



A SUPERIOR ENERGY SERVICES COMPANY

# Employment Application

117 Elm Grove Rd.  
Valley View, TX 76272

Phone: 940-726-1800  
Fax: 940-726-1882

Applying for which position: \_\_\_\_\_ Expected Wage: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Applying for which location: \_\_\_\_\_ Date available to start: \_\_\_\_\_

## General Information

**Please print in ink. Incomplete applications WILL NOT be considered.**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*E-Mail Address: \_\_\_\_\_

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

How long at this address? \_\_\_\_\_ Past address for last three years if less than three years at present address:

Past Address: \_\_\_\_\_ How long at this address? \_\_\_\_\_

Have you served in the U.S. Armed Forces?  Yes  No

Have you ever been employed by another Superior Energy Services company?  Yes  No

If yes, which company and when? \_\_\_\_\_

Have you ever worked for, or applied for work at, Pumpco Energy Services Inc.? If yes, when?  
\_\_\_\_\_

How did you hear about Pumpco Energy Services? \_\_\_\_\_ Name \_\_\_\_\_

Are you currently related to anyone employed with Pumpco Energy Services?  Yes  No

If yes, who? \_\_\_\_\_

Have you ever pled guilty or no contest to a felony?  Yes  No If yes, when? \_\_\_\_\_

Explain the details: \_\_\_\_\_

Have you ever been convicted or pled guilty or no contest to a DWI/DUI or any alcohol or drug related offense?  Yes  No

If yes, when? \_\_\_\_\_

Are you authorized to work in the United States?  Yes  No

Has your driver license ever been denied, revoked, canceled or suspended?  Yes  No

***(If yes, please explain on a separate sheet of paper)***

## Employment History

List all periods of employment (full and part-time), self-employment, unemployment, and schooling during the past ten (10) years, beginning with the most recent time period. If unemployed or self-employed for over 30 days, provide means of verification (names, telephone numbers, documents, etc.) Any application received that is incomplete **WILL NOT BE PROCESSED**.

Are you presently employed? Yes  No  If yes, may we contact current employer? Yes  No

EMPLOYER	DATE	
NAME	FROM	TO
ADDRESS	POSITION HELD	
CITY STATE ZIP	TYPE TRL. PULLED	
CONTACT PERSON	PHONE #	REASON LEFT

Were you subject to the Federal Motor Carrier Safety Regulation (FMCSRs) while employed with this company? Check one: Yes  No  Was your job designated as a safety sensitive function in any DOT regulation mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Check one: Yes  No

EMPLOYER	DATE	
NAME	FROM	TO
ADDRESS	POSITION HELD	
CITY STATE ZIP	TYPE TRL. PULLED	
CONTACT PERSON	PHONE #	REASON LEFT

Were you subject to the FMCSRs while employed with this company? Check one: Yes  No  Was your job designated as a safety sensitive function in any DOT regulation mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Check one: Yes  No

EMPLOYER	DATE	
NAME	FROM	TO
ADDRESS	POSITION HELD	
CITY STATE ZIP	TYPE TRL. PULLED	
CONTACT PERSON	PHONE #	REASON LEFT

Were you subject to the FMCSRs while employed with this company? Check one: Yes  No  Was your job designated as a safety sensitive function in any DOT regulation mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Check one: Yes  No

EMPLOYER	DATE	
NAME	FROM	TO
ADDRESS	POSITION HELD	
CITY STATE ZIP	TYPE TRL. PULLED	
CONTACT PERSON	PHONE #	REASON LEFT

Were you subject to the FMCSRs while employed with this company? Check one: Yes  No  Was your job designated as a safety sensitive function in any DOT regulation mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Check one: Yes  No



## Accident Information

List below all motor vehicle accidents or incidents preventable and non-preventable, in which you were involved during the past three (3) years. If more space is needed, attach an extra sheet. If answer is "none", state "none".

Date	Location	Class of Vehicle	Property Damage	Personal Injuries	Fatalities	Name and Address of Employer	Preventable or Non-Preventable
1.							
2.							
3.							

