



1075 East 450 South, POB 1455, Vernal, UT 84078

Phone: (435) 828-1919

http://www.energyarmorllc.com

DRIVERS EMPLOYMENT APPLICATION

NAME: _____ DATE OF APPLICATION: ____/____/____
LAST FIRST MIDDLE

CURRENT ADDRESS: _____
ADDRESS CITY STATE ZIP

PHONE: (____) _____ DATE OF BIRTH: ____/____/____

State Previous Addresses (3 Years)

Address	City	State	Zip

Use backside of sheet for additional addresses

Driver's License Information: List all licenses held within the previous 3 years

License Number	Class	State	Exp. Date

Have you ever had any driver's license denied, suspended, revoked, or cancelled by any state agency?

Yes: No: If yes, please state of issuance and explanation of the circumstances _____

Use backside of sheet for if additional space is needed

Driving Experience

Type of Equipment (Truck, Tractor/trailer, tank, etc.)	Date		Approx. Mileage Driven (Total)
	To	From	

List all traffic violation, convictions for the previous 3 years (Write NONE, if none)

Date	Location	Violation	Commercial Vehicle
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>

			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>

List all accidents for the previous 3 years (Write NONE, if none)

Date	Nature of accident	Fatalities	Injuries

Employment History

List all employment for the previous 3 years, all driving jobs for the previous 10 years, including any gaps between employers.

Employer:	Period of Employment		Supervisor
	From:	To:	
Address:			Telephone:
City, State, Zip			
Title and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period:			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Employer:	Period of Employment		Supervisor
	From:	To:	
Address:			Telephone:
City, State, Zip			
Title and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period:			Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Employer:	Period of Employment		Supervisor
	From:	To:	
Address:			Telephone:
City, State, Zip			
Title and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period:			Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Employer:	Period of Employment		Supervisor
	From:	To:	
Address:			Telephone:
City, State, Zip			
Title and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period:			Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Employer:	Period of Employment		Supervisor
	From:	To:	
Address:			Telephone:
City, State, Zip			
Title and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period:			Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Employer:	Period of Employment		Supervisor
	From:	To:	
Address:			Telephone:
City, State, Zip			
Title and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period:			Yes: <input type="checkbox"/> No: <input type="checkbox"/>

For Driver applicants of commercial motor vehicles that require a Commercial Driver's License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

As a perspective employee, you will have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the drive cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadline will begin when the perspective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the record.

CERTIFICATION:

"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."

Applicant's Signature

_____/_____/_____
Date Signed

Drug and Alcohol Previous Employer Inquiry

Part 1:

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, _____ - - - - -
FIRST M.I. LAST SOCIAL SECURITY NUMBER

Do hereby authorize my:

Previous Employer: _____ Phone: _____
Address: _____ Fax: _____
City, State, Zip: _____ Email: _____

To release all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability, which may result from furnishing such information to the prospective employer listed below:

Prospective Employer: ENERGY ARMOR LLC. Phone: (435) 828-1919
Address: 1075 E. 450 S. - PO BOX 1455 Email: lloyd@energyarmorllc.com
City, State, Zip: VERNAL, UTAH 84078

In compliance with Part 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

_____/_____/_____/
APPLICANT'S SIGNATURE DATE

This information is being requested in compliance with CFR 40.25(g) and 391.23(c)(1).

Part 2:

TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by your company, please check here:

Reason not subject: _____

The applicant named above was employed by us from (m/y) ____/____/____ to (m/y) ____/____/____ and was subject to Department of Transportation drug and alcohol testing requirements.

- 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, follow-up alcohol or controlled substance test?
4. Has this person committed any other violation of Subpart B or Part 382, or Part 40?
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests?
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?
7. In answering these questions, include any required DOT drug and alcohol testing information obtained from prior previous employers in the previous 3 years prior to application date.

Person providing information:

Print Name: _____ Position: _____

Signature: _____ Date: ____/____/____

The person identified above is seeking employment with this company, as a driver who is subject to the alcohol/controlled substance testing provisions of the Federal Motor Carrier Safety Regulations of 49 CFR Part 40.25 and Part 382.413. Pursuant to the aforementioned codes, with the driver's written consent, we request the results of related testing of this individual while in your control. The Federal Regulations mandate that we receive your reply within 14 days from request.

ANNUAL VIOLATION AND REVIEW RECORD

Driver's Name: _____
(PLEASE PRINT OR TYPE)

I. CERTIFICATION OF VIOLATIONS (Part 391.27)

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

(DATE OF CERTIFICATION) (DRIVER'S SIGNATURE)

(MOTOR CARRIER'S NAME) (MOTOR CARRIER'S ADDRESS)

(REVIEWED BY SIGNATURE) (TITLE)

II. ANNUAL REVIEW OF DRIVING RECORD (Part 391.25)

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him in accordance with Section 391.27, has been reviewed for the past 12 months. I considered any evidence that the driver has violated applicable provisions of the FMCSR's and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operations of motor vehicles and gave great weight to violations such as: speeding, reckless driving, and operations while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that:

- The driver meets the minimum requirements for safe driving, or
- The driver is disqualified to drive a commercial motor vehicle pursuant to Part 391.15

(MOTOR CARRIER'S NAME) (MOTOR CARRIER'S ADDRESS)

(REVIEWED BY SIGNATURE) (TITLE) / /
(DATE)

DRIVER'S ROAD TEST EXAMINATION

Driver's Name: _____ Phone: _____

Driver's Address: _____

City _____ State: _____ Zip: _____

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating or
Experience

_____ The pre-trip inspection. (As required by Sec. 392.7)

_____ Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.

_____ Placing the equipment in operation.

_____ Use of vehicle's controls and emergency equipment.

_____ Operating the vehicle in traffic and while passing other vehicles.

_____ Turning the vehicle.

_____ Braking, and slowing the vehicle by means other than braking.

_____ Backing and parking the vehicle.

_____ Other, Explain: _____

Type of equipment used in giving test:

_____/_____/_____
Date

Examiner's Signature

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Remarks: _____
