



EMPLOYMENT APPLICATION



Odessa, TX ~ Artesia, NM

The Company does not discriminate because of race, religion, national origin, age, sex, disability, veteran status or any other class protected by law. Employment with the Company is dependent upon, among other things, the truthfulness and completeness of the information provided by you in this application and successfully passing a background investigation, Motor Vehicle Record report and drug screening. In order to obtain your Motor Vehicle Report and your background report, we must have your date of birth and drivers license number. You are not legally required to disclose this information, however; if you choose not to, understand you will not be eligible for an interview for any of our open positions.

CDL Application

EMPLOYMENT DESIRED:

Full Time Part Time

PERSONAL INFORMATION

Last Name		First Name		Middle Name	Date
Street Address				Social Security Number	
City		State	Zip	Home Phone Number	
Do you have a valid Drivers License: <input type="checkbox"/> YES <input type="checkbox"/> NO		Drivers License Number:		DL State:	Expiration Date:
Date of Birth:		Do you have a CDL: <input type="checkbox"/> YES CLASS _____		Endorsements:	
Email Address (Optional)				Other Contact Number (Business/School/Cellular/etc.)	
How did you learn about our company?				Height:	

EMERGENCY CONTACT INFORMATION

Emergency Contact Name		Relationship	
Contact Address		Telephone numbers: 1. _____ 2. _____	

• Have you ever completed an application with our Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: Month/Yr.	Location
• Have you ever been interviewed by our Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: Month/Yr.	Location
• Have you ever been employed by our Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: Month/Yr.	Location
• Have you ever attended job training with our Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: Month/Yr.	Location
• Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	• Can you demonstrate your legal right to work in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No
• Date you are available for employment:		• Salary Desired: \$ _____	

GENERAL INFORMATION

Do you have any relatives employed with the Company including in-laws, stepsisters, stepbrothers, half-sisters, half-brothers, etc.? Yes No

If yes: Their Name _____ Relationship to you _____ Position with the Company _____

List any personal acquaintances employed with the Company and their position(s):

Name	Position

Have you ever been employed by any oil service business? Yes No

If yes: Name of the Company _____ Position held _____ Date(s) of employment _____

Are you willing to accept employment in another city other than listed above? Yes No

Are you willing to work rotating shifts including nights, weekends and holidays? Yes No

LEGAL HISTORY RECORDS INVESTIGATION

The oil industry is highly regulated and closely monitored by a variety of government agencies. Accordingly, your response to these questions will be compared to the results of your legal history records investigation. It is EXTREMELY IMPORTANT that you respond truthfully and fully disclose any information regarding these questions. If you are uncertain about any date, specific charge or disposition regarding any information requested in this question please make a clear note of your uncertainty and explain to the best of your recollection.

Have you **ever** been charged with any crime including any misdemeanor or felony under any Local, State, Federal laws or regulations or Military Tribunal of any jurisdiction? List all charges including those which were dismissed, suspended or deferred or otherwise resolved with or without a conviction. (Exclude minor traffic offenses). Yes No

If yes, please explain the circumstances including the date, nature, place of the offense, disposition and any other information you may want to bring to our attention.

Do you have a valid driver's license? Yes No Drivers License Number: _____ State Where Issued: _____

Has your driver's license ever been suspended or revoked? Yes No

If yes: State _____ Where? _____ When? _____ Why? _____

Have you ever been charged with or pled guilty to a traffic violation including DUI/DWI? Yes No

If yes: please explain _____

Are you currently charged with a criminal offense? Yes No If yes, please explain: _____

Are you currently on probation or parole? Yes No If yes, please explain: _____

FAILURE TO FULLY AND ACCURATELY RESPOND TO THIS SECTION WILL RESULT IN REVOCATION OF ANY OFFER OF EMPLOYMENT AND/OR DISMISSAL. IF YOU HAVE ANY QUESTIONS, PLEASE SEEK ASSISTANCE FROM HUMAN RESOURCES.

10-YEAR EMPLOYMENT HISTORY – PLEASE START WITH YOUR MOST RECENT EMPLOYER

Applicant Name: _____

Phone Number: _____ **Social Security Number:** _____

Show all employment, beginning with **last** or present employer. Please complete unemployment section if applicable.