**Details of Accidents listed above (if more space is needed, attach an extra sheet).**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Pumpco Energy Service, Inc. is an equal opportunity employer.

This certifies that I personally, accurately, and truthfully completed this application. I understand that any omission or misrepresentation is "falsification" and may result in refusal of, or separation from, employment. I hereby authorize Pumpco Energy Services Inc. to make a complete investigation of my background, including but not limited to:

Pre-Employment Drug and Alcohol testing, contacting personal references, current and past employers, and a complete background investigation to confirm information I provided, but not limited to information required by 391.23 of the Motor Carrier Safety Regulations and investigate previous employer Alcohol & Controlled Substance Testing in accordance with Section 382.405 (F&H) and Section 382.413 (A thru G) of the Code of Federal Regulations, and hold previous employers harmless of all liability from release of said information. It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.

**Applicant Signature** \_\_\_\_\_

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

## INVESTIGATIVE CONSUMER REPORT DISCLOSURE & CONSENT FORM

In connection with your employment, or application for employment (including contract for services), an investigative consumer report, or reports, which may contain public record information, may be requested from HireRight and/or Microbilt. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, general reputation, personal characteristics, mode of living, educational background, or any other information about you which may reflect upon your potential for employment, gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your 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 HireRight and/or Microbilt, concerning previous driving record requests made by others from such state agencies.

You have the right to receive, upon your written request, within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to Pumpco Energy Services, Inc., upon proper identification, to request the nature and substance of all information in its files, on you, at the time of your request, including the sources of information, and the recipients of any reports on you that HireRight and/or Microbilt have previously furnished within the two-year period preceding your request. Pumpco Energy Services, Inc. may be contacted by mail at: 117 Elm Grove Rd, Valley View TX, 76272. Attn: Rhonda Lukie, or by phone at 940-726-1800.

Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Federal Trade Commission.

\_\_\_\_\_  
Please print your full name

**Applicant Signature** \_\_\_\_\_

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

## INVESTIGATIVE CONSUMER REPORT RELEASE & CONSENT FORM

**Company Name: Pumpco Energy Services**

Pursuant to the Investigative Consumer Report Disclosure previously delivered to me, I authorize HireRight and/or Microbilt to prepare a consumer report, or investigative consumer report, about me for employment related purposes. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA).

I hereby fully release and discharge HireRight &/or Microbilt their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to Pumpco Energy Services, Inc. from all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

Pumpco Energy Services, Inc. is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion, or any other lawful purpose. If hired or contracted, this authorization shall remain on file, and shall serve as ongoing authorization for the procurement of consumer reports at any time, during my employment or contract period.

Applicants with felony charges must have the division President's approval before employment.

Oklahoma Applicants Only: I request a copy of any credit report requested on me.

Minnesota Applicants Only: I request a copy of any consumer report requested on me.

By signing below, I certify that I have read and fully understand this release, and that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my eligibility for employment, my employment, or my eligibility for promotion.

Print your full name \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

For purposes of gathering this information I agree to supply the following information, which may be required by law enforcement agencies and other entities, for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print any other last names you have used: \_\_\_\_\_

List states and counties of residence for the past **SEVEN** years. (Attach a separate sheet if more space is needed)

State:	City/County:	From:	to:
State:	City/County:	From:	to:
State:	City/County:	From:	to:
State:	City/County:	From:	to:

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver License # \_\_\_\_\_ State Issuing License \_\_\_\_\_

## SUMMARY OF RIGHTS UNDER FCRA

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under the state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- 1. You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you--such as denying an application for credit, insurance, or employment--must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- 2. You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- 3. You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs--to which it has provided the data--of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- 4. Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- 5. You can dispute inaccurate items with the source of the information.** If you tell anyone-- such as a creditor who reports to the CRA--that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you have notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- 6. Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old, ten years for bankruptcies.
- 7. Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA--usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- 8. Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- 9. You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- 10. You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court. The FCRA gives several different federal agencies authority to enforce the FCRA.

