



7316 SCR 1270 Midland, TX 79706 ▪ P.O. Box 13433 Odessa, TX 79768
 PHONE (432) 741-1514 ▪ FAX (432) 224-1200

Non-DOT Application

FILL IN ALL BLANKS & PROVIDE INFORMATION REQUESTED

DATE: _____

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

EDUCATION

High School:	College:	Other:
Date: _____ to _____	Date: _____ to _____	Date: _____ to _____
Did you graduate? YES NO	Did you graduate? YES NO	Did you graduate? YES NO
Degree:	Degree:	Degree:

CERTIFICATION

Institution:	Institution:	Institution:
Date: _____ to _____	Date: _____ to _____	Date: _____ to _____
Certification:	Certification:	Certification:

REFERENCES (please list three professional references)

Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Company:	Company:	Company:
Phone:	Phone:	Phone:

Employment History (last 5 years)

1.

Employer:	Dates: _____ to _____	Supervisor:
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:
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:
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:
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:
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:
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:
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:
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: _____

Driver's License Information:

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

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: _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature:	Date:

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: _____

Employee Acknowledgement Requirement for Notice

I agree to abide by Cactus Fuel's policies concerning drug and alcohol use as discussed in the Cactus Fuel 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: _____

Cactus Fuel Drug/Alcohol Testing Overview

****Reason for Testing**

Pre-employment	Drug only
Post-Accident	Drug and 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	
>.02 but <.04	

Removed from safety sensitive position, possible termination of employment
24 hours off duty, negative test upon return to duty