You must show ALL EMPLOYERS (including multiple jobs at the same time), ALL FULL TIME SCHOOLING, ALL MILITARY SERVICE and/or ALL PERIODS OF UNEMPLOYMENT. If there were any periods of more than twelve months where you were unemployed, list names, addresses and phone numbers of person(s) not related to you who can verify your activities during this period(s). "SEE RESUME" IS NOT AN ACCEPTABLE RESPONSE. NO RESUMES IN LIEU OF APPLICATIONS. All applicants are subject to employment history verification and possibly a criminal history check and fingerprinting.

PLEASE MAKE ADDITIONAL COPIES OF THIS FORM IF NECESSARY

May your current employer be contacted? Yes No

List any other names under which you may have worked:

Have you ever held multiple jobs at the same time? Yes No

Have you ever been suspended, dismissed or asked to resign by an employer? Yes No

If yes, please explain

FROM MO/YR _____ COMPANY _____ PHONE (____) _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
TO MO/YR _____ JOB TITLE(S) _____ SUPERVISOR: _____
WERE YOU REGULATED BY THE FEDERAL DOT REGULATIONS YES NO
REASON FOR LEAVING _____

FROM MO/YR _____ COMPANY _____ PHONE (____) _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
TO MO/YR _____ JOB TITLE(S) _____ SUPERVISOR: _____
WERE YOU REGULATED BY THE FEDERAL DOT REGULATIONS YES NO
REASON FOR LEAVING _____

FROM MO/YR _____ COMPANY _____ PHONE (____) _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
TO MO/YR _____ JOB TITLE(S) _____ SUPERVISOR: _____
WERE YOU REGULATED BY THE FEDERAL DOT REGULATIONS YES NO
REASON FOR LEAVING _____

FROM MO/YR _____ COMPANY _____ PHONE (____) _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
TO MO/YR _____ JOB TITLE(S) _____ SUPERVISOR: _____
WERE YOU REGULATED BY THE FEDERAL DOT REGULATIONS YES NO
REASON FOR LEAVING _____

FROM MO/YR _____ COMPANY _____ PHONE (____) _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
TO MO/YR _____ JOB TITLE(S) _____ SUPERVISOR: _____
WERE YOU REGULATED BY THE FEDERAL DOT REGULATIONS YES NO
REASON FOR LEAVING _____

10-YEAR DRIVING EMPLOYMENT HISTORY

Applicant Name: _____

Phone Number: _____ **Social Security Number:** _____

PLEASE MAKE ADDITIONAL COPIES OF THIS FORM IF NECESSARY

FROM MO/YR _____ COMPANY _____ PHONE (____) _____
_____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

TO MO/YR _____ JOB TITLE(S) _____
_____ SUPERVISOR _____ REASON FOR LEAVING _____

WERE YOU SUBJECT TO THE FEDERAL DOT REGULATIONS (CFR'S) Yes No

FROM MO/YR _____ COMPANY _____ PHONE (____) _____
_____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

TO MO/YR _____ JOB TITLE(S) _____
_____ SUPERVISOR _____ REASON FOR LEAVING _____

WERE YOU SUBJECT TO THE FEDERAL DOT REGULATIONS (CFR'S) Yes No

FROM MO/YR _____ COMPANY _____ PHONE (____) _____
_____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

TO MO/YR _____ JOB TITLE(S) _____
_____ SUPERVISOR _____ REASON FOR LEAVING _____

WERE YOU SUBJECT TO THE FEDERAL DOT REGULATIONS (CFR'S) Yes No

FROM MO/YR _____ COMPANY _____ PHONE (____) _____
_____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

TO MO/YR _____ JOB TITLE(S) _____
_____ SUPERVISOR _____ REASON FOR LEAVING SUPERVISOR _____

WERE YOU SUBJECT TO THE FEDERAL DOT REGULATIONS (CFR'S) Yes No

FROM MO/YR _____ COMPANY _____ PHONE (____) _____
_____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

TO MO/YR _____ JOB TITLE(S) _____
_____ SUPERVISOR _____ REASON FOR LEAVING _____

WERE YOU SUBJECT TO THE FEDERAL DOT REGULATIONS (CFR'S) Yes No

FROM MO/YR _____ COMPANY _____ PHONE (____) _____
_____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

TO MO/YR _____ JOB TITLE(S) _____
_____ SUPERVISOR _____ REASON FOR LEAVING _____

WERE YOU SUBJECT TO THE FEDERAL DOT REGULATIONS (CFR'S) Yes No

EDUCATION HISTORY

Applicant Name: _____

Phone Number: _____ **Social Security Number:** _____

List all institutions attended in the past 10 years

INSTITUTION NAME AND ADDRESS (Including High School)	FROM MO/YR	TO MO/YR	DATE AND TYPE OF DEGREE, DIPLOMA, AND CERTIFICATION OBTAINED OR TO BE OBTAINED