## Pre-Offer Invitation to Self-Identify

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

Position Applying For: \_\_\_\_\_

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

**Superior Energy** is a Federal contractor and an **Equal Opportunity Employer**. Superior Energy is subject to Executive Order 11246, which requires government contractors to take affirmative action to ensure that equal opportunity is provided in all aspects of their employment. In addition, we are subject to Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment protected veterans. In order to comply with these laws, Superior Energy invites applicants to voluntarily self-identify their gender, race/ethnicity and protected veteran status. Superior Energy does not discriminate on the basis of race, religion, color, sex, age, protected veteran status, non-disqualifying physical or mental disability, national origin, genetic information, or any other basis covered by appropriate law. All employment is decided on the basis of qualifications, merit, and business need.

Submission of this information is **voluntary** and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

**Check one of the following:**

- Male
- Female
- I choose not to self-identify

**Check one of the following race/ethnic groups defined on the following page:**

- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)
- I choose not to self-identify

**Check one of the following:**

- I identify as one or more of the classifications of protected veterans as defined on the following page
- I am not a protected veteran.
- I choose not to self-identify

**Personal and Confidential This page contains sensitive information, store in secure "Affirmative Action Forms" files, separately from personnel records.**



## Ethnicity and Race Definitions

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** – A person who identifies with more than one of the above five races.

## Protected Veteran Definitions

- Disabled Veteran** - one of the following:
  - o a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; **or**
  - o a person who was discharged or released from active duty because of a service-connected disability.
- Recently Separated Veteran** - any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- Active Duty Wartime or Campaign Badge Veteran** - a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- Armed forces service medal veteran** - a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 2 of 2

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

**(From This Page Forward DOT Applicants Only)**



**A SUPERIOR ENERGY SERVICES COMPANY**

## **DRIVER NOTIFICATION OF REBUTTAL**

AS A DRIVER WITH DEPARTMENT OF TRANSPORTATION REGULATED EMPLOYMENT,

WE ARE REQUIRED TO NOTIFY YOU OF THE FOLLOWING RIGHTS REGARDING THE INVESTIGATIVE INFORMATION THAT WILL BE PROVIDED TO THE PROSPECTIVE EMPLOYER PURSUANT TO 391.23 (d)(e)

YOU HAVE:

1. THE RIGHT TO REVIEW INFORMATION PROVIDED BY PREVIOUS EMPLOYERS
2. THE RIGHT TO HAVE ERRORS IN THE INFORMATION CORRECTED BY THE PREVIOUS EMPLOYER, AND FOR THAT PREVIOUS EMPLOYER TO RE-SEND THE CORRECTED INFORMATION TO THE PROSPECTIVE EMPLOYER
3. THE RIGHT TO HAVE A REBUTTAL STATEMENT ATTACHED TO THE ALLEGED ERRONEOUS INFORMATION, IF THE PREVIOUS EMPLOYER AND THE DRIVER CANNOT AGREE ON THE ACCURACY OF THE INFORMATION.

(PLEASE REFER TO 391.23(j) FOR FURTHER INFORMATION REGARDING REBUTTALS)

You must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed, or being notified of denial of employment.

The prospective employer must provide this information within five business days of receiving the written request. If the driver does not arrange pick up, or receive the requested record within 30 days of the prospective employer making them available, the prospective Motor Carrier may consider the driver to have waived his/her request to review the records.

**Driver Signature** \_\_\_\_\_

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



A SUPERIOR ENERGY SERVICES COMPANY

Valley View Safety Dept.

