

APPLICATION FOR DRIVER/OPERATOR

Notice: Substance & Alcohol Testing is required of applicant driver.

Initials _____

**CONSOLIDATED OWS MANAGEMENT, INC. to provide services to
Consolidated Oil Well Services, LLC a registered motor carrier
1322 S. Grant, P. O. BOX 884
CHANUTE, KS 66720**

Name _____ Current Phone # (____) ____ - ____
(First) (Middle) (Last)

Address _____
(Street) (City) (State) (Zip)

How long have you resided at this address? _____

Date of Birth _____ Social Security Number _____

Addresses for Past Three Years:

(Street) (City) (State) (Zip) (From) (To)

(USE BACKSIDE OF THIS PAGE IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS—DRIVERS

Type of driver's license _____
Class of driver's license _____
Endorsement _____

Drivers License _____
(State) (License Number) (Expiration Date)

Traffic Convictions and Forfeitures for the past three years (Other than Parking Violations)

In the last 3 years have you:

1. Had any license or permit suspended or revoked? Yes ____ No ____
2. Entered into a diversion agreement on the charge of DUI? Yes ____ No ____
3. Refused to take a blood or breath test to determine intoxication? Yes ____ No ____

(If you answered "yes" to any of these questions, please provide explanation on backside of this page.)

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Number of Miles (Total)
		From	To	
Straight Truck	_____	_____	_____	_____
Tractor & Semi Trailer	_____	_____	_____	_____
Other	_____	_____	_____	_____

ACCIDENT RECORD FOR THE PAST THREE YEARS OR MORE

	Date	Nature of the Accident (Head-on, Rear-end, Upset, etc.)	Fatality	Injury	Non-Injury
Last Accident	_____	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____	_____

CRIMINAL RECORD INQUIRY

Consolidated OWS Management, Inc. has a limited number of driver positions for non-Hazardous Material endorsed drivers. Applicants must have, or be eligible to obtain Hazardous Material endorsement. Consolidated OWS Management, Inc. is requesting that you self-disclose the following information.

(1) In the past 7 years, have you been convicted of a felony offense?

- (a) Yes (b) No (c) I would like the opportunity to talk to you about this.

If you circled (a), what was the offense? _____

(2) In the past 5 years, have you been released from a county jail, half-way house or prison?

- (a) Yes (b) No (c) I would like the opportunity to talk to you about this.

If you circled (a), what offense did you commit and when were you released? _____

MILITARY SERVICE

Did you serve in the U.S. Military? _____ Yes _____ No What branch did you serve in? _____

If "yes", what type of discharge did you receive? _____

Employment History

All drivers applying to drive in intrastate or interstate commerce must provide the following information on employers during the **preceding three years**. List mailing address, street number, city, state and zip code, telephone numbers and fax numbers.

Applicants applying to drive a **“commercial motor vehicle”** as defined by Part 383, in intrastate or interstate commerce shall also provide an additional **seven years** of driving history information on those employers for whom the applicant driver operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Employer: _____ From: Month____ Year____ To: Month____ Year____
Address _____ Position Held _____
City _____ State _____ Zip Code _____ Fax Number _____
Contact Person _____ Phone Number _____
Reason for leaving _____

Were you subject to Federal Motor Carrier safety regulations while you were employed by this company? ___ Yes ___ No

Did you drive, dispatch, load trucks or perform mechanic duties while employed by this carrier? ___ Yes ___ No ___ N/A

Employer: _____ From: Month____ Year____ To: Month____ Year____
Address _____ Position Held _____
City _____ State _____ Zip Code _____ Fax Number _____
Contact Person _____ Phone Number _____
Reason for leaving _____

Were you subject to Federal Motor Carrier safety regulations while you were employed by this company? ___ Yes ___ No

Did you drive, dispatch, load trucks or perform mechanic duties while employed by this carrier? ___ Yes ___ No ___ N/A

Employer: _____ From: Month____ Year____ To: Month____ Year____
Address _____ Position Held _____
City _____ State _____ Zip Code _____ Fax Number _____
Contact Person _____ Phone Number _____
Reason for leaving _____

Were you subject to Federal Motor Carrier safety regulations while you were employed by this company? ___ Yes ___ No

Did you drive, dispatch, load trucks or perform mechanic duties while employed by this carrier? ___ Yes ___ No ___ N/A

Employer: _____ From: Month____ Year____ To: Month____ Year____
Address _____ Position Held _____
City _____ State _____ Zip Code _____ Fax Number _____
Contact Person _____ Phone Number _____
Reason for leaving _____

Were you subject to Federal Motor Carrier safety regulations while you were employed by this company? ____ Yes ____ No
Did you drive, dispatch, load trucks or perform mechanic duties while employed by this carrier? ____ Yes ____ No ____ N/A

Employer: _____ From: Month____ Year____ To: Month____ Year____
Address _____ Position Held _____
City _____ State _____ Zip Code _____ Fax Number _____
Contact Person _____ Phone Number _____
Reason for leaving _____

Were you subject to Federal Motor Carrier safety regulations while you were employed by this company? ____ Yes ____ No
Did you drive, dispatch, load trucks or perform mechanic duties while employed by this carrier? ____ Yes ____ No ____ N/A

Employer: _____ From: Month____ Year____ To: Month____ Year____
Address _____ Position Held _____
City _____ State _____ Zip Code _____ Fax Number _____
Contact Person _____ Phone Number _____
Reason for leaving _____

Were you subject to Federal Motor Carrier safety regulations while you were employed by this company? ____ Yes ____ No
Did you drive, dispatch, load trucks or perform mechanic duties while employed by this carrier? ____ Yes ____ No ____ N/A

Use backside of this form if additional room is needed to complete seven years driving history.

**Release & documentation of pre-employment
Testing information by driver/applicant**

To be completed by driver/applicant.

During the past 10 years, have you **tested positive** on a pre-employment, post accident, random or reasonable suspicion drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules? Yes No

During the past 10 years, have you **refused to test** on a pre-employment, post accident, random or reasonable suspicion drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules? Yes No

General Information

Hobbies: _____

1. Are you physically able to carry and lift up to 80 pounds? Yes No
2. Have you had a prior injury that would prevent you from performing duties required by this company Yes No
(i.e., carry, climb, drive, stand, push, pull, and stoop)?

Warning: Acceptance of employment with a different employer that requires the performance of activities you have stated you cannot perform because of the injury for which you are receiving temporary disability benefits could constitute fraud and could result in loss of future benefits and restitution of prior workers compensation awards and benefits paid and is grounds for termination.

DRIVER'S DUE PROCESS RIGHTS

The applicant has the following rights regarding investigative information provided to Consolidated Oil Well Services, LLC as a prospective employer:

- 1) The right to review information provided by the 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.

Applicants who 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 30 days after being employed or being notified of denial of employment.

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on 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 or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. 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