



## DOT Regulated Application for Employment

Select Oilfield Services, LLC is an Equal Opportunity and Affirmative Action Employer and does not consider race, color, sex, age, disability, religion, national origin, or veteran status as a factor in the selection for employment.

All newly hired employees of Select Oilfield Services, LLC are subject to an evaluation period of ninety (90) days from the date of hire. The applicant understands that the satisfactory completion of this evaluation period in no way constitutes an obligation by Select Oilfield Services, LLC to continue his/her employment, and that all employees are subject to termination with or without cause as determined solely by the company in its best interest. This application is considered active for 30 days.

Personal Information:			
Last Name:	First Name:	MI:	
Date of Birth:	Social Security Number:		
Present Address:	City:	State:	Zip:
Emergency Contact Name:	Relationship:		Zip:
Emergency Contact Number: ( ) -	Employee (Cell / Home) Number ( ) -		
Position Applied for: <input type="checkbox"/> Driver	<input type="checkbox"/> Part-time Driver	<input type="checkbox"/> Other: _____	
Date Available: / /	Pay Requirement:		
Have you ever been employed by a Select Oilfield Services, LLC or subsidiary? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, what company?		Dates of Employment:	
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what branch?	
Are you willing to travel if required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any restrictions on hours, weekends, or overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:			
Do you currently use any illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever refused a drug or alcohol test? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever tested positive for a controlled substance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Had a breath alcohol test with a concentration result of 0.04 or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(If the answer is yes to the drug and alcohol section, attach a statement giving details)			

Education	Name and Location of School	Years Attended	Did you Graduate?	Major Courses
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, did you obtain a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business, or Tech School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Driver License Information:				
State:	License No.:	Type:	Endorsements:	
Expiration Date:				

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Select Oilfield Services, LLC  
 950 Birdsong, Lafayette, LA 70507  
 (337) 504-2562

**Employment History**

List employers starting with the most recent, list complete mailing address, phone numbers, employment dates. Applicants must provide 10 years of work history. **MUST FURNISH PHONE NUMBERS**

<b>EMPLOYER INFORMATION</b>		<b>Position Held:</b>	
<b>Name:</b>		<b>From:</b>	<b>To:</b>
<b>Address:</b>		<b>Starting Salary:</b>	<b>Ending Salary:</b>
<b>City:</b>	<b>State:</b>		
<b>Phone Number:</b> ( ) -		<b>Reason for leaving:</b>	
Is your present or previous job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirement as required by 49 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Were you subject to the Federal Motor Carrier Safety Regulations while employed by your previous employer/employers? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>EMPLOYER INFORMATION</b>		<b>Position Held:</b>	
<b>Name:</b>		<b>From:</b>	<b>To:</b>
<b>Address:</b>		<b>Starting Salary:</b>	<b>Ending Salary:</b>
<b>City:</b>	<b>State:</b>		
<b>Phone Number:</b> ( ) -		<b>Reason for leaving:</b>	
Is your present or previous job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirement as required by 49 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Were you subject to the Federal Motor Carrier Safety Regulations while employed by your previous employer/employers? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>EMPLOYER INFORMATION</b>		<b>Position Held:</b>	
<b>Name:</b>		<b>From:</b>	<b>To:</b>
<b>Address:</b>		<b>Starting Salary:</b>	<b>Ending Salary:</b>
<b>City:</b>	<b>State:</b>		
<b>Phone Number:</b> ( ) -		<b>Reason for leaving:</b>	
Is your present or previous job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirement as required by 49 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Were you subject to the Federal Motor Carrier Safety Regulations while employed by your previous employer/employers? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>EMPLOYER INFORMATION</b>		<b>Position Held:</b>	
<b>Name:</b>		<b>From:</b>	<b>To:</b>
<b>Address:</b>		<b>Starting Salary:</b>	<b>Ending Salary:</b>
<b>City:</b>	<b>State:</b>		
<b>Phone Number:</b> ( ) -		<b>Reason for leaving:</b>	
Is your present or previous job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirement as required by 49 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Were you subject to the Federal Motor Carrier Safety Regulations while employed by your previous employer/employers? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Please add additional sheets if necessary

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I hereby authorize you to release the following information to **Select Oilfield Services, LLC**.  
For the purposes of investigation as required by Section 391.23, 382.413, 382.405 of the

**Federal Motor Carrier Safety Regulations**

You are released from any and all liability which may result from furnishing such information.