117 Elm Grove Road  
Valley View, TX 76272

Phone: 940-726-1800  
Fax: 940-26-1807

### Authorization For Release of Information

Applicant Signature \_\_\_\_\_ Social Security Number \_\_\_\_\_

#### **Request For Information From Previous Employer (Below for Office Use Only)**

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

Dates on application: From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

The above mentioned applicant has applied for the following position: \_\_\_\_\_

Dates verified: From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Position held: \_\_\_\_\_

Reason for leaving:  Quit  Fired  Other Why? \_\_\_\_\_

Is driver eligible for rehire?  Yes  No  Upon Review

Commodities hauled:  48 States  Canada  Regional  Local

Type of equipment operated:  T/T  Bobtail  Straight  Other: \_\_\_\_\_

Type of trailer used:  Van  Flat  Tank  Reefer  RGN  Dump  Other: \_\_\_\_\_

Was his/her driver license ever suspended or revoked?  Yes  No

#### Accidents/Incidents/Cargo Claims:

Date:	<input type="checkbox"/> Preventable <input type="checkbox"/> Non-Preventable	Details:
Date:	<input type="checkbox"/> Preventable <input type="checkbox"/> Non-Preventable	Details:
Date:	<input type="checkbox"/> Preventable <input type="checkbox"/> Non-Preventable	Details:
Date:	<input type="checkbox"/> Preventable <input type="checkbox"/> Non-Preventable	Details:

Were there any positives, or refusals to test, for drugs or alcohol: Which: \_\_\_\_\_

Positive  Refusal  No Problems  Don't Know  Company policy not to release information

If yes, did the employee complete the return to duty process prescribed by an SAP?  Yes  No

Were there any customer complaints, or attitude/behavior problems?  Yes  No

Where was driver employed prior to your company? \_\_\_\_\_

Were there any safety violations or accidents reported to you by any previous employers? \_\_\_\_\_

Comments: \_\_\_\_\_

Information provided by: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Secured by: \_\_\_\_\_



A SUPERIOR ENERGY SERVICES COMPANY

Mailing Address:  
117 Elm Grove Rd  
Valley View, Texas 76272-7390  
Phone: (940) 726-1800

Physical Address:  
117 Elm Grove Rd  
Valley View, Texas 76272-7390  
FAX: (940) 726-1807

TO ALL APPLICANTS

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Complete this application fully, legibly, and accurately. Do not leave blanks.

**FAILURE TO COMPLETE THE APPLICATION, IN ITS ENTIRETY, WILL DELAY PROCESSING AND POTENTIAL EMPLOYMENT.**

Include all past employment addresses, dates, contacts, and phone numbers, for verification. If you are a Commercial Driver License (CDL) holder/driver applicant, you must provide ten (10) years of previous employment history if available. If you do not have this experience, please indicate so.

If you did not operate a commercial motor vehicle requiring a CDL, then you need only list three (3) years of previous employment history.

If the answer to a question is not applicable, enter NONE or initial the appropriate block.

WE WILL USE THIS INFORMATION TO CONTACT PREVIOUS EMPLOYERS, TO CHECK YOUR DRIVING RECORD, AND TO VERIFY YOUR EXPERIENCE AND COMPLIANCE WITH LOCAL, STATE, AND FEDERAL REQUIREMENTS NECESSARY FOR THE OPERATION OF COMMERCIAL MOTOR VEHICLES. THANK YOU FOR APPLYING.

Check the company location you are applying to:	
<input type="checkbox"/> Odessa	<input type="checkbox"/>
<input type="checkbox"/> Pleasanton	<input type="checkbox"/>
<input type="checkbox"/> Valley View	<input type="checkbox"/>

