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LEONA, TEXAS 75850  
OFFICE (903) 344-2120  
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[www.statewidecrude.com](http://www.statewidecrude.com)

**FILL OUT ALL APPLICABLE FIELDS ON PAGES 1-12**  
**PAGES 13-18 ARE FOR OFFICE USE ONLY**



**Driver's name:** \_\_\_\_\_

**DATE OF HIRE:**

- ☐ APPLICATION- COMPLETE WITH 10 YEARS OF EMPLOYMENT
- ☐ REQUEST FOR PAST EMPLOYMENT VERIFICATION AND SAFETY PERFORMANCE HISTORY INQUIRIES FOR THE PAST THREE YEARS
- ☐ REQUEST FOR DRUG/ALCOHOL INQUIRIES FROM PAST EMPLOYERS FOR THE PAST 3 YEARS
- ☐ DRIVER PHYSICAL EXAM
- ☐ COPY OF VALID CDL LICENSE
- ☐ COPY OF MVR(Original)
- ☐ COPY OF MVR(Annual)
- ☐ CERTIFICATE OF VIOLATIONS
- ☐ ANNUAL REVIEW OF DRIVING RECORD
- ☐ NEW HIRE DATA SHEET
- ☐ PRE-EMPLOYMENT DRUG TEST RESULTS
- ☐ PREVIOUS PRE-EMPLOYMENT D&A STATEMENT
- ☐ RECEIVED COPY OF COMPANY D&A POLICIES
- ☐ ROAD TEST/CERTIFICATE OF ROAD TEST OR EQUIVALENT
- ☐ Statewide Crude Inc Statement of Policies and Procedures

**VERIFIED BY:** \_\_\_\_\_ **DATE:**



## DRIVER APPLICATION

### **AUTHORIZATION** *Sign and Date Below*

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 a decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer 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. 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 State Wide Crude, Inc. .. 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.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **PERSONAL INFORMATION:** Please Print CLEARLY. *Please list all addresses for past 3 years.*

\_\_\_\_\_  
**LAST NAME** **FIRST NAME** **MI**

\_\_\_\_\_  
**STREET ADDRESS** **NO.** **CITY** **STATE** **ZIP**

\_\_\_\_\_  
**STREET ADDRESS** **NO.** **CITY** **STATE** **ZIP**

( ) --  
**HOME PHONE** **EMAIL ADDRESS**

---  
**SOCIAL SECURITY** **DATE OF BIRTH**

### **LIST EACH UNEXPIRED COMMERCIAL OPERATOR'S LICENSE OR PERMIT ISSUED TO YOU.**

\_\_\_\_\_  
**LICENSE NO.** **STATE** **EXPIRATION DATE** **CLASS**

**DRIVING EXPERIENCE**

Type of Equipment	Years of Experience	Years/Miles Driven
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**ACCIDENT RECORD** *(Previous Three Years)*

Accident Dates	Type of Accident	Fatalities	Injuries
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**TRAFFIC CONVICTIONS** *(Previous Three Years)*  
(Excluding parking violations)

Location	Date	Charge
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**LICENSE AND CRIMINAL BACKGROUND**

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

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS:

\_\_\_\_\_

Have you ever been arrested and/or convicted of a misdemeanor or felony?

☐ YES ☐ NO

If yes, please explain fully. Conviction of a crime is not an automatic bar to employment, all circumstances will be considered. \_\_\_\_\_

\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

NAME

RELATIONSHIP: \_\_\_\_\_

## PREVIOUS EMPLOYMENT

All driver applicants to drive in interstate or intrastate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. **LIST ALL EMPLOYMENT FOR LAST 10 YEARS—PLEASE ACCOUNT FOR ALL TIME.**

### Present or Last Employer:

Name of Company: \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_ Type of Trailer: \_\_\_\_\_  
 Were you subject to the FMCSRs+ while employed? ☐ Yes ☐ No  
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

