



P.O. Box 60018, Midland, TX 79711

The Wireline Group is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, disability, or any other status protected by the law.

Please print clearly / legibly and answer *all* questions.

APPLICATION for EMPLOYMENT

(DOT and Non-DOT Position Compliant)

Position(s) Applying for: _____ Date of Application: _____

How did you hear about us (be specific)? _____

What location are you applying for? _____ If hired, when would you be available to start? _____

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City _____ State _____ Zip _____

Street Address for Past 3 (three) Years _____

Phone Numbers: Home: _____ Cell: _____ Other: _____

Date of Birth: _____ Can you provide proof of age? ☐ Yes ☐ No Social Security Number: _____

If you are known to schools, jobs, or references
by any other names please list them here: _____

Have you ever been employed by The Wireline Group? ☐ Yes ☐ No

If "Yes," list dates and locations: _____

Do you have any relatives who work at The Wireline Group? ☐ Yes ☐ No

If "Yes," list names and locations: _____

Have you ever been discharged from employment because your work or conduct was not satisfactory? ☐ Yes ☐ No

If "Yes," please explain: _____

Due to ATF regulations that the company must comply with: Have you ever been convicted of a felony? ☐ Yes ☐ No

If "Yes," please explain: _____

Please list any languages you speak or understand, other than English, and indicate to what extent you know that language: _____

If currently employed, does your employer know you are seeking other employment? ☐ Yes ☐ No

May we contact your current employer? ☐ Yes ☐ No

EMPLOYMENT EXPERIENCE

List each job held for the last ten (10) years. (NOTE: List jobs in reverse order starting with your present job or last job held). Attach additional sheets if needed. Include military service assignments, volunteer activities, self-employment, part-time, temporary employment, and non-working periods.

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. Applicants to drive a commercial motor vehicle (includes vehicles having a GVWR or 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding) in intrastate or interstate commerce shall also provide an additional seven (7) years of information on those employers for whom the applicant operated such vehicle (NOTE: List employers in reverse order starting with the most recent. Add another sheet as needed).

Name & Address of Employer		Job Title
		Major Duties
Dates of Employment (mo/yr) Start End	Ending Salary	Reason for Leaving
Supervisor	Phone Number	
Were you subject to the FMCSA Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was job designated as a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name & Address of Employer		Job Title
		Major Duties
Dates of Employment (mo/yr) Start End	Ending Salary	Reason for Leaving
Supervisor	Phone Number	
Were you subject to the FMCSA Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was job designated as a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name & Address of Employer		Job Title
		Major Duties
Dates of Employment (mo/yr) Start End	Ending Salary	Reason for Leaving
Supervisor	Phone Number	
Were you subject to the FMCSA Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was job designated as a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT EXPERIENCE (Continued)

Name & Address of Employer		Job Title
		Major Duties
Dates of Employment (mo/yr)	Ending Salary	Reason for Leaving
Start		
End		
Supervisor	Phone Number	
Were you subject to the FMCSA Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was job designated as a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name & Address of Employer		Job Title
		Major Duties
Dates of Employment (mo/yr)	Ending Salary	Reason for Leaving
Start		
End		
Supervisor	Phone Number	
Were you subject to the FMCSA Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was job designated as a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name & Address of Employer		Job Title
		Major Duties
Dates of Employment (mo/yr)	Ending Salary	Reason for Leaving
Start		
End		
Supervisor	Phone Number	
Were you subject to the FMCSA Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was job designated as a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No

(THIS PAGE TO BE COMPLETED BY PERSONS APPLYING FOR OPERATOR / DRIVING POSITIONS ONLY)

Accident Record for past three (3) years or more (attach sheet if more space is needed)

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, upset, etc.)	FATALITIES	INJURIES
Last Accident_____	_____	_____	_____
Next Previous_____	_____	_____	_____
Next Previous_____	_____	_____	_____

Traffic convictions and forfeitures for the past three (3) years (other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

Experience and Qualifications – Operator / Driver

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ Yes ☐ No
- B. Has any license, permit, or privilege ever been suspended or revoked? ☐ Yes ☐ No
- C. Have you ever failed or refused a DOT mandated/pre-employment test in the previous 2 years? ☐ Yes ☐ No

IF THE ANSWER TO EITHER A, B OR C IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATES FROM TO		APPROX. NO. OF MILES
Straight Truck				
Tractor and Semi-Trailer				
Tractor-two Trailers				
Other				