Ken Harrison  
Motor Carrier Compliance Manager

**INITIAL AND DATE TO THE LEFT OF EACH NOTIFICATION BLOCK**

<p><b>Initial AND Date</b></p>	<p><b>General Disclaimer:</b> I understand that <b>Pumpco Energy Services Inc.</b>, hereafter “<b>The Company</b>”, is not obligated to hire me, that any employment offer will not be for any specified period, that either party may terminate my employment at will, with or without notice or cause, and that no one is authorized to enter into any agreement with me contrary to the foregoing. Nothing contained in my employment application or in granting of an interview is intended to create an employment contract between <b>The Company</b> and me or to provide any benefit(s). None of the benefits or policies described in any handbook are intended by reason of publication to confer any rights or privileges to any benefits or policies, or entitle me to remain employed by <b>The Company</b>, or to change my status as an “at will” employee (as permitted by law). All statements and provisions in the handbook(s) are procedural, or are guidelines, and <b>The Company</b> has the right to change any policy, benefit or procedure at any time without notice.</p>
<p><b>Initial AND Date</b></p>	<p><b>Agreement to Follow Rules:</b> If employed, I agree to adhere to all rules, policies, guidelines, procedures, regulations, and statutes promulgated by or issuing from <b>The Company</b> or local, state, or federal regulatory agencies. I understand that there is no expectation of privacy for any of my personal property on <b>The Company’s</b> premises, including vehicles. I consent to and agree that <b>The Company</b> may inspect my personal property, along with desks, lockers, toolkits, etc., to investigate possible violations of <b>The Company’s</b> rules, policies, guidelines, procedures or local, state, or federal regulations or statutes.</p>
<p><b>Initial AND Date</b></p>	<p><b>Possess Only One License:</b> As a commercial motor vehicle (CMV) driver you may <u>not</u> possess more than one motor vehicle operator’s license (See the Texas Transportation Code (TRC) §522.026 for the full text). Make sure you complete the Previous Driver License data block on the application.</p>
<p><b>Initial AND Date</b></p>	<p><b>Notification of Conviction to Department or Employer:</b> A person who holds or is required to hold a commercial driver's license and who is convicted in <u>another state</u> of violating a state law or local ordinance relating to motor vehicle traffic control shall notify the department and <b>The Company</b> in the manner specified by the department not later than the 30th day after the date of conviction. A person who holds or is required to hold a commercial driver's license under this chapter and <u>who is convicted in this state</u> or another state of violating a state law or local ordinance relating to motor vehicle traffic control, including a law regulating the operation of vehicles on highways, shall notify <b>The Company</b> in writing of the conviction not later than the 30th day after the date of conviction (See the TRC §522.061 for the full text).</p>
<p><b>Initial AND Date</b></p>	<p><b>Notification of Disqualification:</b> A person who is denied the privilege of driving a CMV in a state for any period, who is disqualified from driving a CMV, or who is subject to an out-of-service order shall notify <b>The Company</b> of that fact before the end of the first business day after the date the person receives notice of that fact (See the TRC §522.063 for the full text).</p>
<p><b>Initial AND Date</b></p>	<p><b>Notification of Previous Employment and Offenses:</b> Anyone applying for employment as a CMV driver will provide the following data for the 10 years preceding the date of application: The names and addresses of the previous employers for which the applicant drove a CMV; the dates between which the applicant drove for each employer; the reason for leaving the employment of each employer; and each criminal offense or serious traffic violation of which you have been convicted and each suspension, revocation or cancellation of driving privileges that resulted from the conviction (See TRC §522.064 and 49 CFR §391.15(b)(2) for full text).</p>
<p><b>Initial AND Date</b></p>	<p><b>Notice of Drug and Alcohol Testing:</b> I understand that I must submit to <b>The Company’s</b> controlled substance and alcohol testing program and to provide biological samples to be tested. Controlled substances include, but are not limited to: marijuana, cocaine, amphetamines, opiates and phencyclidine. <b>The Company</b> may contract with a third party to obtain, analyze and report on the samples provided. A positive controlled substances and/or alcohol test, or a refusal to test, will disqualify me from consideration for employment or will result in my termination if employed. <b>The Company</b> will report the results of positive controlled substances and/or alcohol tests to the Texas Department of Public Safety in accordance with TRC §644.252. <b>The Company</b> will also release this information to motor carriers and other third parties upon receipt of a properly executed release document. A positive result or a refusal on a post-accident test may also result in denial of any Workers Compensation claims I make due to any injury sustained in an accident. My initials indicate that I have received a copy of <b>The Company’s</b> Controlled Substance and Alcohol Policy and Educational materials. My initials authorize <b>The Company</b> to withhold the cost of pre-employment tests if I terminate employment within 60 days of my hire date.</p>

