yy)	Month (mm)	Year (yy)						
Phone	Describe the work you did:									
Were you subject to FMCSRs? (circle one)	YES	NO	Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?				YES	NO		

Name & Address of Company	From		To		Starting Hourly Rate	Ending Hourly Rate	Reason for Leaving	Name of Supervisor		
	Month (mm)	Year (yy)	Month (mm)	Year (yy)						
Phone	Describe the work you did:									
Were you subject to FMCSRs? (circle one)	YES	NO	Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?				YES	NO		

Name & Address of Company	From		To		Starting Hourly Rate	Ending Hourly Rate	Reason for Leaving	Name of Supervisor		
	Month (mm)	Year (yy)	Month (mm)	Year (yy)						
Phone	Describe the work you did:									
Were you subject to FMCSRs? (circle one)	YES	NO	Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?				YES	NO		

Drivers with Department of Transportation regulated employment during the preceding three years have the following rights regarding the investigative information that will be provided to Canyon Oilfield Services, LLC:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Requests to review previous employer-provided investigative information must submit a written request to Canyon Oilfield Services while applying, within 30-days after employment, or when notified of denial of employment.

Past Experience

Please list below the nature and experience in the operation of motor vehicles.

Nature (i.e. transported material, etc.)	Experience (years)	Type of Equipment

Motor Vehicle Accidents

Please list all of the motor vehicle accidents in which you have been involved during the three (3) years preceding the date of the application.

Date	Nature	Fatalities / Personal Injuries - please explain

Motor Vehicle Violations

Please list all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the 3 years preceding the date of the application.

Date	Nature

Notice to Applicant

1. All information submitted will be considered in reviewing my application and is subject to investigation. I hereby authorize Canyon Oilfield Services, LLC to investigate all statements applicable, except as indicated.
2. I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts called for is cause for dismissal upon discovery of such information.
3. If accepted for employment, I hereby agree to comply with the rules, regulations and policies of Canyon Oilfield Services, LLC.
4. In consideration for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline Canyon Oilfield Services may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as Team Professional Services, Inc. For explanation purposes:
 - a. a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
 - b. an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).
5. I understand that Canyon Oilfield Services, LLC follows an employment-at-will policy, in that I or Canyon Oilfield Services, LLC may terminate my employment at any time, for any reason consistent with applicable State or Federal Law.

Pre-Employment Substance Detection Consent

I understand that according to the Pre-employment Substance Detection Program at Canyon Oilfield Services, LLC I am required to submit a sample of my urine for chemical analysis prior to employment. I understand that this pre-employment substance detection will be conducted by a reputable outside physician and/or testing agency by a certified laboratory.

I consent freely and voluntarily to this request for a pre-employment urine specimen. I hereby and herewith release Canyon Oilfield Services, LLC, their employees, agents, and contractors from any liability whatsoever arising from this request to furnish a pre-employment urine sample, the testing of the urine sample and decisions made concerning my application for employment or continued employment based upon the results of these tests.

I understand a positive test for controlled substances, based on the urinalysis test, will disqualify me from employment and/or the operation of a commercial motor vehicle for Canyon Oilfield Services, LLC.

I understand that if the substance detection results are positive, I can request a second independent confirmatory test using the same specimen. The cost of this test will be borne by me.

I understand a documented chain of specimen custody exists to ensure the identity and integrity of my sample throughout the collection and testing process. Negative and positive results will be reported to the company.

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. I have also read and understand the above Notice to the Applicant and the conditions for the Pre-Employment Urinalysis Consent Agreement.

Applicant’s Signature

Date

Failure to sign the above consent discontinues the employment process.
New Hire Form 0B

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Revised 09/12/18



Authorization

I, (Print Name) _____, _____
First Middle Last Social Security Number

born _____, 19_____, authorize Canyon Oilfield Services, LLC to obtain information
Month Day Yr

about me from my previous employers, schools, and references. In the investigative inquiries, I understand that my alcohol and controlled substances testing records, safety performance history and accident history within the previous three (3) years from _____ will be released to Canyon Oilfield Services, LLC. All information
(application date)

requested is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that safety-sensitive information to be released by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Signed: _____