

**For Company Use Only**

Interviewer: \_\_\_\_\_ Date of Interview: \_\_\_\_\_  
 Position \_\_\_\_\_ Salary \_\_\_\_\_ Approved \_\_\_\_\_  
 MVR: 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 / Cell # \_\_\_\_\_ SS# \_\_\_\_\_ Email \_\_\_\_\_

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 From To	Apprx. No. of Miles (Total)
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 \_\_\_\_\_

<u>Education</u>	<u>Name &amp; Location</u>	<u>Type of Diploma</u>	<u>Dates Attended</u>	<u>Did you Graduate?</u>
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

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

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

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 investigations 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, inquiries 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 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 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 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 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.