



APACHE
Oil Company

Driver Application

Office: 281.487.5400
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www.ApacheOilCompany.com

Physical address: 5136 Spencer Highway
Pasadena, TX 77505

Mailing Address: PO Box 177
Pasadena, TX 77501

Employment Desired and Availability

Position(s) applying for:		Salary/Wage Desired:
Have you ever been employed with us before? <input type="checkbox"/> Yes, give dates: _____ <input type="checkbox"/> No		
Position Previously Held:	Rate of Pay:	Location:
Reason for leaving:		
When would you be available to start:		
Were you referred <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes provide full name		

Education

Indicate highest grade completed:	1 2 3 4 5 6 7 8 9 10 11 12
Last school attended:	City:

Employment Record

Are you currently employed? Yes No

We routinely contact an applicant's current employer for reference checks. Would this pose any difficulty for you? Yes No If yes, please briefly explain:

Driving Experience and Qualification – Drivers Only

CDL Type and DL Number:	State Issued:	Expiration Date:
Endorsements		
1. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Has your driver's license ever been suspended or revoked for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Have you ever been convicted of driving while intoxicated or under the influence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

TRAFFIC VIOLATION RECORD-Drivers Only

List traffic citations you have received during the last **three (3) years.**

Check Box if None

Date:	Location	Charge

In order to comply with FMCSA Regulations, please account for the past three (10) years of employment history, starting with your most recent employer. If you need additional forms, please let HR know.

Employer	Date	
	From	To
	/	/
	MO YR	MO YR
<i>Name</i>	Position Held	
	Salary/Wage	
<i>Address</i>	<i>City</i>	<i>State</i> <i>Zip</i>
	Reason for Leaving:	
<i>Contact Person</i>	<i>Phone number</i>	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> yes <input type="checkbox"/> no		
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> yes <input type="checkbox"/> no		

Employer				Date	
				From	To
				/	/
				MO	YR
				MO	YR
Name				Position Held	
				Salary/Wage	
Address		City	State	Zip	
				Reason for Leaving:	
Contact Person		Phone number			
Were you subject to the FMCSRs while employed? <input type="checkbox"/> yes <input type="checkbox"/> no					
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> yes <input type="checkbox"/> no					

Employer				Date	
				From	To
				/	/
				MO	YR
				MO	YR
Name				Position Held	
				Salary/Wage	
Address		City	State	Zip	
				Reason for Leaving:	
Contact Person		Phone number			
Were you subject to the FMCSRs while employed? <input type="checkbox"/> yes <input type="checkbox"/> no					
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> yes <input type="checkbox"/> no					

Employer				Date	
				From	To
				/	/
				MO	YR
				MO	YR
Name				Position Held	
				Salary/Wage	
Address		City	State	Zip	
				Reason for Leaving:	
Contact Person		Phone number			
Were you subject to the FMCSRs while employed? <input type="checkbox"/> yes <input type="checkbox"/> no					
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> yes <input type="checkbox"/> no					

Employer				Date	
				From	To
				/	/
				MO	YR
				MO	YR
Name				Position Held	
				Salary/Wage	
Address		City	State	Zip	
				Reason for Leaving:	
Contact Person		Phone number			
Were you subject to the FMCSRs while employed? <input type="checkbox"/> yes <input type="checkbox"/> no					
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> yes <input type="checkbox"/> no					

Employer				Date	
				From	To
				/	/
				MO	YR
				MO	YR
Name				Position Held	
				Salary/Wage	
Address		City	State	Zip	
				Reason for Leaving:	
Contact Person		Phone number			
Were you subject to the FMCSRs* while employed? <input type="checkbox"/> yes <input type="checkbox"/> no					
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> yes <input type="checkbox"/> no					

Employer				Date	
				From	To
				/	/
				MO	YR
				MO	YR
Name				Position Held	
				Salary/Wage	
Address		City	State	Zip	
				Reason for Leaving:	
Contact Person		Phone number			
Were you subject to the FMCSRs while employed? <input type="checkbox"/> yes <input type="checkbox"/> no					
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> yes <input type="checkbox"/> 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 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Employer				Date	
				From	To
				MO / YR	MO / YR
Name				Position Held	
				Salary/Wage	
Address	City	State	Zip	Reason for Leaving:	
Contact Person	Phone number				
Were you subject to the FMCSRs while employed? <input type="checkbox"/> yes <input type="checkbox"/> no					
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> yes <input type="checkbox"/> no					

Employer				Date	
				From	To
				MO / YR	MO / YR
Name				Position Held	
				Salary/Wage	
Address	City	State	Zip	Reason for Leaving:	
Contact Person	Phone number				
Were you subject to the FMCSRs [†] while employed? <input type="checkbox"/> yes <input type="checkbox"/> no					
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> yes <input type="checkbox"/> no					

By signing this, I authorize you 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. (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 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 Apache Oil Company.

