

**APPLICATION FOR EMPLOYMENT**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City ST Zip

HOW LONG AT CURRENT ADDRESS? \_\_\_\_\_

PREVIOUS ADDRESSES FOR PAST THREE YEARS: (Attach separate sheet if more space is needed)

\_\_\_\_\_  
Street City ST Zip

\_\_\_\_\_  
Street City ST Zip

| DRIVER LICENSES | STATE | LICENSE NO. | CLASS | ENDORSEMENTS | EXPIRES |
|-----------------|-------|-------------|-------|--------------|---------|
| CURRENT         |       |             |       |              |         |
| PREVIOUS        |       |             |       |              |         |
| PREVIOUS        |       |             |       |              |         |

**DRIVING EXPERIENCE**

| CLASS OF EQUIPMENT     | TYPE OF EQUIPMENT<br>(VAN, TANK, FLAT, ETC.) | DATES |    |
|------------------------|--|-------|----|
|                        |  | FROM  | TO |
| STRAIGHT TRUCK         |  |       |    |
| TRACTOR & SEMI-TRAILER |  |       |    |
| TRACTOR-TWO TRAILERS   |  |       |    |
| OTHER                  |  |       |    |

**ACCIDENTS/CITATIONS FOR PAST 5 YEARS (ATTACH CURRENT DRIVING RECORD IF POSSIBLE)**

| DATE | NATURE OF ACCIDENT/CITATION<br>(Speeding, Overweight, Head-On, Rear-end, Rollover, Etc.) | LOCATION<br>CITY/ST OR MILE MARKER | FATALITIES OR INJURIES | PENALTY/ FINES PAID |
|------|--|------------------------------------|------------------------|---------------------|
|      |  |                                    |                        |                     |
|      |  |                                    |                        |                     |
|      |  |                                    |                        |                     |

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, PLEASE ATTACH STATEMENT GIVING DETAILS.**

EMPLOYMENT HISTORY

**\*\*DOT REQUIRES DRIVERS PROVIDE EMPLOYMENT HISTORY FOR THE PAST 10 YEARS\*\***

(Attach sheet if more space is needed)

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_ POSITION \_\_\_\_\_

Subject to FMCSRs\* while employed?  YES  NO    Subject to D&A testing as required by 49 CFR part 40?  YES  NO

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_ POSITION \_\_\_\_\_

Subject to FMCSRs\* while employed?  YES  NO    Subject to D&A testing as required by 49 CFR part 40?  YES  NO

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_ POSITION \_\_\_\_\_

Subject to FMCSRs\* while employed?  YES  NO    Subject to D&A testing as required by 49 CFR part 40?  YES  NO

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_ POSITION \_\_\_\_\_

Subject to FMCSRs\* while employed?  YES  NO    Subject to D&A testing as required by 49 CFR part 40?  YES  NO

\*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 more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMERGENCY CONTACT INFORMATION

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

HAVE YOU RECEIVED SAFELAND TRAINING? \_\_\_\_\_ Yes \_\_\_\_\_ No

IF YES PLEASE PROVIDE DATE TRAINING WAS RECEIVED: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU FEEL IS RELEVANT: \_\_\_\_\_

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**DRUG & ALCOHOL STATEMENT**

In accordance with the Federal Motor Carrier Safety Regulations (49 CFR 40.25) Freedom Oilfield Services, Inc. is required to ask and prospective employees are required to respond to the following questions:

1. Within the last three (3) years, 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?  
 YES  NO
  
2. Within the last three (3) years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work?  
 YES  NO
  
3. If you answered yes to either #1 or #2 above, can you provide documentation of successful completion of the return-to-duty process in accordance with Sec 40.25 (b)(5) and (e) of the FMCSR?  
 YES  NO

By signing below I certify that the information provided on this document is true. I also understand that if I answered yes to #1 or #2 above, I will be unable to perform any safety-sensitive function until documentation of #3 above has been provided to Freedom Oilfield Services, Inc.

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

\_\_\_\_\_  
Date

**TO BE READ AND SIGNED BY APPLICANT**

I authorize Freedom Oilfield Services, Inc. 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. I authorize Freedom Oilfield Services, Inc. to obtain a copy of my current driving record if one is not provided with this application.

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 Freedom Oilfield Services, Inc. and that Freedom Oilfield Services, Inc. is a zero-tolerance employer where all employees are required to submit to drug and alcohol testing as part of their employment.

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 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; 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.

I further agree that I am already registered or agree to register with the FMCSA Drug & Alcohol Clearinghouse and provide my online consent for queries to be completed regarding drug and alcohol testing history.

**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.**

**Employment and compensation with Freedom Oilfield Services, Inc. is “at will”, which means employees can be terminated with or without cause and with or without notice, at any time, at the option of either Freedom or the employee, except as provided by law.**

\_\_\_\_\_  
**Applicant’s Signature**

\_\_\_\_\_  
**Date**

**FOR COMPANY USE ONLY**

**HIRE DATE:** \_\_\_\_\_ **RATE OF PAY: \$** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **SUPERVISOR:** \_\_\_\_\_

**NOTES:** \_\_\_\_\_

\_\_\_\_\_