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COMMERCIAL DRIVER APPLICATION

FILL IN ALL BLANKS & PROVIDE INFORMATION REQUESTED

DATE: _____

NAME: (FIRST, MIDDLE, LAST)	DATE OF BIRTH:
ADDRESS:	CITY, STATE, ZIP:
PHONE NUMBER:	SOCIAL SECURITY NUMBER:

If above address is less than 3 years continue listing below to cover the previous 3 year period:

Street:	Street:
City, State, Zip:	City, State, Zip:
Date: _____ to _____	Date: _____ to _____

Use backside of sheet for additional addresses

Driver's License Information:

State:	Number:	Expiration Date:
State:	Number:	Expiration Date:

Experience:

Type of vehicle driven	Dates	Approximate mileage driven
	_____ to _____	
	_____ to _____	
	_____ to _____	

All Accidents, last 3 years: (if none, write NONE)

Date:	Describe:	Fatalities:	Injuries:
Date:	Describe:	Fatalities:	Injuries:
Date:	Describe:	Fatalities:	Injuries:

List all Traffic Violation Convictions, last 3 years (if none, write NONE)

Date:	Violation:	State:	Commercial Vehicle: <i>yes or no</i>
Date:	Violation:	State:	Commercial Vehicle: <i>yes or no</i>
Date:	Violation:	State:	Commercial Vehicle: <i>yes or no</i>
Date:	Violation:	State:	Commercial Vehicle: <i>yes or no</i>
Date:	Violation:	State:	Commercial Vehicle: <i>yes or no</i>
Date:	Violation:	State:	Commercial Vehicle: <i>yes or no</i>

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

Yes No If yes; state issuance: explanation: _____

Employment History (last 10 years)**1.**

Employer:	Dates: _____ to _____	Supervisor:
	Position:	
Address:	State, city, zip:	Phone Number:

Were you Subject to the Federal Motor Carrier Safety regulation during this period? **YES** **NO**Were you subject to controlled substance and alcohol testing during this period? **YES** **NO**

Reason for leaving: _____

2.

Employer:	Dates: _____ to _____	Supervisor:
	Position:	
Address:	State, city, zip:	Phone Number:

Were you Subject to the Federal Motor Carrier Safety regulation during this period? **YES** **NO**Were you subject to controlled substance and alcohol testing during this period? **YES** **NO**

Reason for leaving: _____

3.

Employer:	Dates: _____ to _____	Supervisor:
	Position:	
Address:	State, city, zip:	Phone Number:

Were you Subject to the Federal Motor Carrier Safety regulation during this period? **YES** **NO**Were you subject to controlled substance and alcohol testing during this period? **YES** **NO**

Reason for leaving: _____

4.

Employer:	Dates: _____ to _____	Supervisor:
	Position:	
Address:	State, city, zip:	Phone Number:

Were you Subject to the Federal Motor Carrier Safety regulation during this period? **YES** **NO**Were you subject to controlled substance and alcohol testing during this period? **YES** **NO**

Reason for leaving: _____

5.

Employer:	Dates: _____ to _____	Supervisor:
	Position:	
Address:	State, city, zip:	Phone Number:

Were you Subject to the Federal Motor Carrier Safety regulation during this period? YES NO

Were you subject to controlled substance and alcohol testing during this period? YES NO

Reason for leaving: _____

6.

Employer:	Dates: _____ to _____	Supervisor:
	Position:	
Address:	State, city, zip:	Phone Number:

Were you Subject to the Federal Motor Carrier Safety regulation during this period? YES NO

Were you subject to controlled substance and alcohol testing during this period? YES NO

Reason for leaving: _____

7.

Employer:	Dates: _____ to _____	Supervisor:
	Position:	
Address:	State, city, zip:	Phone Number:

Were you Subject to the Federal Motor Carrier Safety regulation during this period? YES NO

Were you subject to controlled substance and alcohol testing during this period? YES NO

Reason for leaving: _____

8.