List states operated in for last five years:_____

List specific courses or training that have helped you as a driver:_____

Which safe driving awards do you hold and from whom:_____

EDUCATIONAL BACKGROUND

Grade and High School	Name of last school: _____ <div style="text-align: center;">(Circle highest year completed)</div> <div style="text-align: center;"> 1 2 3 4 5 6 7 8 9 10 11 12 </div>	Location (City & State): _____ Did you graduate <input type="checkbox"/> Yes <input type="checkbox"/> No GPA: _____ GED: _____ Date Passed (mo/yr) _____
Other (Trade school Correspondence School, etc.)	Name: _____ Course: _____ Length of Course: _____	Location: _____ Was course completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ GPA: _____
COLLEGE OR UNIVERSITY	Name: _____ Years Attended: _____ Major Subject: _____	Location: _____ Degree: _____ GPA: _____ Date Left: _____
GRADUATE STUDY	Name: _____ Years Attended: _____ Major Subject: _____	Location: _____ Degree: _____ GPA: _____ Date Left: _____

APPLICANT ACKNOWLEDEMENTS

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I understand that false statements, omissions, or misrepresentations may be cause for disqualification or, if already employed, dismissal of employment, no matter when the false statement, omission, or misrepresentation is discovered.

I authorize the investigation of any or all statements contained in this application and also authorize any company, school, organization, or person, contained in this application, to be contacted and provide relevant information or opinions that may be useful in making a hiring decision. I further agree to hold all persons harmless for giving any and all truthful information within their knowledge or records.

I understand this is a preliminary application, not a contract to employ me.

I understand that if I am offered employment, said employment will be contingent on passing a drug test and background check which may include information on my motor vehicle records, credit records, local to national criminal history, character, general reputation, personal characteristics, and mode of living. Upon written request the company will provide me with any such reports obtained, as required by the Fair Credit Reporting Act.

I also agree to comply with all reasonable rules of the company as a condition of my continued employment. A couple of these rules are passing ongoing drug tests and job-related physical examinations.

If hired by this company, I will need to provide proof of employment eligibility under the Department of Homeland Security and Immigration Services within three (3) working days of hire my date or employment will be terminated.

I understand that if I am hired by this company, Colorado, New Mexico, Texas, Utah, Wyoming are an 'at-will' states, meaning that either party may terminate the working relationship at any time for any reason.

Applicant Signature

Date



BACKGROUND INVESTIGATION RELEASE AUTHORIZATION

In connection with my application for employment, I understand that a personal background check will be performed, and will include information as to my driving record, court records and criminal history. I further understand that The Wireline Group, and/or its wholly owned subsidiaries, as directed by company policy, and consistent with Federal and State Department of Transportation and Bureau of Alcohol, Tobacco, Firearms and Explosives regulations, will be requesting such information from public and private sources.

I acknowledge that a fax or electronic copy of this release shall be as valid as the original. This release is valid for most Federal, State, and County agencies.

I hereby authorize, without reservation, any law enforcement agency, institution, court or information service bureau contacted by The Wireline Group, its agents, and/or its wholly owned subsidiaries, to furnish the information described above, and release the same from any and all liability arising out of the requests for, or release of, any of the above mentioned information or reports.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes:

Please Print Your Full Name

Last	First	Middle
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Print Other Names You Have Used:

Home Address:

City	State	Zip Code	County
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Social Security Number

Date of Birth

Applicant Signature

Date

TO BE COMPLETED BY APPLICANT

The following is true and correct to the best of my knowledge and will be used for screening purposes only.
Please use an ink pen and print clearly and legibly.

Drivers License No.	State
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Other States and Counties I have lived in:

	State	County	Zip Code	From (yr)	To (yr)
1.					
2.					
3.					
4.					



CONSENT TO RELEASE DRUG & ALCOHOL TESTING INFORMATION AND RESULTS

The Wireline Group, and or its wholly owned subsidiaries, are subject to regular audits by the companies whom we do business. These audits are performed directly by those companies, or by a third party service hired to perform this task and monitor vendor compliance.

One component of these audits requires that we frequently provide a current list of employees who are enrolled in our customer qualified Drug & Alcohol Testing Programs, along with each individual's latest test date, and the result. In order to work on jobsites owned or run by these companies, an employee must have a negative drug & alcohol test performed at least once every twelve months.

The release below is designed to facilitate this process as efficiently as possible and, due to the strict confidentiality requirements surrounding drug & alcohol testing information, will be in effect only as long as an individual is employed by The Wireline Group.

