



Pro Field Services, Inc.
P.O. Box 525
Hallettsville, TX 77964
361-798-5552
361-798-5540 FAX

DRIVER'S APPLICATION FOR EMPLOYMENT

In compliance with Federal and State Equal Employment Opportunity Commission (EEOC) laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job-related disability.

For Assignment to: _____

Date of Application _____

Name _____ Social Security Number _____
Last First Middle

Address _____
Street City
County State Zip Phone () _____

Address For Past _____ How Long? _____
Three Street City State and Zip
Years Street City State and Zip How Long? _____

Date of Birth _____ Height _____ Weight _____ Have you applied or worked for Pro Field Services before? _____
(Required for Truck Drivers)

Do you have the legal right to work in the United States? _____ Rate of pay expected _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Position(s) Applied for _____ Who referred you? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached driver job description)? YES _____ NO _____ If YES, please explain below.

EMERGENCY INFORMATION

In case of emergency, contact: _____

Relationship Phone Number City, State

EMPLOYMENT HISTORY

Drivers' applicants to drive in interstate commerce must provide the following information on all employees during the preceding three years. List complete mailing address, set number, city, state, and zip code.
 Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional seven years information on those employers for whom the applicant operated such vehicle.
 OTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

| MOST RECENT EMPLOYER | | | | DATE | | | |
|----------------------|-------|--------------|--|--------------------|-----|----|-----|
| NAME | | | | FROM | YR. | TO | YR. |
| ADDRESS | | | | POSITION HELD | | | |
| CITY | STATE | ZIP | | SALARY/WAGES | | | |
| CONTACT PERSON | | PHONE NUMBER | | REASON FOR LEAVING | | | |
| EMPLOYER | | | | DATE | | | |
| NAME | | | | FROM | YR. | TO | YR. |
| ADDRESS | | | | POSITION HELD | | | |
| CITY | STATE | ZIP | | SALARY/WAGE | | | |
| CONTACT PERSON | | PHONE NUMBER | | REASON FOR LEAVING | | | |
| EMPLOYER | | | | DATE | | | |
| NAME | | | | FROM | YR. | TO | YR. |
| ADDRESS | | | | POSITION HELD | | | |
| CITY | STATE | ZIP | | SALARY/WAGE | | | |
| CONTACT PERSON | | PHONE NUMBER | | REASON FOR LEAVING | | | |
| EMPLOYER | | | | DATE | | | |
| NAME | | | | FROM | YR. | TO | YR. |
| ADDRESS | | | | POSITION HELD | | | |
| CITY | STATE | ZIP | | SALARY/WAGE | | | |
| CONTACT PERSON | | PHONE NUMBER | | REASON FOR LEAVING | | | |
| EMPLOYER | | | | DATE | | | |
| NAME | | | | FROM | YR. | TO | YR. |
| ADDRESS | | | | POSITION HELD | | | |
| CITY | STATE | ZIP | | SALARY/WAGE | | | |
| CONTACT PERSON | | PHONE NUMBER | | REASON FOR LEAVING | | | |
| EMPLOYER | | | | DATE | | | |
| NAME | | | | FROM | YR. | TO | YR. |
| ADDRESS | | | | POSITION HELD | | | |
| CITY | STATE | ZIP | | SALARY/WAGE | | | |
| CONTACT PERSON | | PHONE NUMBER | | REASON FOR LEAVING | | | |
| EMPLOYER | | | | DATE | | | |
| NAME | | | | FROM | YR. | TO | YR. |
| ADDRESS | | | | POSITION HELD | | | |
| CITY | STATE | ZIP | | SALARY/WAGE | | | |
| CONTACT PERSON | | PHONE NUMBER | | REASON FOR LEAVING | | | |

*Includes vehicles having a GVWR of 26,000 lbs. or more, vehicles designed to transport 15 or more passengers, or any side vehicle used to transport hazardous materials in a quantity requiring placarding.

EMPLOYMENT HISTORY

| EMPLOYER | | | DATE | |
|----------------|--------------|-----|--------------------|-----|
| NAME | | | FROM MO. | YR. |
| ADDRESS | | | TO MO. | YR. |
| CITY | STATE | ZIP | POSITION HELD | |
| CONTACT PERSON | PHONE NUMBER | | SALARY/WAGE | |
| | | | REASON FOR LEAVING | |
| EMPLOYER | | | DATE | |
| NAME | | | FROM MO. | YR. |
| ADDRESS | | | TO MO. | YR. |
| CITY | STATE | ZIP | POSITION HELD | |
| CONTACT PERSON | PHONE NUMBER | | SALARY/WAGE | |
| | | | REASON FOR LEAVING | |
| EMPLOYER | | | DATE | |
| NAME | | | FROM MO. | YR. |
| ADDRESS | | | TO MO. | YR. |
| CITY | STATE | ZIP | POSITION HELD | |
| CONTACT PERSON | PHONE NUMBER | | SALARY/WAGE | |
| | | | REASON FOR LEAVING | |

EXPERIENCE AND QUALIFICATIONS-DRIVERS

| DRIVER LICENSES | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|--------------------|-------|-------------|------|-----------------|
| | | | | |
| | | | | |
| | | | | |

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES _____ NO _____
- B. Has any license, permit, or privilege ever been suspended or revoked? YES _____ NO _____
- C. Have you ever been convicted of a felony? YES _____ NO _____
- If the answer to either A, B, or C is YES, attach statement giving details.

DRIVING EXPERIENCE

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) | DATES | | APPROX. NO. MILES (TOTAL) |
|--------------------------|--|-------|-----|------------------------------|
| | | FROM: | TO: | |
| STRAIGHT TRUCK | | | | |
| TRACTOR AND SEMI-TRAILER | | | | |
| TRACTOR-TWO TRAILERS | | | | |
| OTHER | | | | |

LISTS STATES OPERATED IN FOR LAST FIVE YEARS _____

DRIVING RECORD

ACCIDENT RECORD FOR PAST THREE OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED).

| DATES | NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.) | FATALITIES | INJURIES |
|---------------------|--|------------|----------|
| LAST ACCIDENT _____ | | | |
| NEXT PREVIOUS _____ | | | |
| NEXT PREVIOUS _____ | | | |

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE YEARS (OTHER THAN PARKING VIOLATIONS).

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED(NAME) _____ (DATE) _____

EXPERIENCE AND QUALIFICATIONS-OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY _____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial and other related matters as may be necessary in arriving at an employment decision. Specifically, I understand that consumer reports may be requested from DAC Service. These reports may include the following types of information: previous employers, dates of service, reason for termination, accidents, etc. I further understand that such reports may contain from federal, state or other agencies, information concerning my driving record, criminal record, workers' compensation claims, etc. I hereby release employers, schools, healthcare providers and other persons from all liability responding to inquiries and releasing information in connection with my application. I further authorize Pro Field Services, Inc. to release any and all information regarding myself to any of its' lessees that Pro Field Services, Inc. may consider assigning me to.

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 the Company.

_____ Date

_____ Applicant's Signature



PRO FIELD SERVICES, INC.

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PRE-EMPLOYMENT URINALYSIS CONSENT AGREEMENT

The Federal Motor Carrier Safety Regulations Title 49 United States Code of Federal Regulations, Section 382.301, Pre-employment testing requirement apply to driver-applicants of this company.

382.301 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 382.113 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 Application, I consent 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 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 Consent Agreement.

Applicant's Name

Applicant's Signature

Witnessed By:

Company Representative's Signature

Date

Date