

Application of Employment



520 64th Street SE
 P O Box 1868
 Minot, ND 58702
 701-420-9747 – office
 701-420-9751 – fax

Applying for position as: _____

Expected Wage: _____

Date Available for Work: _____

General Information

Please print thoroughly in ink. Incomplete applications will not be processed. Today's Date: _____

Name: Last _____ First _____ Middle _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Contact Phone (____) _____ - _____ Other Phone (____) _____ - _____

Current Address: _____ City _____ State _____ Zip _____

How long at this address? _____ *Past address if less than three years at present address:*

Past Address: _____ How long at this address? _____

Driver's License Information

State	License Number	Class	Endorsements	Expiration Date
1. _____	_____	_____	_____	____/____/____
2. _____	_____	_____	_____	____/____/____
3. _____	_____	_____	_____	____/____/____

Do you have any experience operating Trucks? Yes No

If yes, types of Trucks Driven: _____

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

Explain the details: _____

Have you ever been convicted of a DWI/DUI or any alcohol or drug related offense? Yes No If yes, when? _____

(If yes, please give details in traffic violation information, page 3)

Have you ever tested positive on alcohol/controlled substance test? Yes No

If yes, did you complete the return-to-duty process, as defined in CFR part 40, Subpart)? Yes No When? _____

Have you refused to be tested for alcohol/controlled substance in the last 3 years? Yes No

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

Are you able to pass a DOT physical? Yes No

Do you take any medications that could affect your driving? Yes No

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

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

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

Have you ever worked 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, and what is their job title? _____

Employment History

List all periods of employment (full and parttime), 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 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 ___

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 ___

Traffic Violations

Please provide us with traffic violations and accident information for the last three years. Any deletions or omissions will be sufficient reason for denial of your application. If answer is "none" state "none".

Date	Violation*	Location	Penalty	Has Ticket Been Paid
1.				
2.				
3.				
4.				

*If the violation was speeding, please note the actual speed and the speed limit, i.e. 65/55.

Accident Information

List below all motor vehicle accidents or incidents preventable and non-preventable, in which you were involved in 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. _____

Education

Check highest grade completed: 10 11 12

Years beyond high school 1 2 3 4 5 6 7 8

College/Technical/Trade or Driving Schools attended: _____

Dates: _____

Courses, seminars or other pertinent training: _____ When: _____

Personal References (Do not use relatives or former employers):

1.	_____	_____	(_____)_____
	Name	Occupation	Phone Number
2.	_____	_____	(_____)_____
	Name	Occupation	Phone Number
3.	_____	_____	(_____)_____
	Name	Occupation	Phone Number

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.

Signature
LH 6/07

Date

**Authorization to Obtain a Consumer Credit Report and
Release of Information for Employment Purposes**

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize **Pumpco Energy Services** and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation or public agency may have. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish **Pumpco Energy Services** or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby release **Pumpco Energy Services** and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at anytime result to me, my heirs, family or associates because of compliance with this authorization and request to release. I understand that a copy of this authorization may be given at any time, provided I do so in writing.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's right will be provided to me.

Applicant/Employee Signature

Date

Applicant/Employee Printed Name

Social Security Number

Driver's License Number/State

Date of Birth

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:



Valley View Safety Dept.
117 Elm Grove RD.
Valley View, Tx. 76272

Phone 940-726-1800
Fax 940-726-1807

Request for Information From Previous Employer

Employer: _____ Date: _____
Attention: _____ Fax #: _____

Applicant: _____ Social Security #: _____

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's 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 To Not Release Information

If yes, did the employee complete the return to duty process prescribed by a SAP? _____

Were there any customer complaints, or attitude / behavioral 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: _____

Authorization For Release of Information
 I hereby authorize you to release to Pumpco Services any and all information concerning my employment records as required by FMCSR Section 391.23 and all information concerning Alcohol and Controlled Substance test results as required by FMCSR 382.405 and 382.413. I am also aware that I maintain the right to review any information provided by your company and to rebuttal any erroneous information.

Signature: _____
 Social Security #: _____



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 or employment.

The employer has 5 business days of receiving the written request or receiving the previous employment information. 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: _____