

PREVIOUS EMPLOYMENT RECORD

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three (3) years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven (7) years prior to the initial three (3) years (total of ten years employment record).

Must list the complete mailing address: Name, Street Number & Street, City, State, & Zip

Last Employer Name: _____
 Address: _____ Phone: _____
 Position Held: _____ From _____ to _____ Salary: _____
 Reason for leaving: _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON:

Were you subject to the FMCSR while employed by the previous employer? Yes No
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

Second to Last Employer Name: _____
 Address: _____ Phone: _____
 Position Held: _____ From _____ to _____ Salary: _____
 Reason for leaving: _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON:

Were you subject to the FMCSR while employed by the previous employer? Yes No
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

Third to Last Employer Name: _____
 Address: _____ Phone: _____
 Position Held: _____ From _____ to _____ Salary: _____
 Reason for leaving: _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON:

Were you subject to the FMCSR while employed by the previous employer? Yes No
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquires to my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand 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 the Company.

"I understand that information that 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 current/previous employers;
- * Have errors in the information corrected by previous employers and corrected information to resubmitted;
- * Have a rebuttal statement attached to the alleged erroneous information, if the previous employers and I cannot agree on the accuracy of the information."

Date: _____ Signature: _____

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

Date: _____ Signature: _____

****Note:** A motor carrier may require an applicant to provide information in addition to the information required by FMCSR.

DEAR EMPLOYEE,

Please remit completed application by email to info@WestTexasBoring.com or by fax (432) 332-2277

If you are going to be driving a company vehicle or any vehicle on behalf of our company then from time to time we will want to check your Motor Vehicle Record (MVR). This letter grants WTB, LLC permission to do so for as long as you are employed with the Company. This letter will automatically renew and does not need to

Please fillout completely:

Full Legal Name: _____

Date of Birth: _____

Drivers License Number: _____

Drivers License State: _____

Employee Signature: _____

Date: _____