**INITIAL AND DATE TO THE LEFT OF EACH NOTIFICATION BLOCK**

<p><b>Initials AND Date</b></p>		<p><b>Controlled Substance Use (49 CFR §382.213(c) &amp; §391.41 (b) (12) (i) &amp; The Company Policy:</b> I understand and list below, any medications that are prescribed to me, by a licensed medical practitioner, as defined by 49 CFR 382.107, and will inform and provide a copy of the prescription to <b>The Company</b>, immediately, of any prescribed medications, prescribed to me after the acknowledgement of this document, while in the employment of <b>The Company</b>. If I am not prescribed any medications as described above, I attest to this by writing <b>NONE</b>, below.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Initials AND Date</b></p>		<p><b>Unauthorized Persons Are Not To Be Transported (49 CFR §392.60):</b> I understand and acknowledge that unless specifically authorized in writing by <b>The Company</b>, I will not transport any person or permit any person to be transported on any commercial vehicle that is owned, leased, or operated by <b>The Company</b>. If authorization is issued, it shall state the name of the person transported, the points where the transportation is to begin and end, and the date upon which such authority expires. No written authorization, however, shall be necessary for the transportation of:</p> <ol style="list-style-type: none"> <li>1) Employees or other persons assigned to a commercial vehicle by <b>The Company</b>;</li> <li>2) Any person transported when aid is being rendered in case of an accident or other emergency.</li> </ol>
<p><b>Initials AND Date</b></p>		<p><b>Applicant Rights (49 CFR §382.405 and §391.23(i)):</b> I understand that I have the following rights regarding the information maintained by <b>The Company</b> or that will be provided to <b>The Company</b> pursuant to §382.405 and paragraphs (d) and (e) of 49 CFR §391.23(i): The right to access records maintained on the driver; the right to review previous employer information; to have errors corrected and to have corrected information re-sent to <b>The Company</b> to have a rebuttal statement attached to the alleged erroneous information, if you and the previous employer cannot agree on the accuracy of the information. Drivers who have previous Department of Transportation regulated employment history in the preceding three years and who wish to review previous employer-provided investigative information must submit a written request to <b>The Company</b>. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment.</p>
<p><b>Initials AND Date</b></p>		<p><b>Texting While Driving a Commercial Vehicle (49 CFR §390.17):</b> I understand and acknowledge that I will not violate the Federal regulation that expressly prohibits the act of texting on an electronic device or devices while operating a commercial vehicle in the furtherance of a commercial enterprise for <b>The Company</b>.</p>
<p><b>Initials AND Date</b></p>		<p><b>Pre-Employment Screening Program:</b> I authorize <b>The Company</b> to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist <b>The Company</b> in making a determination regarding my employment. I further understand that neither <b>The Company</b> nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <a href="https://dataqs.fmcsa.dot.gov">https://dataqs.fmcsa.dot.gov</a> If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.</p>



**RELEASE AUTHORIZATION TO PREVIOUS EMPLOYER COMPANY:**

**Work Record and Consumer Reports Release Authorization:** Per 49 CFR §391, I hereby authorize without liability, any person or organization, including but not limited to any educational institution, training facility or any institution whose name I may have given as reference, or by whom I have been previously employed to furnish **Pumpco Energy Services Inc.**, hereafter “**The Company**”, any information they may have concerning my character, habits, ability, financial responsibility, job performance and reasons for leaving employment. Furthermore, there may be entities that **The Company** does business with that may request investigative reports or consumer reports which apply to my background. In this case, these reports would apply to my assignment to projects related to the customer, permission to be on the customer’s premises and to handle products and/or other security concerns of the customer. I hereby release all such persons and organizations from any claims of damages of any kind, which may occur to me by reasons of furnishing such information. I hereby authorize any law enforcement agency or court of record to furnish **The Company** with information concerning motor vehicle records or any felony or misdemeanor of which I have been convicted.

