



**BOBWHITE
ENERGY SERVICES**

**P.O. BOX 8
VICTORIA, TX 77902**

PLEASE PRINT
ALL
INFORMATION

Employment Application Form

APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

REFERRED BY:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

OFFICE USE ONLY

Date of Hire: _____ Base Rate: _____ ___Salary ___Hourly ___Fulltime ___Parttime

Position: _____ Department: _____ Manager _____ Date _____

Special Instructions: _____ Manager _____ Date _____

PLEASE READ CAREFULLY

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, 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 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:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, age or disability or other class or characteristic protected under applicable law. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

DRUG TESTING CONSENT FORM

I have applied for employment with Bobwhite Energy Services, LLC, (hereinafter called "the Company"). As a condition for my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by the Company for employment. If I terminate during my probationary period for any reason, the Company can deduct the fee for this drug testing from my final check.

I hereby authorize any physician, laboratory, hospital or medical professional retained by the Company, for screening purposes to conduct such screening and to provide the results to the Company, and I release the Company and any person affiliated with the Company and any such institution or person conducting the screening, from liability therefore.

Applicant's Signature: _____

Applicant's Name: _____

Date: _____

Thank you for completing this application form and for your interest in our business.



**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

Applicant Authorization to Release DOT Drug/Alcohol Test Results

SECTION 1: TO BE COMPLETED BY APPLICANT

Applicant/Employee: _____

Current Employer: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

I understand that as a condition of hire with the above named "Company", that I must consent to the release of all DOT mandated drug and alcohol information from all of the employers for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous two (2) years as required by DOT Part 40.25, (or three (3) years as required by Part 391.23 for any driver of a commercial motor vehicle).

Check boxes only if applicable

- I have NOT worked in a DOT safety-sensitive position for a DOT regulated company in the past 2 years (3 years for CMV drivers, 5 years for pilots). Proceed to sign and date form below.
- I have tested positive, or refused to test, on a DOT pre-employment drug or alcohol test for an employer who did not hire me in the past two years (3 years for CMV drivers, 5 years for pilots). Please specify the company for which this occurred below.

I hereby authorize the following previous employer / company to furnish the DOT information requested in section 2 below.

Previous Employer: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Contact: _____ Dates of Employment: _____ to _____

(Complete additional form for each previous DOT employer)

Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the questions below, to the Company listed above. I hereby acknowledge that failure to provide accurate information in response to this request for release of information could negatively affect my employment offer or subject me to disciplinary action up to and including termination if later discovered after my employment with the Company begins.

Signature of Applicant

EMP ID

Date

Release of Previous Employer's DOT Drug/Alcohol Testing Results

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

In accordance with DOT regulations, the Company, named above, is required to obtain -- and as a Previous Employer, you are required to release -- DOT drug and alcohol information, listed below, concerning the Applicant/Employee, named above. This information request covers any period of employment of the Applicant/Employee by you going back 2 years (3 years for CMV drivers), from the date of this request. Please complete the following:

- | YES | NO | |
|-------|--------------------------|--|
| _____ | _____ | 1. Any DOT alcohol test results of 0.04 or greater? |
| _____ | _____ | 2. Any DOT positive drug test results? |
| _____ | _____ | 3. Refusal to submit to a DOT required drug / alcohol test? (incl. adulterated or substituted results) |
| _____ | _____ | 4. Other violations of DOT drug and alcohol testing regulations? |
| _____ | _____ | 5. Did a previous employer report a drug / alcohol rule violation to you? |
| _____ | _____ | 6. If "yes" for any of the above items, did the employee complete the return-to-duty process?* |
| | <input type="checkbox"/> | 7. Was the Applicant/Employee employed by you but <u>NOT</u> subject to DOT regulations? |

*Note: If "yes" for item 5, you must provide the previous employer's report. If you answered "yes" for item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Name of Person Completing Form

Title

Phone

Date

EMPLOYEE AUTHORIZATION TO RELEASE DRUG AND/OR ALCOHOL TEST RECORDS

PER 49 CFR Part 40.321

STEP 1: TO BE COMPLETED BY THE EMPLOYEE

This is my written consent to release my DOT drug and/or alcohol test(s) records. I am requesting the information from:

Name of Employer: _____

Please provide: Information in my file regarding my DOT drug and/or alcohol test(s) dated:

Enter Date of DOT Drug Test

Enter Date of DOT Alcohol Test (if applicable)

I hereby authorize that the information identified above be provided to the organization listed below:

Name organization: National Compliance Management Service, Inc.(NCMS)

Address: 7 Compound Drive, Hutchinson, Kansas 67502

Employee Name: _____

please print

Last Four Digits of Employee ID#: _____

Employee Signature: _____

Date: _____

STEP 2: TO BE COMPLETED BY THE EMPLOYER

The information indicated by the employee has been provided as authorized by the above named employee.

Employer Name: _____

Employer Address: _____

Designated Employer Representative: _____

please print name

Signature of person releasing information: _____ Date: _____

NOTE: It is the Employer's responsibility to obtain the signature from the employee and to maintain this form for future audit purposes.

The above named Employer provides PHMSA-regulated services to NCMS operator clients. The above named Employee has been identified by the Employer as performing covered functions as required by the PHMSA regulations.

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***