

# Igo Oil Field Service, Inc.

P.O. Box 1311 • Douglas, WY 82633 • (307) 358-4905 Office • (307) 358-4909 Fax • igooil.com

## **DRIVER'S APPLICATION FOR EMPLOYMENT**

Date of Application:

Address: \_\_\_\_\_ Phone Number:

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, verteran 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 my be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a condtional 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 understand, also, that I am required to abide by all rules and regulations of Igo Oil Field Service, Inc.

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 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 infromation to the prospective employer; and

\*Have a rebuttal statement attached to the alleged erroneous information, if you the previous employer(s) and I cannot agree on the accuracy of the information.

Signature:	Date:	
L	FOR COMPANY USE	· · · · · · · · · · · · · · · · · · ·
	PROCESS RECORD	
APPLICANT HIRED	REJECTED	
DATE EMPLOYED	POINT EMPLOYED	
INTERVIEWER	RATE OF PAY	
(IF REJECTED, SUMMARY REPORT OF REASONS	SHOULD BE PLACED IN FILE)	
SIGNATURE OF INTERVIEWING OFFICER		
	TERMINATION OF EMPLOYMENT	
DATE TERMINATED	DEPARTMENT RELEASED FROM	

DISMISSED	OTHER
TERMINATION REPORT PLACED IN FILE	 SUPERVISOR

### **APPLICANT TO COMPLETE**

(Answer all questions-please print)

Position(s)	applied for						•	
Name					Social Sec	urity #		
Last		First		Middle				
List your add	resses of resid	ency for the pa	st 3 year	s.				
Current								·
Address	Street						City .	
	•		、	Phone			How long?	
	State		Zip Cod	e				yr./mo.
Previous	<b></b>			• .			How long?	
Addresses	Street		City		State & Zip			yr./mo.
							How long?	
	Street		City		State & Zip			yr./mo.
	<u></u>						How long?	
	Street		City		State & Zip			yr./mo.
Do vou hav	e the legal rig	ht to work in	the Uni	ted States?				
, Date of Birt			1		ou provide	proof c	of age?	······································
	Commercial Drive	ers)			•	•	• <u> </u>	
Have you w	orked for the	company be	fore?		W	here?		
Dates: From	m	То		Rate of Pay			Position	
Reason for	leaving							
Are you nov	w employed?	<u> </u>	_ If no	ot, how long si	ince leaving	last em	ployment?	
Who referre	ed you?				Ra	ate of p	ay expected	
•	ver been bond				N	lame of	bonding com	npany
	f a job requireme ver been conv		onv?					
				of paper. Cor	viction of a	crime i	s not an auto	matic bar to
	nt-all circumst	•				••••••		
				erfom the fund	tions of the	e iob foi	which you h	ave applied
-	-	-	-	and DRAG 50		-		are applied
- 	in if you wish					•	-	
• • •	·						1	
				<u></u>				
EMPLOYM	IENT HISTOR	RY						
All driver ap	oplicants to di	rive in insters	tate con	nmerce must	provide the	followi	ng informatio	on on all employers during the
preceding 3	years. List co	mplete maili	ng addre	ess, street nur	nber, city, s	tate an	d zip code.	

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

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

	EMPLOYER	DATE			
NAME		FROM Mo. Yr.	TO Mo. Yr.		
ADDRESS			POSITION HELD		
CITY	STATE ZIP	SALARY/WAGE			
CONTACT PERSON PHONE NUMBER			REASON FOR LEAVING		
WERE YOU SUBJECT TO TH	IE FMCSRs* WHILE EMPLOYED?	NO			
	ED AS A SAFTY-SENSITIVE FUNCTION EQUIREMENTS OF 49 CFR PART 40?	-	REGULATED MODE NO	SUBJECT TO THE DRUG	

