

For Company Use Only

MVR: Interviewer: _____ Date of interview: _____
Position _____ Salary _____ Approved _____
Comments _____
D: _____ H: _____ A: _____ P: _____ X: _____ DOH: _____



B & L Equipment Rentals, INC
DBA: B & L Casing Services, LLC, B & L Trailer Rentals, United Well Control, LLC

Employment Application

Name _____ Date _____

Address _____ City _____ State _____ Zip _____ How Long _____

Home Phone _____ Cell Phone _____ Social Security # _____

Position _____ Full Time _____ Part Time _____ Temp _____ Can you work overtime or a flexible work schedule? _____

Date you can start _____ Have you been employed with us before? _____ Dates of Employment _____

PREVIOUS THREE YEARS RESIDENCY (Attach Sheet If More Space Is Needed)

Street _____ City _____ State & Zip Code _____ # Years _____

Street _____ City _____ State & Zip Code _____ # Years _____

Street _____ City _____ State & Zip Code _____ # Years _____

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

License # _____ State _____ Class/Type _____ Expiration Date _____

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Apprx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor -Two Trailers				
Other				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACHED SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES NO
				YES NO
				YES NO

TRAFFIC CONVICTIONS AND FOREFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATES CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

Have you ever been denied a license, permit or privilege to operator a motor vehicle? YES _____ NO _____

If yes, explain _____

Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

If yes, explain _____

Education **Name of School** **Degree or Course of Study** **Date Completed** **Did You Graduate?**

High School _____

College _____

List any special skills or training: _____

List two references not related

1. Name: _____ Occupation: _____ Years Known _____

Address: _____ Phone # _____

2. Name: _____ Occupation: _____ Years Known _____

Address: _____ Phone # _____

Applicants that desire to drive intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record)

Must list the complete mailing address: street number and name, city, state and zip code

LAST EMPLOYER NAME: _____

ADDRESS _____ CITY _____ ST _____ ZIP _____ PHONE _____

POSITION HELD _____ SUPERVISOR _____ FROM _____ TO _____ SALARY _____

DUTIES PERFORMED _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON _____

*Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND EMPLOYER NAME: _____

ADDRESS _____ CITY _____ ST _____ ZIP _____ PHONE _____

POSITION HELD _____ SUPERVISOR _____ FROM _____ TO _____ SALARY _____

DUTIES PERFORMED _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON _____

*Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD EMPLOYER NAME: _____

ADDRESS _____ CITY _____ ST _____ ZIP _____ PHONE _____

POSITION HELD _____ SUPERVISOR _____ FROM _____ TO _____ SALARY _____

DUTIES PERFORMED _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)

AND REASON _____

*Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigation and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquires and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application of interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulation of the Company.

"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 investigation 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 current/previous employers,
- Have error 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 on the accuracy of the information."

Date

Applicant's Signature

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. Note: A motor carrier may require applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.