I hereby consent, and authorize The Wireline Group, and/or its wholly owned subsidiaries, for the purpose of the above-described audits, to disclose the test dates and results of any drug and/or alcohol testing that I participate in as a function of my employment. Further, it is acknowledged that my authorization for the release of this information is in effect only as long as I am an employee of The Wireline Group, and/or one of its companies.

Employee Signature

Employee Printed Name

Date

Employee Possessor Questionnaire

Who needs to complete this form? This questionnaire MUST be completed by EACH employee possessor of a Federal explosives licensee or permittee or applicant, unless otherwise provided. (See reverse for definition of employee possessor.)

For ATF Use Only

RDS KEY:

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Employee Possessor Information and Certification

Print the Requested Information in Block Letters.		Explosives Applicant Business or Operations Name	
1. Last Name		14. Name and address of explosives business or operations at which you are an employee possessor.	
2. First Name		15. Your position in the explosives business or operations.	
3. Middle Name	4. Name Suffix, if any (e.g., sr., Jr., III)	16. Federal explosives license/permit number for explosives business/operations.	
5. Other Names Used - Including Maiden Name		17a. List All Countries of Citizenship?	
6. Social Security Number (<i>Voluntary, will help prevent misidentification</i>) □□□ — □□ — □□□□□		If you indicated above you are a United States citizen, skip to question 18.	
7. Place of Birth (<i>City and State - or - City and Foreign Country</i>)		17b. What is your U.S.-issued alien number or admission number?	
8. Date of Birth (<i>Month/Day/Year</i>) □□/□□/□□□□		The following questions must be answered with a "YES" or "NO". (See the "Note" at the bottom of the page.)	
9. Race/Ethnicity (<i>Check one or more boxes</i>) American Indian or <input type="checkbox"/> Hispanic Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/>		18. Are you a fugitive from justice?	
10. Sex (Check one box) Male <input type="checkbox"/> Female <input type="checkbox"/>		19. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, or narcotic drug, or any other controlled substance?	
11. Home Telephone Number (<i>Include area code</i>)		20. Have you ever been convicted in any court of a felony , or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence, including probation? (See Definition 1, Exception 1.)	
12. Work Telephone Number (<i>Include area code and extension</i>)		21. Are you under indictment or information in any court for a felony , or any crime, for which the judge could imprison you for more than one year? (An information is a formal accusation of a crime by a prosecutor. See Definition 1.)	
Home Address		22. Have you ever been adjudicated mentally defective (which includes having been adjudicated incompetent to manage your own affairs) or have you ever been committed to a mental institution?	
13a. Street Address		23. Have you ever been discharged from the Armed Forces under dishonorable conditions?	
13b. Apt. Number	13c. City	24. Have you ever renounced your United States citizenship?	
13d. State - or - Province, Foreign Country		25. Are you an alien in the United States? If "YES," attach an explanatory statement showing that you are a lawful permanent resident. (See Definition 3, Exception 2.) (Generally, if you are an alien [except for a lawful permanent resident alien], you cannot possess explosive materials.)	
13e. Zip Code / Postal Code		<input type="checkbox"/> Statement Attached.	

Under the penalties imposed by Federal law, I, _____, certify under the penalty of perjury that the answers on this questionnaire are true, accurate and complete. (Print Your Full Name)

Your Signature	Date
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*Note: A copy of this form may be used for your renewal submission. See instruction #2 and #3. I certify, under penalties of perjury, that my answers on form are true, accurate and complete.

Your Signature (<i>For second submission</i>)	Date
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General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to The Wireline Group to conduct a Pre-employment full query or limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I, _____, consent to annual limited queries being conducted in terms to regulations of the FMCSA clearinghouse on a yearly basis for the term of my employment.

I understand that if the limited query conducted by The Wireline Group indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to The Wireline Group without first obtaining additional specific consent from me. I further understand that if I refuse to provide consent for The Wireline Group to conduct a limited query of the Clearinghouse, The Wireline Group must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

☐ I certify that I have not failed or refused any drug or alcohol test in accordance with federal code 49 CFR Part 40 in the past 36 months.

☐ I have failed or refused a drug or alcohol test in accordance with federal code 49 CFR Part 40 in the past 36 months. If so, please explain:

Date of failed test: _____ Type: _____ SAP Completed: _____

Employee DL Number _____ State _____ Employee DOB _____

Employee Signature _____ Date _____