



**BOBWHITE**  
**ENERGY SERVICES**

Bobwhite Energy Services, LLC  
1066 Coletoville Rd, Victoria, Tx 77905  
1234 FM 1582, Pearsall, Tx 78061  
1639 W. 36<sup>th</sup> St, Monahans, Tx 79756  
2636 HWY 72W, Three Rivers, Tx 78071  
(361)570-5000

### Employment Application

(Answer all questions - please print)

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Position Applied for:  DOT Driver  Non-DOT Driver  Field Hand  Office Personnel  Management

Name \_\_\_\_\_  
Last First Middle Suffix Social Security #

Current Address \_\_\_\_\_  
Street City State Zip Code  
From \_\_\_\_\_ to \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_ Required for Commercial Drivers

**If your above address is less than 3 years – list them below to cover the previous 3 year period – Use another sheet for additional addresses**

Previous Address \_\_\_\_\_  
Street City State Zip Code  
From \_\_\_\_\_ to \_\_\_\_\_

Previous Address \_\_\_\_\_  
Street City State Zip Code  
From \_\_\_\_\_ to \_\_\_\_\_

Previous Address \_\_\_\_\_  
Street City State Zip Code  
From \_\_\_\_\_ to \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Are you now 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 \_\_\_\_\_

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, please explain. \_\_\_\_\_

### Employment History

All driver applicants must provide the following information on all employers during the preceding 10 years. List complete mailing address, street number, city, state and zip code. Applicants are also required to note any gaps of employment between previous employers and list reason why. (NOTE: list employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			TO: /	FROM: /
ADDRESS			POSITION:	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE 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 AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			TO: /	FROM: /
ADDRESS			POSITION:	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE 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 AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			TO: /	FROM: /
ADDRESS			POSITION:	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE 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 AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			TO: /	FROM: /
ADDRESS			POSITION:	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE 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 AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			TO: /	FROM: /
ADDRESS			POSITION:	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE 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 AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

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

If yes, please explain. \_\_\_\_\_

**Employment History**

All driver applicants must provide the following information on all employers during the preceding 10 years. List complete mailing address, street number, city, state and zip code. Applicants are also required to note any gaps of employment between previous employers and list reason why. (NOTE: list employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			TO: /	FROM: /
ADDRESS			POSITION:	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE 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 AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			TO: /	FROM: /
ADDRESS			POSITION:	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE 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 AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			TO: /	FROM: /
ADDRESS			POSITION:	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE 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 AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			TO: /	FROM: /
ADDRESS			POSITION:	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE 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 AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			TO: /	FROM: /
ADDRESS			POSITION:	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE 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 TI-IE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

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

If yes, please explain. \_\_\_\_\_

### Employment History

All driver applicants must provide the following information on all employers during the preceding 10 years. List complete mailing address, street number, city, state and zip code. Applicants are also required to note any gaps of employment between previous employers and list reason why. (NOTE: list employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			TO: /	FROM: /
ADDRESS			POSITION:	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE 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 AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			TO: /	FROM: /
ADDRESS			POSITION:	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE 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 AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			TO: /	FROM: /
ADDRESS			POSITION:	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE 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 AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			TO: /	FROM: /
ADDRESS			POSITION:	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE 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 AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			TO: /	FROM: /
ADDRESS			POSITION:	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE 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 AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

**ACCIDENT RECORD** FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATE	NATURE OF ACCIDENT	INJURIES	FATALITIES	HAZARDOUS
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

**TRAFFIC CONVICTIONS AND FORFEITURES** FOR THE LAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS.

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?  YES  NO

B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?  YES  NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS.