**Medical Records Release Authorization:** I authorize **The Company** to obtain medical documentation or information concerning my past or present medical status. I release anyone with such records from liability, claim or damages for providing my medical information to **The Company**.

**Drug and Alcohol History Release Authorization:** Per 49 CFR §40 and §382, I authorize and require my previous and/or current employer(s) as well as any other person or company listed by me in writing, by verbal interview, by whom I was employed or to whom I applied for employment to release to **The Company** the date, type of test and result of all drug and alcohol tests taken by me, including the date and type of test for any refusals by me to take a drug and/or alcohol test. I also authorize the release of all information concerning my referral to a Substance Abuse Professional (SAP), including records pertaining to my evaluation and treatment (if required by a SAP). I understand that this information is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

I authorize the release by whatever means is most expedient that will maintain the confidentiality of the information transmitted. I agree to hold harmless any past employer, person or company I applied with as well as their employees, agents or representatives from all liability or damage that may arise from the release of the information specifically authorized here.

**RELEASE AUTHORIZATION AND ACKNOWLEDGEMENT OF MANDATORY NOTIFICATIONS, DISCLAIMERS, AND AGREEMENTS**

**Applicant Signature** \_\_\_\_\_

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

\_\_\_\_\_  
**Printed Name**

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

**Collection of the individual’s Social Security Number (SSN) is required in order to positively identify the individual. We will forward this release to all previous employers to obtain your United States Department of Transportation safety performance history, and drug and alcohol history, if any.**

**COMPLETE ALL BLOCKS**

NAME:

LAST

FIRST

MIDDLE INITIAL

SOCIAL SECURITY NUMBER:

BIRTH DATE:

HOME PHONE:

CELL PHONE:

**ADDRESSES FOR THE PAST THREE (3) YEARS**

	ADDRESS	CITY	STATE	ZIP	HOW LONG
Present:					
Previous:					
Previous:					
Previous:					

**DOT-REGULATED EXPERIENCE (CHECK BOX IF NONE )**

CLASS	TYPE			DATES		STATES OPERATED IN
				FROM	TO	
Straight Truck	<input type="checkbox"/> Box Van	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Dump			
Straight Truck - Cargo Tank	<input type="checkbox"/> HM	<input type="checkbox"/> Non-HM				
Straight Truck + Trailer/Semi-Trailer	<input type="checkbox"/> Box Van	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Dump			
Truck-Tractor + Trailer/Semi-Trailer	<input type="checkbox"/> Box Van	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Dump			
Truck-Tractor + Cargo Tank	<input type="checkbox"/> HM	<input type="checkbox"/> Non-HM				
Other (specify)						

**CURRENT DRIVER LICENSE DATA**

NUMBER	TYPE/CLASS	ENDORSEMENTS	RESTRICTIONS	STATE	EXPIRES

Have you ever had a driver license, permit or privilege suspended, revoked or denied?

YES

NO

If YES, explain:

**PREVIOUS DRIVER LICENSE DATA  
INDICATE ANY DRIVER LICENSE PREVIOUSLY HELD**

*	NUMBER	TYPE/CLASS	ENDORSEMENTS	RESTRICTIONS	STATE	DATES HELD
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

\*Place a check mark next to any driving license, permit or privilege that was suspended, revoked or denied.

