



## DRIVER'S APPLICATION FOR EMPLOYMENT

TLR Well Services, Inc. is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability, or any other characteristics protected by law.

### INTRODUCTORY INFORMATION:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security #: \_\_\_\_\_

### APPLICANT QUESTIONS:

Type of work desired: \_\_\_\_\_ Salary Desired: \_\_\_\_\_ Date Available \_\_\_\_\_

If hired, can you provide documents required to establish your eligibility to work in the U.S.?  YES  NO

Date of Birth (Required for Commercial Drivers): \_\_\_\_\_ Can you provide proof?  YES  NO

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

CDL Class  A  B  C  D Please list any endorsements: \_\_\_\_\_

Former, Prior, and Maiden Names (list all and dates of change):  
\_\_\_\_\_

Prior addresses (list all from the past 3 years, including dates):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Have you worked for this company before?  YES  NO If so, where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Are you currently employed?  YES  NO If not, how long since leaving last employment? \_\_\_\_\_

How were you referred to TLR Well Services, Inc? \_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years of information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order, starting with the most recent. Add another sheet if necessary.)

| EMPLOYER                  |               |           |
|---------------------------|---------------|-----------|
| Name:                     |               |           |
| Address:                  |               |           |
| City:                     | State:        | Zip Code: |
| Contact Person:           | Phone Number: |           |
| Date (Month & Year) From: | To:           |           |
| Position Held:            | Salary/Wage:  |           |
| Reason for Leaving:       |               |           |

| EMPLOYER                  |               |           |
|---------------------------|---------------|-----------|
| Name:                     |               |           |
| Address:                  |               |           |
| City:                     | State:        | Zip Code: |
| Contact Person:           | Phone Number: |           |
| Date (Month & Year) From: | To:           |           |
| Position Held:            | Salary/Wage:  |           |
| Reason for Leaving:       |               |           |

| EMPLOYER                  |               |           |
|---------------------------|---------------|-----------|
| Name:                     |               |           |
| Address:                  |               |           |
| City:                     | State:        | Zip Code: |
| Contact Person:           | Phone Number: |           |
| Date (Month & Year) From: | To:           |           |
| Position Held:            | Salary/Wage:  |           |
| Reason for Leaving:       |               |           |

| EMPLOYER                  |               |           |
|---------------------------|---------------|-----------|
| Name:                     |               |           |
| Address:                  |               |           |
| City:                     | State:        | Zip Code: |
| Contact Person:           | Phone Number: |           |
| Date (Month & Year) From: | To:           |           |
| Position Held:            | Salary/Wage:  |           |
| Reason for Leaving:       |               |           |

|                           |               |           |
|---------------------------|---------------|-----------|
| EMPLOYER                  |               |           |
| Name:                     |               |           |
| Address:                  |               |           |
| City:                     | State:        | Zip Code: |
| Contact Person:           | Phone Number: |           |
| Date (Month & Year) From: | To:           |           |
| Position Held:            | Salary/Wage:  |           |
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|                           |               |           |
|---------------------------|---------------|-----------|
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| Name:                     |               |           |
| Address:                  |               |           |
| City:                     | State:        | Zip Code: |
| Contact Person:           | Phone Number: |           |
| Date (Month & Year) From: | To:           |           |
| Position Held:            | Salary/Wage:  |           |
| Reason for Leaving:       |               |           |

|                           |               |           |
|---------------------------|---------------|-----------|
| EMPLOYER                  |               |           |
| Name:                     |               |           |
| Address:                  |               |           |
| City:                     | State:        | Zip Code: |
| Contact Person:           | Phone Number: |           |
| Date (Month & Year) From: | To:           |           |
| Position Held:            | Salary/Wage:  |           |
| Reason for Leaving:       |               |           |

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Accident record for the past 3 years or more (attach sheet if more space is needed). If none, write NONE.

| Dates         | Nature of Accident<br>(Head-On, Rear-End, Upset, Etc.) | Fatalities | Injuries |
|---------------|--|------------|----------|
| Last Accident |  |            |          |
| Next Previous |  |            |          |
| Next Previous |  |            |          |

Traffic Conviction and Forfeitures for the past 3 years (other than parking violations). If none, write NONE.

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
|          |      |        |         |
|          |      |        |         |
|          |      |        |         |

(Attach sheet if more space is needed)

## EDUCATION

**High School or last grade completed**

Name & Address of School: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Degree/ Diploma: \_\_\_\_\_

**College or Technical School**

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

## EXPERIENCE & QUALIFICATIONS- DRIVER

|                     | State | License No. | Type | Expiration Date |
|---------------------|-------|-------------|------|-----------------|
| DRIVER'S<br>LICENSE |       |             |      |                 |
|                     |       |             |      |                 |
|                     |       |             |      |                 |

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

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

**IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.**

## DRIVING EXPERIENCE

If none, write NONE

| Class of equipment     | Type of Equipment<br>(Van, Tank, Flat, Etc.) | Dates |    | Appox. # Of Miles<br>(TOTAL) |
|------------------------|--|-------|----|------------------------------|
|                        |  | From  | To |                              |
| Straight Truck         |  |       |    |                              |
| Tractor & Semi-Trailer |  |       |    |                              |
| Tractor-Two Trailers   |  |       |    |                              |
| Motorcoach-School Bus  |  |       |    |                              |
| Other                  |  |       |    |                              |

List States operated in for the last 5 years: \_\_\_\_\_

Show special courses or training that will help you as a driver: \_\_\_\_\_

\_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

\_\_\_\_\_

**EXPERIENCE & QUALIFICATIONS-OTHER**

Show any trucking, transportation or other experience that may help in your work for this company.

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List courses and training other than shown elsewhere in this application. \_\_\_\_\_

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List special equipment or technical materials you can work with (other than those already shown):

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**TO BE READ & SIGNED BY APPLICANT**

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.

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, school, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In this 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 TLR Well Services, Inc.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_