### Employer:

Name of Company: \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_  
 Were you subject to the FMCSRs+ While employed? ☐ Yes ☐ No  
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

### Employer:

### Employer:

Name of Company: \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_  
 Were you subject to the FMCSRs+ While employed? ☐ Yes ☐ No  
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

### Employer:

Name of Company: \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_  
 Were you subject to the FMCSRs+ While employed? ☐ Yes ☐ No  
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

**Employer:**

**Name of Company:** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State & Zip** \_\_\_\_\_

**Position Held:** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_ **Type of Trailer:** \_\_\_\_\_

**Were you subject to the FMCSRs+ While employed?** ☐ Yes ☐ No

**Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40?** ☐ Yes ☐ No

**Employer:**

**Name of Company:** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State & Zip** \_\_\_\_\_

**Position Held:** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_ **Type of Trailer:** \_\_\_\_\_

**Were you subject to the FMCSRs+ While employed?** ☐ Yes ☐ No

**Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40?** ☐ Yes ☐ No

**Employer:**

**Name of Company:** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State & Zip** \_\_\_\_\_

**Position Held:** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_ **Type of Trailer:** \_\_\_\_\_

**Were you subject to the FMCSRs+ While employed?** ☐ Yes ☐ No

**Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40?** ☐ Yes ☐ No

**Employer:**

**Name of Company:** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State & Zip** \_\_\_\_\_

**Position Held:** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_ **Type of Trailer:** \_\_\_\_\_

**Were you subject to the FMCSRs+ While employed?** ☐ Yes ☐ No

**Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40?** ☐ Yes ☐ No

**Employer:**

**Name of Company:** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State & Zip** \_\_\_\_\_

**Position Held:** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_ **Type of Trailer:** \_\_\_\_\_

**Were you subject to the FMCSRs+ While employed?** ☐ Yes ☐ No

**Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40?** ☐ Yes ☐ No

**Employer:**

**Name of Company:** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State & Zip** \_\_\_\_\_

**Position Held:** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_ **Type of Trailer:** \_\_\_\_\_

**Were you subject to the FMCSRs<sup>†</sup> While employed?** ☐ Yes ☐ No

**Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40?** ☐ Yes ☐ No

**Employer:**

**Name of Company:** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State & Zip** \_\_\_\_\_

**Position Held:** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_ **Type of Trailer:** \_\_\_\_\_

**Were you subject to the FMCSRs<sup>†</sup> While employed?** ☐ Yes ☐ No

**Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40?** ☐ Yes ☐ No

**Employer:**

**Name of Company:** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State & Zip** \_\_\_\_\_

**Position Held:** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_ **Type of Trailer:** \_\_\_\_\_

**Were you subject to the FMCSRs<sup>†</sup> While employed?** ☐ Yes ☐ No

**Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40?** ☐ Yes ☐ No

**Employer:**

**Name of Company:** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State & Zip** \_\_\_\_\_

**Position Held:** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_ **Type of Trailer:** \_\_\_\_\_

**Were you subject to the FMCSRs<sup>†</sup> While employed?** ☐ Yes ☐ No

**Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40?** ☐ Yes ☐ No

\*Includes vehicles having a GVWR of 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.

<sup>†</sup>The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**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.**

X \_\_\_\_\_  
Signature of Applicant Date



## ***FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT***

**In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment/contract purposes. These reports are required by Sections 382.413, 391.23, and 391.25, of the Federal Motor Carrier Safety Regulations.**

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Applicant's Signature

---

Date

---

Print Name

---

Social Security Number



**MOTOR VEHICLE  
DRIVER'S CERTIFICATION  
OF VIOLATIONS**

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

<b>Date</b>	<b>Offense</b>	<b>Location</b>	<b>Type of Vehicle Operated</b>
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

\_\_\_\_\_  
(Driver's Signature)

\_\_\_\_\_  
(Date of Certification)

**State Wide Crude, Inc.**

(Motor Carrier's Name )

\_\_\_\_\_  
(Reviewed by: Signature)

**SAFETY**

(Title)

**U.S. DEPARTMENT OF TRANSPORTATION  
MOTOR CARRIER SAFETY PROGRAM  
ANNUAL REVIEW OF DRIVING RECORD  
391.25**

**X** \_\_\_\_\_  
Name (Last, First, M.I.)

**X** \_\_\_\_\_  
(Soc. Sec. No.)

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that

[ ] the driver meets the minimum requirements for safe driving, or

[ ] the driver is disqualified to drive a motor vehicle pursuant to 391.15

\_\_\_\_\_  
Date of Review

**Statewide Crude Inc. .**

Motor Carrier's Name

**SAFETY**

\_\_\_\_\_  
Reviewed by: Signature and Title

**DRIVER DATA SHEET**  
**For Casuals, New Hires & Temporary Employees**

Name (Print) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Type of License \_\_\_\_\_ Issuing State \_\_\_\_\_

Instructions: At the time of initial employment as a driver, or when being employed occasionally, the regulations of the Department of Transportation, Rule 395.8(2), require you to furnish a statement of the amount of time worked during the last period of seven (7) consecutive days. In the spaces below, show the number of hours worked (on duty) in each of the last 7 days.

DAY	1	2	3	4	5	6	7	TOTAL
DATE								
HOURS WORKED								

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at \_\_\_\_\_ on \_\_\_\_\_  
(Day) (Month) (Year)

(Signature) \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_  
Company Representative

**EMPLOYMENT CHECKLIST FOR INTERMITTENT, CASUAL OR OCCASIONAL DRIVER**

1. **Medical Examiner's Certificate**-The medical examiner's certificate of physical qualification to drive a motor vehicle, or a legible photographic copy of the certificate.  
 \_\_\_\_\_
2. **Certificate of Driver's Road Test**-The original of the signed road test form and the certificate of the driver's road test issued to the driver pursuant to subparagraph 391.31(e), or a copy of the license or certificate which the motor carrier accepted as equivalent to the driver's road test pursuant to subparagraph 391.31.  
 \_\_\_\_\_
3. The driver's name, social security number and the identification number, type and issuing State of the driver's motor vehicle operator's license.  
 \_\_\_\_\_



### **ACKNOWLEDGEMENT & EMPLOYEE COMMITMENT**

I, the undersigned, certify that I have read and understand **Statewide Crude, Inc.** Statement of Policy on Drug and Alcohol Abuse and have received a copy of the policy.

By accepting employment with the Company, I also consent to submit to urine, breath or saliva for the testing of alcohol, drugs, and controlled substances and I agree to comply with all of the requirements of the Company, and with state or local laws and rules governing the use of drugs and controlled substances.

I understand that my failure to honor the terms of this Agreement will be grounds for the termination of my employment or the consideration of my application for employment.

I further understand that, notwithstanding the policy or this Acknowledgment and Employee Commitment, employment is at will, that the terms of my employment or employment itself may be terminated as the Company may choose in its sole discretion, that the Policy does constitute a contractual commitment or binding legal obligation on the Company and that the Policy does not create an employment contract between the Company and me.

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**(Employee\Contractor Signature)**

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**(Printed Name)**

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**(Date)**

## PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST

Sec. 40.25(j) As the employer, you must also 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 two years. If the employee admits that he or she had a positive test or a 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 Sec. 40.25(b)(5) and (e))

Prospective /Employee Contractor name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

The prospective contractor is required by Sec. 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 two years?

Check one:        ☐ Yes                      ☐ No

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

Check one:        ☐ Yes            ☐ No            ☐ Not Applicable

**I certify that the information provided on this document is true and correct.**

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

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

## CONSENT

### DOT MANDATED CONTROLLED SUBSTANCE AND ALCOHOL TEST

The Federal Motor Carrier Safety Regulations, Section 382.113...before performing an alcohol or controlled substance test under this part (382), each employer shall notify a driver that the alcohol or controlled substance test is required by part 382-Controlled Substance and Alcohol use and Testing.

382.301 Pre-Employment testing requirements:

(a) Prior to the first time a driver-applicant performs safety-sensitive functions for an employer, the driver shall undergo testing for controlled substance.

382.302 Post-Accident Testing

382.305 Random Testing

382.306 Reasonable Suspicion Testing

As a condition of my employment: I agree to controlled substance test for the drugs (Marijuana, Cocaine, Phencyclidine "PCP", Opiates, and Amphetamines) and Alcohol Test as required by part 382.

I understand a positive test for controlled substance or an Alcohol 0.04 or greater Alcohol concentration, will disqualify me from operating a commercial motor vehicle for this company.

This consent is given voluntarily in exchange for the employer's verification that testing will be required in accordance with Part 382.

I have read and understand the above conditions.

Applicants Name: \_\_\_\_\_

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

Company Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**U.S. Department of Justice**  
Immigration and Naturalization Service

OMB No. 1115-0136  
Employment Eligibility Verification

Please read instructions carefully before completing this form. The Instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip code	Social Security #
<b>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.</b>		I attest, under penalty of perjury, that I am (Check one of the following): <input type="checkbox"/> A Citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ____ / ____ / ____ (alien # Or Admission # _____)	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (Month/day/year)	

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A Or examine one document form List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	Or	List B	And	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____ / ____ / ____		____ / ____ / ____		____ / ____ / ____
Document #: _____		_____		_____
Expiration Date (if any): ____ / ____ / ____		____ / ____ / ____		____ / ____ / ____

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) /

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name State Wide Crude, Inc. - 530 FM 977 E. Leona, Texas 75850		Date (Month/day/year)

**Section 3. Updating and Verification.** To be completed and signed by employer

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: _____ Document #: _____ Expiration Date (if any): ____ / ____ / ____	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)



## RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE  
ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

- |  |   |
|--|---|
| 1. This form must be completed in full and include the driver's <u>original</u> signature. | Texas Department of Public Safety<br>Motor Carrier Bureau, MSC# 0522<br>6200 Guadalupe, Building P<br>Austin, Texas 78752-4019<br>Facsimile: 512-424-5310 |
| 2. Deliver, mail or FAX the completed form to:   |   |

I, \_\_\_\_\_ ,  
Print Name of CDL Holder

of \_\_\_\_\_ ,  
Print Address of CDL Holder

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law

to Statewide Crude Inc \_\_\_\_\_ ,  
Print Name

of 530 FM 977 E. Leona, Texas 75850 \_\_\_\_\_ ,  
Print Address

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature of Driver:

Date:

X

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address: <http://www.txdps.state.tx.us/forms/index.htm>.

# SAFETY PERFORMANCE HISTORY

To be completed by: APPLICANT

Printed Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

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

I hereby authorize previous employers to release and forward the information requested by concerning my Alcohol and Controlled Substances testing records within the previous three (3) years from date of application  
To:

In compliance with 40.25 (g) and 391.23 (h), release of this information must be made in  
Written form that ensures confidentiality such as fax, email, or letter.

To be completed by:

PREV. EMPLOYER: \_\_\_\_\_ Phone: \_\_\_\_\_

STREET: \_\_\_\_\_ Fax: \_\_\_\_\_

CITY, ST, ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

To be completed by: PREVIOUS EMPLOYER

## Section I Employment Verification

☐ The applicant named above **WAS/IS NOT** employed/contracted by the Company.

☐ The applicant named above **WAS/IS** employed/contracted by the Company:

Employed from: \_\_\_\_\_ to \_\_\_\_\_ as a \_\_\_\_\_

## Section II Experience

Did he drive a motor vehicle for you? ☐ Yes ☐ No . If yes, what type?

☐ Tractor-Semi trailer ☐ Straight truck ☐ Bus ☐ Cargo Tank ☐ Other: \_\_\_\_\_

LENGTH AND TYPE OF TRAILER PULLED: \_\_\_\_\_

## Section III Separation Reason

Reason for leaving your employment: ☐ Quit ☐ Resigned ☐ Lay Off

Comments: \_\_\_\_\_ ☐ Co. Terminated ☐ Still Employed

## Section IV Accident Register (390.15(b))

☐ None to Report (Sign Below)

☐ Applicant was involved in the following accidents in the last three years:

Date	Location	Injuries	Fatalities	Hazmat Spill?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Section V Certification

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



# SAFETY PERFORMANCE HISTORY

APPLICANT NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

*To be completed by: PREVIOUS EMPLOYER*

## Section I: DRUG AND ALCOHOL HISTORY

☐ Driver **WAS NOT** subject to the Department of Transportation testing requirements while employed by employer. **Fill out Section II DATES OF EMPLOYMENT: \_\_\_\_\_ TO \_\_\_\_\_**

☐ Driver **WAS** subject to Department of Transportation testing requirements and the following questions apply while he was under employment/contract: **In answering these questions, include any required DOT drug or alcohol testing information obtained from previous employers in the previous three (3) years prior to date of application.**

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive, adulterated, or substituted a test specimen for controlled substances?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employment, has driver subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested?              | <input type="checkbox"/> | <input type="checkbox"/> |

**Section II** *If the answer to QUESTION 5 OR 6 is "Yes", please list SAP Professional Information:*

NAME _____	ADDRESS _____	CITY _____
STATE-ZIP _____	PHONE _____	

**Section III** *Affirmation: This form was filled out by:*

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Company: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### THIS FORM WAS:

☐ FAXED ☐ MAILED ☐ EMAILED ☐ VERBALLY ☐ (OTHER) \_\_\_\_\_

**DATE:** \_\_\_\_\_ **TIME:** (IF VERBAL) \_\_\_\_\_ **BY:** \_\_\_\_\_

**INFORMATION OBTAINED FROM:** \_\_\_\_\_

## CERTIFICATE OF DRIVER'S ROAD TEST

**Instructions:** If the test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31/391.33)

### CERTIFICATION OF ROAD TEST

Driver's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Operator's or Chauffeur's License Number \_\_\_\_\_

State \_\_\_\_\_

Type of Power Unit \_\_\_\_\_

Type of Trailer(s) \_\_\_\_\_

If passenger carrier, type of bus \_\_\_\_\_

This is to certify that the above-named driver was given a road test under my supervision on \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, consisting of approximately \_\_\_\_\_ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

\_\_\_\_\_  
(Signature of Examiner)

\_\_\_\_\_  
(Title)

**Statewide Crude Inc.**  
(Organization and Address of Examiner)

### DRIVER'S ROAD TEST EXAMINATION

Driver's Name \_\_\_\_\_ Phone \_\_\_\_\_

Driver's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

#### Rating of Performance

- \_\_\_\_\_ The pretrip inspection. (As required by Sec. 392.7)
- \_\_\_\_\_ Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
- \_\_\_\_\_ Placing the equipment in operation.
- \_\_\_\_\_ Use of vehicle's controls and emergency equipment.
- \_\_\_\_\_ Operating the vehicle in traffic and while passing other vehicles.
- \_\_\_\_\_ Turning the vehicle.
- \_\_\_\_\_ Braking, and slowing the vehicle by means other than braking.
- \_\_\_\_\_ Backing, and parking the vehicle.
- \_\_\_\_\_ Other, Explain: \_\_\_\_\_

Type of equipment used in giving test: \_\_\_\_\_

Date \_\_\_\_\_ 19\_\_\_\_ Examiner's Signature \_\_\_\_\_

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Remarks \_\_\_\_\_