	EMPLOY	'ER		[	DATE
NAME				FROM Mo. Yr.	TO Mo. Yr.
ADDRESS				POSITION HELD	
CITY	STATE	ZIP		SALARY/WAGE	
CONTACT PERSON	Р	HONE NUMBER		REASON FOR LEAN	/ING
WERE YOU SUBJECT TO THI	E FMCSRs* WH	ILE EMPLOYED?	YES	NO	
WAS YOUR JOB DESIGNATE			N ANY DOT-F	EGULATED MODE	SUBJECT TO THE DRUG
AND ALCOHOL TESTING RE	QUIREMENTS	OF 49 CFR PART 40?	YES N	0	
	EMPLOY	'ER			DATE
NAME				FROM Mo. Yr.	TO Mo. Yr.
ADDRESS				POSITION HELD	
CITY	STATE	ZIP		SALARY/WAGE	-
CONTACT PERSON	Р	HONE NUMBER		REASON FOR LEAN	/ING
WERE YOU SUBJECT TO TH	E FMCSRs* WH	IILE EMPLOYED?	YES	NO	
WAS YOUR JOB DESIGNATE	D AS A SAFTY-	SENSITIVE FUNCTION	N ANY DOT-F	EGULATED MODE	SUBJECT TO THE DRUG
AND ALCOHOL TESTING RE	QUIREMENTS	OF 49 CFR PART 40?	YES N	0	
	EMPLOY	′ER			DATE
NAME				FROM Mo. Yr.	TO Mo. Yr.
ADDRESS				POSITION HELD	
СІТҮ	STATE	ZIP		SALARY/WAGE	
CONTACT PERSON	Ρ	HONE NUMBER		REASON FOR LEAN	/ING
WERE YOU SUBJECT TO THI	E FMCSRs* WH	IILE EMPLOYED?	YES	NO	
WAS YOUR JOB DESIGNATE	D AS A SAFTY-	SENSITIVE FUNCTION	N ANY DOT-F	EGULATED MODE	SUBJECT TO THE DRUG
AND ALCOHOL TESTING RE	QUIREMENTS	OF 49 CFR PART 40?	YES N	0	
	EMPLOY	′ER			DATE
NAME				FROM Mo. Yr.	TO Mo. Yr.
ADDRESS				POSITION HELD	
CITY	STATE	ZIP		SALARY/WAGE	
CONTACT PERSON	P	HONE NUMBER		REASON FOR LEAN	/ING
WERE YOU SUBJECT TO TH	E FMCSRs* Wł	IILE EMPLOYED?	YES	NO	
WAS YOUR JOB DESIGNATE	D AS A SAFTY-	SENSITIVE FUNCTION	N ANY DOT-F	EGULATED MODE	SUBJECT TO THE DRUG
AND ALCOHOL TESTING RE	QUIREMENTS	OF 49 CFR PART 40?	YES N	0	
	EMPLOY	ÉR			DATE
NAME				FROM Mo. Yr.	TO Mo. Yr.
ADDRESS				POSITION HELD	
СІТҮ	STATE	ZIP		SALARY/WAGE	
CONTACT PERSON		HONE NUMBER		REASON FOR LEAN	/ING
WERE YOU SUBJECT TO TH			YES	NO	·
WAS YOUR JOB DESIGNATED AS A SAFTY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG					
AND ALCOHOL TESTING RE				0	
Includes vehicles having a (	SV/W/R of 26.00	1 lbs or more vehicle	s designed to	transport 15 or m	ore passengers or any

Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 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 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

#### ACCIDENT RECORD FROM PAST 5 YEARS OF MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE WRITE NONE

	NATURE OF ACCIDENT			HAZARDOUS
DATES	(HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS	1			
TRAFFIC CONVICTI	ONS AND FORFEITURES FOR THE PAST 3	YEARS (OTHER THAN I	PARKING VIOLATIONS) I	F NONE, WRITE <b>NONE</b>
	LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years

	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
DRIVER LICENSES				
DRIVER LICENSES	,			
A. Have you ever been denied a license, permit or priviledge to operate a motor vehicle?			YES	NO
B. Has any license, permit or priviledge ever been suspended or revoked?			YES	NO
IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS				

DRIVING EXPERIENCE CHECK	YES OR NO				
		CIRCLE TYPE OF EQUIPMENT	DA	TES	APPROX. NO. OF MILES
CLASS OF EQUIP	CLASS OF EQUIPMENT		FROM (M/Y) FROM (M/Y)		(TOTAL)
STRAIGHT TRUCK	YES NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER	YES NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR-TWO TRAILERS	YES NO	(VAN, TANK, FLAT, DUMP, REFER)	1		
TRACTOR-THREE TRAILERS	YES NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH-SCHOOL BUS					
More than 8 passengers		-			
MOTORCOACH-SCHOOL BUS	YES NO				
More than 15 passengers		-	1. Sec. 1. Sec		
OTHER					

LIST STATES OPERATED IN FOR LAST FIVE YEARS:

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

**EXPERIENCE AND QUALIFICATIONS-OTHER** 

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 THE APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

	EDUCATION			
CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8	HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4			
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 entries on it and information in it are true and complete to the best of my knowledge.				

Signature:

Date: