

DRIVERS APPLICATION

H S FIELD SERVICES LLC

397781 W 1400 RD
DEWEY, OK 74029

****Please read and sign before submitting application ****

I understand that the information in this application will be used and that prior employers, brokers and shippers will be contacted for purposes of investigation as required by 391:23 of the motor carriers safety regulations.

(Please answer all questions and print or write clearly)

TERMINAL: _____ DATE OF APPLICATION ____/____/____

NAME _____ PHONE () _____
LAST FIRST MIDDLE

SOCIAL SECURITY NO. _____ - _____ - _____ DATE OF BIRTH ____/____/____
(REQUIRED FOR COMMERCIAL DRIVERS)

LIST YOUR ADDRESS FOR THE PAST 3 YEARS.

CURRENT ADDRESS: _____
STREET CITY STATE ZIP HOW LONG

STREET CITY STATE ZIP HOW LONG

STREET CITY STATE ZIP HOW LONG

IN CASE OF AN EMERGENCY PLEASE NOTIFY: (PLEASE LIST 2)

NAME _____ PHONE NO. () _____

NAME _____ PHONE NO. () _____

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? _____

WHERE _____ DATES WORKED: FROM _____ TO _____

RATE OF PAY _____ POSITION _____ REASON FOR LEAVING _____

ARE YOU CURRENTLY EMPLOYED OR UNDER LEASE? _____ IF NOT HOW LONG

SINCE LEAVING LAST COMPANY? _____

WHO REFERRED YOU? _____ RATE OF PAY EXPECTED? _____

EDUCATION

CIRCLE HIGHEST GRADE FINISHED: 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED _____ GRADUATION DATE ____ - ____ - ____

ACCIDENT RECORD FOR THE PAST THREE (3) YEARS OR MORE IF NONE, WRITE NONE

DATES *** NATURE OF ACCIDENT *** FATALITIES *** INJURIES

LAST ACCIDENT _____

NEXT PREVIOUS _____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST: (3) YEARS OR MORE

LOCATION DATE CHARGE PENALTY

(1) _____

(2) _____

(3) _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO
IF YES PLEASE EXPLAIN: _____

HAVE YOU EVER TESTED POSITIVE FOR A PRE- EMPLOYMENT DRUG SCREEN WITHIN THE PAST THREE YEARS? YES NO (FMCSR 40.25) (j) IF THE ANSWER IS YES DID YOU COMPLETE THE DOT RETURN TO WORK REQUIREMENTS. YES NO

EXPERIENCE AND QUALIFICATIONS: DRIVER

STATE LICENSE NO. TYPE EXPIRATION DATE

DRIVER (1) _____

LICENSES (2) _____

(3) _____

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 YES TO A OR B, ATTACH EXPLANATION GIVING COMPLETE DETAILS. _____

EMPLOYMENT HISTORY

PLEASE PROVIDE YOUR PREVIOUS 10 YEARS OF DRIVING EMPLOYMENT EXPERIENCE, listing the most current employer first. Please use additional blank sheets if needed. Thank you.

Applicants to drive in a commercial motor vehicle, including vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 16 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding, in intrastate or interstate commerce, must complete this information.

Employer Name: _____	Date Hired: _____
Employer Address: _____ _____	Date Left: _____
Contact/Supervisor: _____	Position: _____
Phone Number: _____	Salary/Wage: _____
	Reason Left: _____
Employer Name: _____	Date Hired: _____
Employer Address: _____ _____	Date Left: _____
Contact/Supervisor: _____	Position: _____
Phone Number: _____	Salary/Wage: _____
	Reason Left: _____
Employer Name: _____	Date Hired: _____
Employer Address: _____ _____	Date Left: _____
Contact/Supervisor: _____	Position: _____
Phone Number: _____	Salary/Wage: _____
	Reason Left: _____
Employer Name: _____	Date Hired: _____
Employer Address: _____ _____	Date Left: _____
Contact/Supervisor: _____	Position: _____
Phone Number: _____	Salary/Wage: _____
	Reason Left: _____

EMPLOYMENT HISTORY - Continued

Employer Name: _____	Date Hired: _____
Employer Address: _____ _____	Date Left: _____
Contact/Supervisor: _____	Position: _____
Phone Number: _____	Salary/Wage: _____
	Reason Left: _____
Employer Name: _____	Date Hired: _____
Employer Address: _____ _____	Date Left: _____
Contact/Supervisor: _____	Position: _____
Phone Number: _____	Salary/Wage: _____
	Reason Left: _____
Employer Name: _____	Date Hired: _____
Employer Address: _____ _____	Date Left: _____
Contact/Supervisor: _____	Position: _____
Phone Number: _____	Salary/Wage: _____
	Reason Left: _____
Employer Name: _____	Date Hired: _____
Employer Address: _____ _____	Date Left: _____
Contact/Supervisor: _____	Position: _____
Phone Number: _____	Salary/Wage: _____
	Reason Left: _____
Employer Name: _____	Date Hired: _____
Employer Address: _____ _____	Date Left: _____
Contact/Supervisor: _____	Position: _____
Phone Number: _____	Salary/Wage: _____
	Reason Left: _____

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES
		FROM	TO	(TOTAL)
TRACTOR AND SEMI -TRAILER				
TRACTORS - TWO TRAILERS				
STRAIGHT TRUCK				
BUSES				
OTHERS				

LIST STATES OPERATED IN FOR THE LAST 5 YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT HELP YOU AS A DRIVER _____

SHOW ALL SCHOOLS, COURSES AND TRAINING THAT YOU HAVE NOT LISTED IN THIS APPLICATION _____

TO BE READ AND SIGNED BY APPLICANT

THIS CERTIFIES THAT I COMPLETED THIS APPLICATION, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE YOU TO MAKE SUCH INVESTIGATIONS AND INQUIRIES OF MY PERSONAL EMPLOYMENT OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT A DECISION. (GENERALLY, INQUIRIES REGARDING MEDICAL HISTORY WILL BE MADE ONLY IF AND AFTER A CONDITIONAL OFFER OF EMPLOYMENT HAS BEEN OFFERED.) I HEREBY RELEASE EMPLOYERS, AGENTS, SCHOOLS, HEALTH CARE PROVIDERS AND OTHER PERSONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES AND RELEASING INFORMATION IN CONNECTION WITH MY APPLICATION.

I UNDERSTAND THAT MISLEADING OR FALSE INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW MAY RESULT IN THE IMMEDIATE TERMINATION OF EMPLOYMENT AND/OR ALL LEASE AGREEMENTS.

I ALSO UNDERSTAND, THAT I WILL ABIDE BY ALL RULES AND REGULATIONS OF THIS COMPANY.

H S FIELD SERVICER LLC IS AN EQUAL OPPORTUNITY EMPLOYER.

DRIVER'S SIGNATURE

DATE

THIS SECTION TO BE FILLED IN BY A COMPANY REPRESENTATIVE

DRIVER / OWNER OPERATOR _____

DATE HIRED / LEASED ____ / ____ / ____ REJECTED _____
(CIRCLE ONE)

DEPARTMENT _____ CLASSIFICATION _____

(REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

LEASE TERMINATED: DATE ____ / ____ / ____
(FOR OWNER OPERATORS)

H S FIELD SERVICES LLC
M & S TRUCKING COMPLIANCE, INC
2012