

# Employment Application

You MUST answer every question. If any question does not apply to you, answer with Not Applicable (NA).

Name of SUPER or who Referred You: \_\_\_\_\_

Position You are Applying for: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle Name

Address: \_\_\_\_\_ Length of residency: \_\_\_yr\_\_\_mo  
Street City State/ Zip Code

If you were at above address less than three years, list your previous address(es) for the **past three years**. Attach sheet if more space is needed.

Address: \_\_\_\_\_ Length of residency: \_\_\_yr\_\_\_mo  
Street City State/ Zip Code

Phone:(\_\_\_\_\_)\_\_\_\_\_ Email Address: \_\_\_\_\_

Have you ever been employed by this company before? No  Yes  If yes, when? \_\_\_\_\_

If hired, can you provide proof of your legal right to work in the U.S.? No  Yes

If hired, would you be able to travel or work overtime or weekends as needed? No  Yes

Do you have any relatives employed by this company? No  Yes  If yes, please provide their names and relationship to you. \_\_\_\_\_

## EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Last school attended: \_\_\_\_\_  
Name City State

## LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below.

Current License

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

Previous Licenses Held (for the past three years)

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

**Attach sheet if more space is needed.**

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR – TWO TRAILERS			
OTHER			

Have you ever been denied a license, permit or privileges to operate a motor vehicle?

No  Yes  ...explain \_\_\_\_\_

Has any license, permit, or privilege ever been suspended or revoked?

No  Yes  ...explain \_\_\_\_\_

Have you ever been convicted of a DUI, DWI, or any other alcohol related driving offenses?

No  Yes  ...explain \_\_\_\_\_

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL SPILLS

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS  
(OTHER THAN PARKING VIOLATIONS)**

DATE CONVICTED (MONTH/YEAR)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (FORFEITED BOND, COLLATERAL AND/OR POINTS)

List states operated in for the last five years: \_\_\_\_\_

Special courses of training that will help you as a driver: \_\_\_\_\_

Safe driving awards held and from whom: \_\_\_\_\_

Show any trucking, transportation, or other experiences that may help in your work for this company: \_\_\_\_\_

List courses and training other than shown elsewhere in this application: \_\_\_\_\_

List special equipment or technical materials you can work with: \_\_\_\_\_

## Employment History

Section §391.21 (b)(10) requires that a list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted, together with the dates he/she was employed by, and his/her reason for leaving the employ of, each employer; (b)(11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7 year period preceding the 3 years contained in paragraph (b)(10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment. *(attach another sheet if more space is needed)*

### Current or most recent employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position
City State Zip	Reason For Leaving
Phone No.	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>

Any gap in employment and/or unemployment must be explained. Include dates (Month/Year) and reason:

### Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position
City State Zip	Reason For Leaving
Phone No.	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
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## Employment History – 2<sup>nd</sup> Sheet

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Any gap in employment and/or unemployment must be explained. Include dates (Month/Year) and reason:

## CRIMINAL HISTORY

Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation or Class C Misdemeanor? If yes, please explain in detail and include the date of final disposition of the case and the nature of the offense.

DATE OF DISPOSITION	DISPOSITION	OFFENSE	SENTENCE

Attach sheet if more space is needed.

## PRE-EMPLOYMENT DRUG & ALCOHOL TESTING STATEMENT

1. Have you ever failed a D.O.T. Drug and/or Alcohol Test?    Yes     No
2. Have you ever refused to take a D.O.T. Drug and/or Alcohol Test?    Yes     No
3. Have you ever violated any other D.O.T. Drug and/or Alcohol Regulations?    Yes     No
4. In the past two years have you 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 get hired for safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules?    Yes     No

If yes to any of the above questions, please provide proof that you have successfully completed the SAP Evaluation, recommended treatment, return to duty testing and follow up testing. (Attach another sheet if necessary)

## APPLICANT'S STATEMENT

In connection with my application to the company, I understand that the Fair Credit Reporting Act, Public Law 91-508 & 104-208 requires that I be advised that routine inquiry may be made during the company's initial or subsequent processing which will provide applicable information concerning character and general reputation, including criminal history. I also understand that investigative background inquiries as required by the Federal Motor Carrier Safety Regulations 391.23 may be made on me including previous employers, along with schools, criminal convictions, motor vehicle records (including all states in which I have held a license for the past three years), and other reports.

These reports will include information as to my character, work habits, performance, education, and experience, along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, email, other electronic form, or copy form.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to Cobra Energy, which includes all of the Cobra subsidiaries and Cobra-affiliated entities (the "Company" and/or "Cobra") & subsidiaries. I agree to release and hold harmless the Company from all liability with respect to the receipt of such information.

I certify that this application was only completed by me, and that all entries on it and the information I have furnished on this application form is true and complete to the best of my knowledge. **I authorize you to make such investigations and inquiries** of my personal, employment, and medical status (including a pre-employment drug screen and a complete physical showing I meet the standards in 49 CFR 391.41 to qualify for a medical certificate). (Generally, inquiries regarding medical status will be made only and if a conditional offer of employment has been extended.) I hereby release employers, schools, 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 false or misleading information given in my application or in interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Company if a conditional offer of employment is made. Additionally, the offer is contingent upon the completion of this application, the results of a pre-employment drug screen, and the information found on any/all reports.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391.23. I understand that pursuant to 49CFR 391.23 I have a right to:

1. Review information provided by current previous employers;
2. have errors in the information corrected by previous employers and those previous employers to resend the corrected information to the prospective employer; and
3. have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Employer (“the Company”) may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by DISA Global Solutions Inc., 10900 Corporate Centre Drive, Suite 250, Houston, TX 77041, 800-752-6432, [www.DISA.com](http://www.DISA.com). The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**[End of Document]**

**ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK**

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by [Employer] (the "Company") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish all background information requested by DISA Global Solutions, Inc., 10900 Corporate Centre Drive, Suite 250, Houston, TX 77041, 800-752-6432, www.disa.com, and/or Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

**New York City applicants only:** By signing this form, you further authorize the Company to provide you with a copy of your consumer report, the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to the Company.

**Washington State applicants only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**Minnesota and Oklahoma applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**[End of Document]**

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### **Driver Motor Vehicle Report Criteria**

#### **Unacceptable / Requires Driver Exclusion:**

- One or more Type A Violation in a 60-month period
- Two or more Type B Violation in a 36-month period
- Three or more Type C Violation in a 36-month period
- One Type B and two Type C Violations in a 36-month period

#### **Type of Violations Defined:**

**Type A:** Includes, but not limited to, DWI, DUI, OUI, refusing a substance test and charges of reckless driving, manslaughter, hit & run, eluding police, any felony, drag racing, having or driving with a suspended license.

**Type B:** Includes all vehicle accidents regardless of fault.

**Type C:** Includes all moving violations not in Types A or B such as: speeding, improper lane change, failure to yield, running stop lights or signs.

**Type D:** Includes non-moving violations such as; illegal parking, equipment violations, obstructing traffic, failure to display registration or driver's license.

**Should you meet any of this criteria, you cannot be hired in a role that requires driving.**