**DRIVING EXPERIENCE CHECK YES/NO**

CLASS OF EQUIPMENT		DATES		CIRCLE TYPE	APPROX. NO. MILES
		TO	FROM		
STRAIGHT TRUCK	<input type="checkbox"/> YES <input type="checkbox"/> NO			VAN, TANK, FLAT,DUMP,REFER	
TRACTOR AND SEMI TRAILER	<input type="checkbox"/> YES <input type="checkbox"/> NO			VAN, TANK, FLAT,DUMP,REFER	
TRACTOR - TWO TRAILERS	<input type="checkbox"/> YES <input type="checkbox"/> NO			VAN, TANK, FLAT,DUMP,REFER	
TRACTOR - THREE TRAILERS	<input type="checkbox"/> YES <input type="checkbox"/> NO			VAN, TANK, FLAT,DUMP,REFER	

**ONE DRIVER'S LICENSE CERTIFICATION**

I acknowledge and understand that if I currently have more than one license, I will keep the license from my state of resident and return the additional licenses to the state that issued them. DESTROYING a license does not close the record in the state that issued it; I will notify the state. If a multiple license has been lost, stolen or destroyed, I will close my record by notifying the state of issuance that I no longer want to be licensed by that state.  YES  NO

I acknowledge and understand that anytime a driver with a Commercial Driver's License violates a state or local traffic law (other than parking), I will report it within 5 working days to my employer and within 30 days to the state that issued the license. Notification to the state is only made if the violation occurred in a state other than the one that issued the license.  YES  NO

I acknowledge and understand that notification of any revocation or suspension of my CDL must be made to my employer within one (1) day of receiving notice. Drivers or employers who violate these requirements are subject to civil penalties of up to \$2,500 or under certain circumstances, criminal penalties of \$5,000 and/or 90 days imprisonment.  YES  NO

**DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT**  
**Pursuant to CFR Part 40.25(b)(5) and (e)**

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR 40.25 (j) to respond to the following questions.

1. Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past (2) years? YES \_\_\_\_\_ NO \_\_\_\_\_
  
2. If you answered yes to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements? YES \_\_\_\_\_ NO \_\_\_\_\_

**Disclosure and Acknowledgement**

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.

I authorize you to make such investigations and inquiries of my personal, 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, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I understand that information I provide 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 that I have a 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 to the accuracy of the information.

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

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



**APPLICANT MUST READ AND SIGN**

I certify that I have read and understood this employment application in its entirety. It is agreed and understood that the employer or the employer's agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a medical examination and drug test.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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's Name (print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Bobwhite Energy Services, LLC (hereinafter called "the company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Bobwhite Energy Services, LLC or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and Bobwhite Energy Services, LLC may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PRE-EMPLOYMENT DRUG/ALCOHOL TESTING  
CONSENT AND RELEASE FORM**

I hereby consent to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by Bobwhite Energy Services, LLC. in order to meet with their policy regarding the selection of applicants for employment.

I further authorize and give full permission to have the Company and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company. I further agree to and hereby authorize the release of the results of said tests to the Company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Company.

I further agree to hold harmless the Company and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_

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

WITNESS:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_



## APPLICANT NOTICE

### 49 CFR Parts 40.391.21(d) Applicant Notice and 40.391.23 (l) Notice To Applicants With Department Of Transportation Regulated Employment Within The Preceding Three Years

This to notify you that our Application includes a request for the following information and that the information you provide may be used, and your previous employers will be contacted, for the purpose of investigating your safety performance history.

You have the following rights regarding the investigative information that will be provided to your prospective employer:

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 your prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer cannot agree on the accuracy of the information.

If you wish to review previous employer-provided investigative information, you must submit a written request to your prospective employer or employer's agent, which may be done at any time, including while applying, or as late as 30 days after being employed or being notified of denial of employment.

Applicants wishing to rebut the information in records received must send the rebuttal to their previous employer or their previous employer's agent with instructions to include the rebuttal in their safety performance history.