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Dear Sir/Madam:

The above named individual has made application to Select Oilfield Services, LLC. for a position as a

\_\_\_\_\_ and states that he/she was employed by you as a \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_

We appreciate your time in completing, in confidence, the information requested below. Thank you for your courtesy.

Sincerely: \_\_\_\_\_

Select Oilfield Services, LLC  
950 Birdsong, Lafayette, LA 70507  
Phone: (337) 504-2562 Fax: (337) 412-6340

**To Be Completed by Previous Employer**

**Company Name:** \_\_\_\_\_

**Work History**

**Dates of Employment:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Did he/she drive a motor vehicle for you?**  Yes  No **Truck Type:** \_\_\_\_\_

**Areas of travel:** \_\_\_\_\_ **Over the Road** \_\_\_\_\_ **Local** \_\_\_\_\_ **Both** \_\_\_\_\_

**Reasons for leaving your company:** \_\_\_\_\_

**Number of Accidents:** \_\_\_\_\_

**Is he/she eligible for rehire?**  Yes  No

**Drug & Alcohol**

Has this person ever tested positive for a controlled substance?  Yes  No

Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.02% or greater?  Yes  No

Has this person ever refused a required test for drugs or alcohol?  Yes  No

Has the individual violated other DOT drug and/or alcohol regulations?  Yes  No

Have you ever received information from a previous employer that this individual violated DOT drug and/or alcohol regulations?  Yes  No

If yes, please give Substance Abuse Professional's name, address, and phone number for further references: \_\_\_\_\_

**Completed By:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Remarks:** \_\_\_\_\_

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**To be Read and 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 hereby release all previous companies, schools, health care providers and other persons from all liability in responding to inquires and releasing information in connection with my qualification.**

**In the event of my qualification, I understand that false or misleading information given in my application may result in disqualification. I understand, also, that I am required to abide by all rules and regulations of the Company.**

**I have carefully read and fully understand the authorization to release all information used to conduct a criminal history check and/or background investigation. In signing below, I certify that all of the information which I have furnished on this form is true and complete. I also understand that I will be entitled to receive a copy of all information discovered upon making a written request therefore.**

**Driver's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Signature:** \_\_\_\_\_

**To be completed by the Driver File Coordinator**

**Remarks:**

**Application Complete:**     **Yes**     **No**

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# Position Specific Qualifications

Please check all that apply:

	Crane Rigger		Water Survival		Hazmat		CPR/First Aid/ DEFIB
	Bloodborne Pathogens		Well Control		T2		Defensive Driving
	H2S		Back Injury Awareness		Fire Protection & Prevention		Hand Safety
	JSA		PPE		Slips, Trips, & Falls		TWIC Card
	Forklift		Crane Operator Training		Safe Gulf		Machine Guarding
	Electrical Safety		MSDS		Incident Investigation		Fall Protection
	Ergonomics		LOTO		Confined Spaces		Leadership Training
	Communication		Marine Debris		Environmental Controls		Spill Clean Up
	Heat Awareness		Hearing Conversation		Smith Driving		Tap Root
	ISO		Six Sigma		Emergency Evacuation		Other Please Explain Below

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## **Fair Credit Reporting Act Disclosure**

**Company Name: Select Oilfield Services LLC**

In accordance with the provisions 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.

I have read the attached "Notice to Applicant/Employees Regarding Consumer Reports" and hereby authorize the company to obtain consumer reports and or investigative reports as described.

I understand that I have the right to make a written request within a reasonable amount of time to receive additional, detailed information about the nature and scope of any investigative report or other consumer reports that are made, including the name, address and telephone number of the consumer reporting agency.

I hereby authorize any present or former employers, consumer reporting agencies, educational institutions, criminal justice agencies, department of motor vehicles, public agency, financial institutions, or any other person or agency having knowledge of me to submit information or opinions about myself, including data received from other sources. My employment qualifications may be evaluated as required. I hold said persons and or organizations blameless and without liability for statements or opinions made regarding my character, experience, or qualification.

Driver's Signature & Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

Address: \_\_\_\_\_

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*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

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- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

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