Employer:	Dates: _____ to _____	Supervisor:
	Position:	
Address:	State, city, zip:	Phone Number:

Were you Subject to the Federal Motor Carrier Safety regulation during this period? YES NO

Were you subject to controlled substance and alcohol testing during this period? YES NO

Reason for leaving: _____

Use backside of sheet for additional employers

**CONTROLLED SUBSTANCE AND ALCOHOL
PURSUANT TO 49 CFP PART 40.25(J)**

Date: _____

Name: _____ Date of Birth: _____

Social Security Number: _____ - _____ - _____

For driver applicants of commercial motor vehicles that require a commercial driver license the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

As a prospective driver employee, you 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 driver 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 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five 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 business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within 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 records.

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.”

Signature: _____ Date: _____

49 CFR 40.25(j)

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, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules</u> during the past two years?	YES	NO
If YES- Have you Successfully completed the return-to-duty process?	YES	NO

*****If YES-Documentation must be provided before any safety-sensitive transportation function is performed.**

Signature: _____ Date: _____

Employee Acknowledgement Requirement for Notice

I have received, reviewed, and agree to abide by the USDOT, FMCSA, or PHMSA policies concerning drug and alcohol use as discussed in the DOT Drug/Alcohols Testing Overview below. I understand that the provisions of these policies are part of the terms and conditions of my employment, and I agree to abide by them.

Date: _____

Social Security #: _____

Print Name: _____

Signature: _____

DOT Drug/Alcohol Testing Overview

****Reason for Testing**

Pre-employment	Drug only
Post-Accident	Drug and Alcohol
Random	Computer Generated Selection Process 50% Drug 10% Alcohol
Reasonable Suspicion	By Trained Observer

Testing Procedure:

1. Present ID
2. Explanation of Testing Procedure
3. Completion of Chain of Custody Form
4. Refusal to cooperate with testing procedure will be considered positive test

Results of Positive Test:

Drug	Confirmed positive by MRO
Alcohol >.04	Removed from safety sensitive position, possible termination of employment
>.02 but <.04	24 hours off duty, negative test upon return to duty

Consent and Authorization to Request and Release Information

I understand and agree that I must have a negative controlled substance and/or alcohol screening prior to and during my employment. I may also be required to complete and pass a job specific physical agility test and, if applicable, medical certification testing if my current Medical Certification Card has expired, as part of a conditional job offer and employment. Such testing will be performed by an outside testing source. I further understand that if I refuse to take such test, I may be denied current or future employment.

I authorize and consent to **Cactus Fuel, LLC** to obtain any and all document and information regarding my previous employment from my present and past employers, or agents these employers may designate, regarding my employment, including, but not limited to, positions held, dates of employment, last pay rate, work performance, disciplinary records, reliability, incidents of dishonesty, insubordination, violence, criminal history, and/or unsafe, harmful or threatening behavior, including information based upon any and all materials in and out of my personnel files and records. I also authorize and consent to **Cactus Fuel, LLC**, to obtain Safety Performance History and DOT Drug and Alcohol Test Results information in accordance with Part 40.25 and Section 391.23(a)(2) and (e) of the Federal Motor Carrier Safety Regulations.

I authorize and consent to **Cactus Fuel, LLC**, to obtain documentation or information from any public agency or private entity concerning any professional or vocational license or certification that I have held in the past or currently hold, including, but not limited to, documentation or information concerning whether such license or certification is in good standing, and any disciplinary or other proceedings concerning such license or certification.

Applicant Print Name: _____

Applicant Signature: _____

Date Signed: _____

Commercial Motor Vehicle Driver's Certification with Driver License Requirements

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates a commercial motor vehicle in intrastate interstate or foreign commerce. Commercial motor vehicle means a motor vehicle or combination of motor vehicles used to transport passengers or property that has a gross combination weight rating of 26,001 pounds or more inclusive of towed unit with a gross vehicle weight rating of more than 10,001 pounds; or has a gross vehicle weight rating of 26,001 or more pounds; or is designed to transport 16 or more passengers, including the driver; or is of any size and is used in the transportation of hazardous material that require placarding as defined under Part 383.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, including the driver, or transport hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial motor vehicle driver, may not possess more than one license
2. Sections 383.31 and 383.33 of the Federal Motor Carrier Safety Regulations require that you ***notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and that state that issued your license within 30 days.***

DRIVER CERTIFICATION

I certify that I have read and understand the above requirements.

The following license is the only one I will and do possess:

Driver's License No. _____ State: _____ Expiration Date: _____

Driver's Printed Name: _____

Driver's Signature: _____ Date: _____