Explain the circumstances:

**ACCIDENT RECORD FOR THE PAST THREE (3) YEARS (CHECK BOX IF NONE )**

DATE	NATURE OF ACCIDENT ( HEAD-ON, REAR-END, ROLL-OVER, ETC )	FATALITY Y/N	INJURY Y/N

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS-OTHER THAN PARKING VIOLATIONS FOR WHICH I HAVE BEEN CONVICTED OR FORFEITED BOND OR COLLATERAL  
(CHECK BOX IF NONE )**

DATE	LOCATION	CHARGE	PENALTY

**PREVIOUS EMPLOYERS FOR THE PAST 10 YEARS. LIST THE MOST RECENT FIRST**

EMPLOYER				DATE			
				FROM		TO	
NAME:				MO.	YR.	MO.	YR.
ADDRESS:				POSITION:			
	STREET	CITY	STATE/ZIP	PAY:			
CONTACT:			PHONE:			REASON FOR LEAVING:	

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer, and/or was the job was designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? YES  NO

EMPLOYER				DATE			
				FROM		TO	
NAME:				MO.	YR.	MO.	YR.
ADDRESS:				POSITION:			
	STREET	CITY	STATE/ZIP	PAY:			
CONTACT:			PHONE:			REASON FOR LEAVING:	

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer, and/or was the job was designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? YES  NO

EMPLOYER				DATE			
				FROM		TO	
NAME:				MO.	YR.	MO.	YR.
ADDRESS:				POSITION:			
	STREET	CITY	STATE/ZIP	PAY:			
CONTACT:			PHONE:			REASON FOR LEAVING:	

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer, and/or was the job was designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? YES  NO

EMPLOYER				DATE			
				FROM		TO	
NAME:				MO.	YR.	MO.	YR.
ADDRESS:				POSITION:			
	STREET	CITY	STATE/ZIP	PAY:			
CONTACT:			PHONE:			REASON FOR LEAVING:	

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer, and/or was the job was designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? YES  NO

EMPLOYER				DATE			
				FROM		TO	
NAME:				MO.	YR.	MO.	YR.
ADDRESS:				POSITION:			
	STREET	CITY	STATE/ZIP	PAY:			
CONTACT:			PHONE:			REASON FOR LEAVING:	

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer, and/or was the job was designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? YES  NO

EMPLOYER				DATE			
				FROM		TO	
NAME:				MO.	YR.	MO.	YR.
ADDRESS:				POSITION:			
	STREET	CITY	STATE/ZIP	PAY:			
CONTACT:			PHONE:			REASON FOR LEAVING:	

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer, and/or was the job was designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? YES  NO

**\* Includes vehicles having a gross vehicle weight rating of 26,001lbs or more intrastate (10,001 lbs or more interstate); vehicles designed to transport 15 or more passengers or any size vehicle used to transport hazardous materials in any quantity requiring placards.**

Do you have a legal right to work in the United States? YES  NO

Have you ever been convicted of a traffic felony in a CMV? YES  NO

If YES, explain on a separate sheet of paper. This information will remain confidential. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Do you have a current medical examiner's certificate? YES  NO  Expiration Date: \_\_\_\_\_

If you have any interstate or intrastate medical, vision, or limb waivers, check the appropriate box and type below

Interstate  Expiration Date: \_\_\_\_\_ Intrastate  State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type: Insulin  Limb  Vision  Other (Specify) \_\_\_\_\_

Are you currently subject to an out-of-service order? YES  NO

Are you currently disqualified to drive? YES  NO

Describe any trucking, transportation, training, courses, specialized equipment or other experience that may be helpful:

\_\_\_\_\_

\_\_\_\_\_

### **US DOT DRUG AND ALCOHOL TESTING**

Have you ever 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? YES  NO

Have you ever tested positive, or refused to test, on any random, post-accident or reasonable suspicion drug and/or alcohol test while engaged in safety-sensitive transportation work covered by US DOT agency drug and alcohol testing rules? YES  NO

***If you answered YES to either of these questions above, you must provide copies of all Substance Abuse Professional referral, evaluation, and treatment documentation including return-to-duty and follow-up testing chain of custody forms and results.***

### **OTHER COMPENSATED WORK**

Are you currently working for another employer? YES  NO

At this time do you intend to work for another employer while employed with this company? YES  NO

If I start working with another employer for compensation after employment with this company I will immediately inform my current supervisor.

### **CERTIFICATION AND SIGNATURE**

I certify 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. I understand and will comply with all federal, state, local and company policies, rules and regulations.

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE