



Driver Contractor Application Form

Terminal: Last, First Name: Hire Date: DriverID:

General Information

Name: (First, Middle, Last) Date of Birth: (mm/dd/yyyy)

Social Security #: Telephone:

Address: (Street, City, State, Zip Code) Duration: (Months)

List addresses for past 3 years:

Address: (Street, City, State, Zip Code) Duration: (Months)

Address: (Street, City, State, Zip Code) Duration: (Months)

Address: (Street, City, State, Zip Code) Duration: (Months)

Driver's License

DL Number:

DL State: DL Expires: (mm/dd/yyyy)

DL Class: Please select only one. A B C D E Non-CDL

DL Endorsements: Please select all that apply. Double/Triple Tanker HazMat HazMat Tanker Passenger School Bus

Qualifications

Have you worked for this company before? Yes No

If yes, what dates? From: (month/year) To: (month/year)

Are you currently employed? Yes No

Do you have driving experience? (If yes, please enter it below.) Yes No

Education and Skills

Check the highest grade completed:

High School 9 10 11 12

College 1 2 3 4

Graduate School 1 2 3 4 5 6

Table with 4 columns: Type of Equipment, Start Date (month/year), End Date (month/year), Miles Operated

Table with 5 columns: Type of School, Name and City/State, Start Date (month/year), End Date (month/year), Did you Graduate?

Driver Past Record

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

If yes, describe:

Have you ever been disqualified for violation(s) of the Federal Motor Carrier Safety Regulations? Yes No

If yes, describe:

Has any license, permit or privilege ever been suspended or revoked? Yes No

If yes, describe:

Have you ever been convicted of a felony? (Conviction will not necessarily disqualify an applicant from employment) Yes No

If yes, describe:

Please list all states and provinces in which you operated a commercial motor vehicle during the past five years:

Please list any other relevant experience:

Please list any safe driving awards you have received:

Is there any reason you may not be able to perform all of the duties of the position for which you are applying? Yes No

If yes, describe:

Do you have the legal right to work in the United States? Yes No



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Accidents and Violations

Have you been involved in an accident in the past 3 years? (If yes, please complete the information below.) Yes No

Form for accident details: Date of Accident, Location, Type of Vehicle Operated, Describe the Accident, No. of Injuries, No. of Fatalities, Was HazMat released?

Form for accident details: Date of Accident, Location, Type of Vehicle Operated, Describe the Accident, No. of Injuries, No. of Fatalities, Was HazMat released?

Have you been involved in any violations in the past 3 years? (If yes, please complete the information below.) Yes No

Form for violation details: Date of Violation, Location, Type of Vehicle Operated, Describe the Violation, Fine, DOT Regulation Cited

Form for violation details: Date of Violation, Location, Type of Vehicle Operated, Describe the Violation, Fine, DOT Regulation Cited

Employment Information

List all periods of employment and unemployment in reverse order starting with the most recent. CFR § 391.21(b)(11) requires 3 years history to be verified.

Employment information form 1: Employer Name, Telephone, Facsimile, Address, Position, Supervisor's Name, Employed From/To, Reason for Leaving, Ending Salary, CDL Required, FMCSR, Safety-sensitive function.

If gap between employers, indicate reason: Unemployed, Attending School, Self-Employed, Other:

Employment information form 2: Employer Name, Telephone, Facsimile, Address, Position, Supervisor's Name, Employed From/To, Reason for Leaving, Ending Salary, CDL Required, FMCSR, Safety-sensitive function.

If gap between employers, indicate reason: Unemployed, Attending School, Self-Employed, Other:

Employment information form 3: Employer Name, Telephone, Facsimile, Address, Position, Supervisor's Name, Employed From/To, Reason for Leaving, Ending Salary, CDL Required, FMCSR, Safety-sensitive function.

If gap between employers, indicate reason: Unemployed, Attending School, Self-Employed, Other:



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Employment Information (continued)

Employer Name: Telephone: Facsimile: Address: Position: Supervisor's Name: Employed From: To: Reason for Leaving: Ending Salary: CDL Required? Were you subject to the FMCSR while employed? Was the job a safety-sensitive function in any DOT-regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other:

Employer Name: Telephone: Facsimile: Address: Position: Supervisor's Name: Employed From: To: Reason for Leaving: Ending Salary: CDL Required? Were you subject to the FMCSR while employed? Was the job a safety-sensitive function in any DOT-regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other:

Employer Name: Telephone: Facsimile: Address: Position: Supervisor's Name: Employed From: To: Reason for Leaving: Ending Salary: CDL Required? Were you subject to the FMCSR while employed? Was the job a safety-sensitive function in any DOT-regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other:

Employer Name: Telephone: Facsimile: Address: Position: Supervisor's Name: Employed From: To: Reason for Leaving: Ending Salary: CDL Required? Were you subject to the FMCSR while employed? Was the job a safety-sensitive function in any DOT-regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other:

Employer Name: Telephone: Facsimile: Address: Position: Supervisor's Name: Employed From: To: Reason for Leaving: Ending Salary: CDL Required? Were you subject to the FMCSR while employed? Was the job a safety-sensitive function in any DOT-regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other:



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Terminal: _____ Last, First Name: _____ Hire Date: _____

Applicant Certification

By signing this statement I certify that:

- This application for employment/contract was completed by me and that all entries on it and the information contained within it are true and correct to the best of my knowledge.
- As required by § 383.21 of the FMCSR's, I only have one motor vehicle operator's license.

Furthermore, I authorize you (the Company or agencies) 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/contract decision. I hereby release any and all of; the employers, the schools, the health care providers, the Company and their subsidiaries, as well as the other persons associated with this application for employment/contract and the subsequent processes and procedures from all liability in response to inquiries and the releasing of information in connection with my application. In the event of employment/contract, I understand that false or misleading information given in my application or interview(s) may be considered fraud and could be construed as criminal, and may be grounds for termination and permanent discharge from this company. I understand that I am required to abide by all rules and regulations of the Company as outlined in the company policies and statements.

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 49 CFR § 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- 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: _____

The Company is an equal opportunity employer and does not discriminate on the basis of race, color, religion, gender, age, sexual orientation, national origin or ancestry, physical or mental disability, marital status, pregnancy, veteran status, medical condition, or any other protected status as defined by the law.

For Completion by Company Representative

Reviewed by: _____ Date: _____

Comments: _____



Pre-Employment/Contract Drug & Alcohol Statement

Terminal: _____ Last, First Name: _____ Hire Date: _____ DriverID: _____

Section 40.25(j)

As the employer, you must ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by the DOT agency drug and alcohol testing rules during the past three years. If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you until and unless the employee documents successful completion of the return-to-duty process. (See Section 40.25(b)(5) and (e).)

Prospective Employee
or Contractor Name: _____

SSN: _____ Date of Birth: _____

The prospective employee/contractor is required by Section 40.25(j) to respond to the following questions:

1) 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 obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?

Check one: Yes No

2) If you answered yes, can you provide/obtain proof that you successfully completed DOT return-to-duty requirements?

Check one: Yes No

Employee/Contractor: _____ Date: _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYERS

By signing below, I acknowledge and authorize the release of the following information for the purpose of investigation to Lee TranServices for Empire Energy, LLC as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. I fully understand and do hereby give my consent to obtain the information required by 49 CFR 382.413. You are released from any and all liability that may result from furnishing such information. A RIEs Release is required for each verifiable Previous Employer.

Printed Name: _____

SSN: _____ Date: _____ Signature: _____

PREVIOUS EMPLOYER INFORMATION:

Company Name: _____ DOT Number: _____

Address: _____
Street City State Zip

Telephone #: _____ Facsimile #: _____ email: _____

Designated employee representative: _____

Completed by: _____ Title: _____ Date: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER – REQUIRED BY FMCSR § 391.23 AND § 40.25

Accident History

The applicant named above was employed by us. Yes No

Position Held: _____ From (mm/yyyy): _____ To (mm/yyyy): _____

Did he/she drive motor vehicles for you? Yes No If yes, what type? Straight Truck Tractor-Trailer Bus
Cargo Tank Doubles/Triples Other (specify) _____

Reason for leaving? Resignation Discharge Lay-Off Military Duty Other _____

If there is no safety performance history to report, check here , sign below and return.

Accidents: Complete the following for any accidents included on your accident register that involved the applicant or check here if there is no accident register data for this person.

Date	Location	No. of Injuries	No. of Fatalities	HazMat Spill
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies, insurers or retained under company policy. _____

Drug and Alcohol History

If the driver was **not** subject to Dept of Transportation testing requirements while employed by you, please check here .

Driver was subject to DOT testing requirements from _____ to _____. **Yes** **No**

- Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?
- Has this person tested positive or adulterated or substituted a test specimen for controlled substance?
- Has this person refused to submit to a post-accident random, reasonable suspicion, or follow-up alcohol or controlled substance test?
- Has this person committed other violations of Subpart B of Part 382, or Part 40?
- If this person violated a drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.
- For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to be tested?

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years. Indicate their contact information below
Company Name/Address _____ Tel. # _____

New employer name/address Empire Energy, LLC - PO BOX 7500 Branson, MO 65615 Tel. # 4173343940

New employer designated employee representative: _____ DOT # 2392177



Driver Disclosure

Terminal: _____ Last, First Name: _____ Hire Date: _____ ID: _____

Consumer Report and Investigative Consumer Report Disclosure (For Employment/Contract purposes)

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, the Company, along with any Third Party the Company wishes to engage, may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), accident history, safety performance history/violation information, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, credit worthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, third party clients, personal references, personal interviews and other information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all information in the Company's or Third Parties files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided to other parties; (ii) identification of any Suppliers utilized by the Company in compiling such Reports; (iii) identification of any recipients of Reports furnished by the Company or their Suppliers within the two (2) year period preceding your request.