YOUR RIGHTS REGARDING SAFETY PERFORMANCE HISTORY INFORMATION: The information provided on this application may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. Pursuant to Federal Motor Carrier Safety Regulations 49 CFR Sec 391.23(i) (1) you have the following rights with regard to the safety performance history information provided by your previous employer.

THE RIGHT TO REVIEW SAFETY PERFORMANCE RECORDS: You have the right to review the records provided by your previous employers. You must make your request to review in writing and submit it to your prospective employer no later than thirty (30) days after employment begins or notification of employment is made. You will be provided with the records within five (5) business days of receipt of your written request. If the prospective employer has not received the records at the time of your request, then the five day period to provide access will begin on the day the records are received from the previous employer. If you fail to arrange to pick up or receive the requested records within thirty (30) days of when they are first made available to you, then your right to review is considered waived.

THE RIGHT TO HAVE ERRONEOUS INFORMATION CORRECTED: If you believe there is an error in the records, you have the right to have your previous employer correct the error. Send your request for correction to the previous employer that provided the records in question. The previous employer must either correct and forward the record to the prospective employer or notify you within fifteen (15) days of receiving your request that they do not agree the record is in error. If the previous employer corrects and forwards the record as requested, that employer must also retain the corrected information as part of your safety performance history record and provide it to subsequent prospective employers when requests for this information are received.

THE RIGHT TO REBUT DISPUTED INFORMATION: if the previous employer does not agree that information in the records provided is in error, you may rebut the disputed information in writing and send it to the previous employer with instructions to include the rebuttal in your safety performance history file. Within five (5) business days of receiving your rebuttal, the previous employer must; forward a copy of the rebuttal to the prospective employer; append the rebuttal to your safety performance information and include it as part of the response for any subsequent investigating prospective employers for the duration of the three year data retention requirement period. You may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

THE RIGHT TO REPORT FAILURES TO CORRECT ERRONEOUS INFORMATION: You may report failures of a previous employer to correct information or include your rebuttal as part of the safety performance information, to the Federal Motor Carrier Safety's administration by following procedures specified at 49 CFR Section 385.12.

Print clearly in blue or black ink

Last name, First Name

Signature

Date

Company Representative

Signature

Date

By signing this I certify 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. I also certify that I have accounted for my last three (3) years of work experiences and any relevant training on this application, and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my Pre-Application unfavorably.

Apache Oil Company, Inc., is hereby authorized to make any investigation of my past employment (current employment, if indicated above that this would not pose any difficulty), education, reason for termination, accidents, drug and alcohol results, product spills, mixtures, credit or criminal history through any investigative agencies or bureaus of its choice.

In connection with my Application, I understand that a consumer report which may contain public record information is being requested from DAC Services, Tulsa, Oklahoma. This report may include the following types of information:

- Names of previous employers
- Dates of previous employment
- Reason for termination of employment
- Work experience
- Accidents, etc.

I further understand that such report may contain Public Record Information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, etc. from federal, state and other agencies which maintain such records as well as information from DAC concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving record; (3) claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by Apache Oil Company, Inc., to furnish the above-mentioned information.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request; the sources of information the receipts of any reports on me which DAC have previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

I release all relevant parties from all liability of any damages resulting from furnishing such information.

I understand that an offer of employment (following the completion and approval of an application for employments) is contingent upon my furnishing satisfactory proof of my authorization to work in the United States.

I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment or be cause for immediate dismissal. I agree to furnish additional information as may be required to complete my employment file. I understand that operating conditions may require me to temporarily work shifts other than the one for which I am applying, and I agree to such scheduling change as directed by my supervisor.