Corrected information or rebuttal statements should be sent to the following address:

**Bobwhite Energy Services, LLC Human Resources Department  
P.O. Box 2472  
Victoria, TX 77902**

Notification received:

\_\_\_\_\_

Applicant Name (print)

\_\_\_\_\_

Applicant Signature

Date Notification received:

\_\_\_\_\_

Date



**ACKNOWLEDGEMENT FORM  
DOT/FMCSA COMMERCIAL DRIVER'S LICENSE HOLDERS  
Verification of Previous Alcohol and Controlled Substance Testing  
and Employment/State Agency Records**

In order to comply with the U.S. DOT (Department Of Transportation) Regulations, FMCSA (Federal Motor Carrier Safety Administration) Regulations (Parts 382, 383, 391), and 49 CFR 40.25 for CDL (Commercial Driver's License) Holders,

I, \_\_\_\_\_, hereby authorize Bobwhite  
Print Name

Energy Services, I.I.C to verify previous alcohol and controlled substance testing results, driving records, and employment history in order to obtain information and documentation pertaining to my CDL. I understand that verifications will be solicited from the following sources. I also agree to verify the information listed below:

- Previous employers past (3) years for employment history, prior to working for the Company; three (3) years for alcohol and controlled substance testing records, prior to working for the Company.
- State agencies for the past three (3) years of driving records, prior to working for the Company.

**Verification by Individual**

During the past three years have you ever:

	YES	NO
1. Had a verified positive DOT drug test?	_____	_____
2. Had a DOT alcohol test with a concentration of 0.04 or higher?	_____	_____
3. Ever refused a required DOT test for drugs/alcohol (including an adulterated or substituted drug test)?	_____	_____
4. Had any other violations of DOT drug and alcohol testing regulations?	_____	_____

If I answered "yes" to any of the questions listed above, or previous employers/state agencies indicate I have had a DOT violation or I am not in compliance (revoked driver's license), I understand I must immediately provide proof that I have successfully completed DOT return-to-duty requirements and/or CDL requirements. If I answered yes, I understand that I am also required to provide the DOT violation date, which is: \_\_\_\_\_.  
 If I am unable to comply with this requirement immediately, or if the violation date does not satisfy applicable company wait period requirements under the Company's Substance Abuse and Alcohol Misuse Prevention Policy, I understand I will not be hired; or If I am employed, I will be removed from my position and terminated.

I acknowledge that I have received a copy of *Consumer Rights Statement: A Summary of Your Rights Under the Fair Credit Reporting Act.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# DISCLOSURE AND AUTHORIZATION

IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION

## DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Bobwhite Energy Services, LLC ("the Company") may obtain information about you for employment/volunteer or contractor purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon proper request to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the "consumer report" and/or "investigative consumer report" will be conducted by Aurico Reports Inc., 116 W. Eastman St., Arlington Heights, Illinois, 60004, (844) 220-6741, www.aurico.com, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York and Maine applicants, volunteers, contractors or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

**New York applicants, volunteers, contractors or employees only:** Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

**Oregon applicants, volunteers, contractors or employees only:** Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

**Washington State applicants, volunteers, contractors or employees only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

## ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Aurico Reports Inc., 116 W. Eastman St., Arlington Heights, Illinois, 60004, (844) 220-6741, www.aurico.com, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants, volunteers, contractors or employees only:** By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

**Minnesota and Oklahoma applicants, volunteers, contractors or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants, volunteers, contractors or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: YOU MUST RETURN PAGES 1 and 2**

PLEASE PRINT NEATLY AND MAKE SURE THE PRINTING IS LEGIBLE

First Name:  Middle Name:  Last Name:

Maiden Name:  Date Changed:

Other last names used:  Date Changed:

Other last names used:  Date Changed:

Other last names used:  Date Changed:

List all cities and states where you have lived for the past 7 years - Attach additional sheet if necessary

Street	City	County	State	ZIP	How Long?
Current:					
2:					
3:					
4:					

Present Phone Number (with area code):  Social Security Number:

Date of Birth\* (MM/DD/YYYY):    Gender\*  Male  Female

Driver's License Number:  Driver's License State:

\*This information will be used for background screening purposes only and will not be used as hiring criteria.



# RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should **ONLY** be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

## THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

1. This form must be completed in full and include the driver's original signature.

2. Deliver, mail, Email or FAX the completed form to:

**Texas Department of Public Safety**  
**Motor Carrier Bureau, MSC #0521**  
**6200 Guadalupe, Building P**  
**Austin, Texas 78752-4019 / Facsimile: 512-424-5310**

Check here if CDL Holder is requesting results on self

**Email: MCB.VPR@dps.texas.gov**

\_\_\_\_\_ ,  
 Print Name of CDL Holder Phone Number

\_\_\_\_\_ ,  
 Print full Address, City, State and Zip of CDL Holder Social Security #

Driver License Number of CDL Holder \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

authorize release of any and all of CDL holder's reported positive alcohol or controlled substance test results reported under Texas state law to

\_\_\_\_\_ ,  
 Bobwhite Energy Services, LLC (361) 570-5000  
 Print Motor Carrier's Name Phone Number

\_\_\_\_\_ ,  
 1066 Coletoville Rd East, Victoria, Tx 77905  
 Print full Address, City, State and Zip of Motor Carrier

Signature of Driver

Date

**X**

**If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address: <http://www.txdps.state.tx.us/forms/index.htm>.**

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE**

**REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with \_\_\_\_\_ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize \_\_\_\_\_ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

*LAST UPDATED 2/11/2016*



**BOBWHITE  
ENERGY SERVICES**

## *Driving Safety Services*

Authorization of Release  
Driving Record / Criminal History  
Social Security Number Verification

**INSTRUCTIONS:** *The following release is to be signed by the applicant or employee so a Motor Vehicle Report (MVR) and a Criminal History Report (CHR) and a Social Security Verification (SSV) request may be submitted. A MVR will be requested from the State that issued the individual's driver's license prior to employment and, once hired, requested annually thereafter. [49 CFR 391.23, 391.25],*

*The request for a MVR, CHR, and SSV which is a consumer report, will be made in accordance with Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D Chapter 1 of Public Law 104-208).*

In connection with my application for employment, promotion, reassignment, retention or contract for services understood that a Motor Vehicle Report (MVR) Criminal History Report ( CHR ) and a Social Security Validation (SSV) will be requested concerning my driving record Criminal Back Ground and the validity of my status with the Social Security Administration.

I authorize without reservation any party or agency to furnish a MVR for purposes of investigation as required by Federal Motor Carrier Safety Administration in 49 CFR 391.23 and 391.25. If hired (or contracted) this authorization shall remain on file and serve as on-going authorization to procure a MVR at any time during my employment (or contract) period.

I authorize without reservation any party or agency to furnish a MVR, CHR or SSV for purposes of investigation as required by the Company If hired (or contracted) this authorization shall remain on file and serve as on-going authorization to procure a MVR, CHR, SSV at any time during my employment (or contract) period.

I have the right to request from the party or agency obtaining the MVR CHR, SSV the nature and substance of all information on me in its files, including the source of information and the recipients of any reports issued within the two year period preceding my request.

\_\_\_\_\_  
Name (First, M.I., Last) Print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth      SS#

\_\_\_\_\_  
DL#      Issuing State

# ATTACHMENT 1

## Acknowledgement of drug and alcohol contraband policy receipt

I hereby acknowledge that I have been provided a copy of the BOBWHITE ENERGY SERVICES drug/alcohol policy requirements. I understand that disciplinary action up to and including termination, will result if I violate this policy.

I also hereby authorize and consent to disclosure by BOBWHITE ENERGY SERVICES and its agents, including, but not limited to, any collecting and testing agencies, of the drug and alcohol test results and any related information to customers of BOBWHITE ENERGY SERVICES and its authorized agents, assigns, or representatives.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Printed Name

\*\*\* This consent form is for release of NON-DOT tests. Please follow DOT regulations if you choose to submit DOT test results in place of non-dot in order to meet the requirements of a specific client\*\*\*