SPECIAL SKILLS

All applicants who have experience in the following skills should complete this section

COMPUTER KNOWLEDGE (Check all that apply)

Word

Excel

PowerPoint

Other Software:

WordPerfect

Quick Books

Access

Other Office Skills (language, machine operation, etc):

REFERENCES (Non-Relatives)

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE # _____ WORK PHONE # _____
OCCUPATION _____
YEARS KNOWN _____

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE # _____ WORK PHONE # _____
OCCUPATION _____
YEARS KNOWN _____

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE # _____ WORK PHONE # _____
OCCUPATION _____
YEARS KNOWN _____

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE # _____ WORK PHONE # _____
OCCUPATION _____
YEARS KNOWN _____

**UNEMPLOYMENT
FOR PERIODS GREATER THAN TWELVE (12) MONTHS**

DATES
Mo. & Yr. PROFESSIONAL REFERENCE _____
From: _____ TITLE _____
To: _____ PHONE # _____

DATES
Mo. & Yr. PROFESSIONAL REFERENCE _____
From: _____ TITLE _____
To: _____ PHONE # _____

DATES
Mo. & Yr. PROFESSIONAL REFERENCE _____
From: _____ TITLE _____
To: _____ PHONE # _____

PRIOR EMPLOYMENT RELEASE

By signing below, I hereby release American Safety Services, Inc and/or American Production Services, Inc., as well as any company providing information pursuant to a request under this release from any and all claims related in any way to information provided regarding my past employment. I understand and authorize American Safety Services, Inc and/or American Production Services, Inc. to conduct an inquiry into my past employment and that information will include my past performance and the circumstances surrounding my departure from any past employer. I specifically acknowledge that this information is relevant to my consideration for employment with American Safety Services, Inc and/or American Production Services, Inc. and that American Safety Services, Inc and/or American Production Services, Inc. may decline to offer or revoke an offer of employment based upon information revealed during this investigation. I understand that a copy of this release will be provided to my past employers and that these entities will be requested to provide information related to my background and past performance along with any additional information requested by American Safety Services, Inc and/or American Production Services, Inc. I acknowledge that American Safety Services, Inc and/or American Production Services, Inc. will determine what information it deems necessary to evaluate my candidacy for employment. I understand that by executing this release, I waive any claims that may be brought against American Safety Services, Inc and/or American Production Services, Inc., or the entities providing information pursuant to this release including but not limited to: defamation, invasion of privacy or any other claim based upon statutory or common law.

Printed Name _____ **Signature** _____ **Date** _____

ACKNOWLEDGEMENT

The information I have provided on this application is true, complete, and correct to the best of my knowledge and belief and is provided in good faith. I further understand any misstatement or omission of fact on this application may result in immediate termination of employment.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I understand that the terms of employment will be "Employment At Will", which means I may quit my job at any time with or without reason or that I may be terminated at any time with or without reason.

By signing below, I agree to submit any and all claims, disputes or controversies arising out of or relating to my application or candidacy for employment, terms and conditions of employment, and/or cessation of employment along with any and all other causes of action to Company's employment policy.

Printed Name _____ **Signature** _____ **Date** _____

CONFIDENTIAL SELF-IDENTIFICATION QUESTIONNAIRE

Submission to this information is voluntary and refusal to provide it will not affect the processing of your application or your opportunities for employment in any way.

IDENTIFYING INFORMATION

Last Name	First Name	Middle Name	Date
Position(s) Applying For		Social Security Number	

• Do you wish to provide information requested below? Yes No

If you do not wish to provide the information requested, please complete the identifying information above, sign and date below, and return this questionnaire with your application.

CONFIDENTIAL INFORMATION

Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	<input type="checkbox"/> White (Not of Hispanic Origin) <input type="checkbox"/> Black (Not of Hispanic Origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaska Native
Veteran Status:	<input type="checkbox"/> Veteran <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Newly Separated Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Not a Veteran		

Signature: _____

Date: _____

IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

1. In connection with your application for employment with **AMERICAN SAFETY SERVICES, INC.** (“Prospective Employer”), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize AMERICAN SAFETY SERVICES, INC. (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature _____
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain a driver’s written or electronic consent prior to accessing the driver’s PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective driver’s consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**