I further understand that this is a Pre-Application for employment and that no employment contract, either express or implied, is being offered.

Last name, First Name

Social Security Number

Signature of Applicant

Date

Company Representative

Signature

Date

PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103 pre-employment testing requirements, apply to driver applications of this company.

391.103 Pre-employment testing requirements.

- a) A motor carrier shall require a driver applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a prequalification condition.
- b) A driver-applicant shall submit to controlled substance testing as a prequalification condition.
- c) Prior to collection of a urine sample under §391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer (MRO) will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

Print clearly in blue or black ink

Last Name, First Name

Signature

Date

Witnessed By:

Company Representative

Signature

Date

**PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST
STATEMENT**

Printed Applicant Name

Social Security

The applicant is required by Sec. 40.25(j) to **respond** to the following questions:

- Have you 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 covered by DOT agency drug and alcohol testing rules during the past three years? Yes No
- If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirement? Yes No

I certify that the information provided on this document is true and correct.

Last Name, First Name

Signature

Date

Witnessed By:

Company Representative

Signature

Date

FAIR CREDIT REPORTING ACT DISCLOURE STATEMENT

In accordance with the provision of Section 604 (b)(2(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

Last Name, First Name

Signature

Date

DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from DAC Services, Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I'm hired, will be supplied by DAC to other companies which subscribe to DAC services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Last name, first name

Social Security Number

Signature

Date

APPLICANT CLEARINGHOUSE DRUG TEST RELEASE

TO: Apache Oil Company
(Company)

FROM: _____
(Applicant)

- A. I voluntarily consent to submit to urine tests if requested by you in conformance with Department of transportation (DOT) regulations (49 C.F.R Parts 391 and 40). I understand that such testing will be conducted under the direction of the medical facility chosen by you. I further understand that you will use such samples for the purpose of conducting drug use tests to determine if I have engaged in the use of controlled substances as defined in DOT regulations (49 C.F.R. Parts 391 and 40).

I give permission for you, your Medical Review Officer or your designated agent to release to DAC Services, 4110 S. 100th E. Ave., STE 200, Tulsa, Oklahoma 74146, (918)664-9991, the information obtained from such tests or the fact that I refused to take such test. I hereby authorize you, your Medical Review Officer or DAC services to release and disclose this information to any future employer, company or agent thereof, PROVIDED that I give that employer, company or agent my express written permission.

- B. I hereby give my voluntary consent for DAC Services, any previous employer, or Medical Review Officer or any of their respective agents and employees to release and disclose the following information concerning any of my past controlled substance tests. I also authorize you to obtain the following information from past controlled substance tests:
- a. The types of controlled substances testing for which I submitted a urine specimen.
 - b. The date of such collection.
 - c. The location of such collection.
 - d. The identity of person or entity:
 - i. Performing the collection.
 - ii. Analyzing the specimens, and
 - iii. Serving as the Medical Review Officer.
 - e. Whether the test finding was "positive" or "negative" and, if "positive," the controlled substances identified in any positive test.

I hereby knowingly and voluntarily release all person and entities from any and all claims or liabilities for releasing information described in this form to those identified in the preceding paragraphs.

I certify that I have read, understand, and agree to all the provisions of this form.

Print Name (last, first)

Printed name of company witness (last, first)

Applicant Signature

Company Name

Date

Date

Social Security Number

DAC Customer Number

DRIVER'S RELEASE OF MEDICAL RECORDS

I, _____, hereby authorize and give permission to all health care providers who have rendered medical care or related services to me, in accordance with my mental and/or physical capabilities to perform the essential functions of the job, to give to the authorized agent of Apache Oil Company, Inc. (or any person acting on his/her behalf with written authorization of the same) to complete access to all of my medical records pertaining to any diagnosis or treatment of any injury, disease, illness or medical condition relating to my employment. Permission is also given to said health care provider to fully discuss my diagnosis, treatment, condition, or prognosis with the authorized agent of Apache Oil Company, Inc. or others acting on his/her behalf. This release is given for the purpose of verifying physical or mental capabilities to ascertain whether I can perform the essential functions of the job and will only be utilized subsequent to an offer of employment.

A copy of this release shall be valid as the original.

Printed name (last, first)

Date

Signature

Printed name of company witness (last, first)

Date

Signature of witness