Disclosures, Acknowledgements & Authorizations Regarding Background Investigation for Employment/Contract Purposes

Company Partnerships:

The Company utilizes consumer reporting agencies to obtain background reports related to employment purposes. For contact information on these agencies, please see below:

- HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761
 - Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx.
- Private Eyes is located and can be contacted at 9080 Double Diamond #C Reno, NV 89521, (925) 927-3333

Ongoing Authorization:

If the Company hires you or contracts for your services, the Company may obtain additional consumer reports and investigative consumer reports about you without asking for your authorization again, throughout your employment or your contract period, as allowed by law.

Additional Authorizations:

Some states, (New Hampshire, Washington and Puerto Rico) may require additional disclosures and releases in relation to background investigations. If you hold a valid driver's license in one of these states, the associated release will be provided to you in addition to this release. Please note that these State-specific releases may expire and require annual or per-use renewal.

Summary of Rights under the Fair Credit Reporting Act:

A summary of your rights under the Fair Credit Reporting Act is being provided to you separately.

Additional State Law Notices

California

Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the actual copying costs, by appearing at the consumer reporting agency's offices in person, during normal business hours and on reasonable notice, or by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. The consumer reporting agency has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If you cannot identify yourself with such information, the consumer reporting agency may require additional information concerning your employment and personal or family history to verify your identity.



Massachusetts

Upon request to the Company, you have the right to know whether the Company requested an investigative consumer report about you and, upon written request to the Company, you have the right to receive a copy of any such report. You also have the right to ask the consumer reporting agency (e.g., HireRight) for a copy of any such report.

Minnesota

You have the right in most circumstances to submit a written request to the consumer reporting agency (e.g., HireRight) for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within 5 days after (i) its receipt of your request or (ii) the date the report was requested by the Company, whichever date is later.

New Jersey

You have the right to submit a request to the consumer reporting agency (e.g., HireRight) for a copy of any investigative consumer report the Company requested about you.

New York

You have the right, upon written request to the Company, to be informed of whether or not the Company requested a consumer report or an investigative consumer report about you. Shown above is the address and telephone number for HireRight, the consumer reporting agency used by the Company. You may inspect and receive a copy of any such report by contacting that consumer reporting agency.

Washington State

If the Company requests an investigative consumer report, you have the right, upon written request made to the Company within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You are entitled to this disclosure within 5 days after the date your request is received or the Company ordered the report, whichever is later. You also have the right to request a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Authorization for Release of Information (For Employment/Contract Purposes)

I hereby authorize the Company and the Third Parties they utilize to receive information and disclose such information to its customers for the purpose of making a determination as to my eligibility for employment, contract services, promotion, retention, or other lawful purpose. If hired or contracted, I authorize the Company and Third Parties to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release Third Parties and Suppliers from all claims of damages related to the investigation of my background and provision of information as set forth in this disclosure and authorization. I agree that information in the Company's possession and my employment history with the Company, Project Schedule

Provide a detailed timeline/project plan for implementation from contract award to project completion. This should include resource start dates, major milestones, deliverables, and dependencies. If I am hired/contracted, may be supplied by the Company to other motor carriers for legally permissible purposes; provided, such information will not include the Drug and Alcohol information set forth in Part II below, unless I have given a separate specific consent for the Company to share such information

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize the Company and any person or entity contacted by the Company to furnish the above-mentioned information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Applicant DOB: _____

Applicant Driver License Number: _____ Driver License State: _____

Applicant Signature: _____ Date: _____



Certificate of Awareness Federal Motor Carrier Safety Regulations

Terminal: _____ Last, First Name: _____ Hire Date: _____ ID: _____

I, as a DOT regulated driver, certify that I have been instructed regarding, and shall comply with all regulations set forth by the Federal Motor Carrier Safety Administration.

THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS MAY BE FOUND AT www.fmcsa.dot.gov/

Print Applicant Name: _____

Applicant DOB: _____

Driver's Acknowledgement Signature: _____

Date: _____

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

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

In connection with your application for employment with _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors 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.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

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

I authorize _____ (“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 authorizing 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.

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 challenge 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.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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 NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015



Clearinghouse Consent Form

Terminal: _____ Last, First Name: _____ Hire Date: _____ ID: _____

**GENERAL CONSENT FOR LIMITED QUERIES OF THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)
DRUG AND ALCOHOL CLEARINGHOUSE**

I hereby provide consent to the Company and the Third Parties they utilize to conduct a 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 understand that if the limited query conducted by the Company indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the Company without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for the Company to conduct a limited query of the Clearinghouse, the Company must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Print Applicant Name: _____ Applicant DOB: _____

Applicant Driver License Number: _____ Driver License State: _____

Applicant Signature: _____ Date: _____