

# SUBMIT COMPLETED APPLICATION TO

INFO@COLTENERGY.COM OR 1112 RHODE ISLAND RD, IOLA KS 66749

## EMPLOYMENT APPLICATION

**Colt Energy Inc**

1112 Rhode Island Road – Iola Kansas 66749

*In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, age, sex, national origin, marital status or disability.  
 Applicant: Please be advised that Colt Energy Inc and/or Safety Management Services will contact prior and present employers you list on this application for the previous three years, for purposes of employment and drug/alcohol testing verification. Those employers listed beyond three years can be contacted for purposes of Safety Performance History verification. You should review the prior employer Safety Performance History request form and Drug/alcohol testing verification forms before signing the release contained on each of the forms.*

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

(City & State where applicant is completing this application)

<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle Name)</i>	<i>(Social Security Number)</i>

\_\_\_\_\_  
*(Address – Number & Street) (City) (State) (Zip Code)*

\_\_\_\_\_  
*Telephone Number with Area Code (Residence) (Date of Birth)*

\_\_\_\_\_  
*CELL TELEPHONE NUMBER –or– Alternate number where you can be reached. (Note: Date of birth is required by some states to obtain an MVR report)*

**Note: If you have resided at the above address for less than three years, please list all states of residence for last three years:** \_\_\_\_\_

- Are you 21 years of age or older?  Yes  No
- Can you provide proof of age?  Yes  No
- Have you ever worked for this company before?  Yes  No  
 (If yes, dates: \_\_\_\_\_)
- Are you currently employed?  Yes  No

**IF YOU ARE CURRENTLY EMPLOYED, MAY WE CONTACT YOUR CURRENT EMPLOYER?**  Yes  No  
*(Note: Please be sure you answer this question for our information)*

If you are not currently employed, what was the last day worked for last employer? \_\_\_\_\_  
*(month day year)*

<i>(Check Yes or No to the following three questions)</i>	YES	NO
Have you ever been denied a license, permit or privilege to operate a motor vehicle?	_____	_____
Have you ever had a license, permit or privilege revoked or suspended? .....	_____	_____
Have you ever been convicted of a felony? .....	_____	_____

*IF ANY OF THE ABOVE QUESTIONS ARE ANSWERED YES, PLEASE ATTACH A STATEMENT WITH DETAILS*

## Employment History

All driver applicants, (to drive in interstate commerce), must provide the following information on all prospective employers during the *previous three (3) years*. Applicants to drive a commercial motor vehicle in intrastate and interstate commerce shall also *provide an additional seven (7) years* information on those employers for whom the applicant operated such vehicles. Failing to list telephone numbers for each previous employer can delay the processing of this application. Please indicate whether your job was full-time or part-time on each employer. The Federal Motor Carrier Safety Regulations apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designated or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

**YOU MUST SHOW ALL EMPLOYERS FOR THE PAST TEN (10) YEARS. THIS IS A FEDERAL MOTOR CARRIER REQUIREMENT. ALSO - INCLUDE ANY PERIODS OF TIME IN WHICH YOU WERE UNEMPLOYED.**

Present or last employer – or – unemployment period of time  
 Mo/Yr Mo/Yr  
 From \_\_\_\_\_ To \_\_\_\_\_ Company Name: \_\_\_\_\_

Position held: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State

Telephone No: (\_\_\_\_) \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Hourly/Salary Start \$ \_\_\_\_\_ per \_\_\_\_\_ : Final \$ \_\_\_\_\_ per \_\_\_\_\_

Why did you leave this employment: \_\_\_\_\_  
 Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes \_\_\_ No \_\_\_  
 Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40? \_\_\_\_\_ Yes \_\_\_ No \_\_\_

2<sup>nd</sup> most recent employer – or – unemployment period of time  
 Mo/Yr Mo/Yr  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_

Position held: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State

Telephone No: (\_\_\_\_) \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Hourly/Salary Start \$ \_\_\_\_\_ per \_\_\_\_\_ Final \$ \_\_\_\_\_ per \_\_\_\_\_

Why did you leave this employment: \_\_\_\_\_  
 Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes \_\_\_ No \_\_\_  
 Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40? \_\_\_\_\_ Yes \_\_\_ No \_\_\_

3<sup>rd</sup> most recent employer – or – unemployment period of time  
 Mo/Yr Mo/Yr  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_

Position held: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State

Telephone No: (\_\_\_\_) \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Hourly/Salary: Start \$ \_\_\_\_\_ per \_\_\_\_\_ Final: \$ \_\_\_\_\_ per \_\_\_\_\_

Why did you leave this employment: \_\_\_\_\_  
 Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes \_\_\_ No \_\_\_  
 Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40? \_\_\_\_\_ Yes \_\_\_ No \_\_\_



4<sup>th</sup> most recent employer -or- unemployment period of time

Mo/Yr Mo/Yr  
From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_

Position held: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State

Telephone No: (\_\_\_\_) \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Hourly/Salary: Start \$ \_\_\_\_\_ per \_\_\_\_\_ Final: \$ \_\_\_\_\_ per \_\_\_\_\_

Why did you leave this employment? \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes \_\_\_ No \_\_\_  
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR - Part 40? \_\_\_\_\_ Yes \_\_\_ No \_\_\_

5<sup>th</sup> most recent employer -or- unemployment period of time

Mo/Yr Mo/Yr  
From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_

Position held: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State

Telephone No: (\_\_\_\_) \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Hourly/Salary Start: \$ \_\_\_\_\_ per \_\_\_\_\_ Final: \$ \_\_\_\_\_ per \_\_\_\_\_

Why did you leave this employment? \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes \_\_\_ No \_\_\_  
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR - Part 40? \_\_\_\_\_ Yes \_\_\_ No \_\_\_

6<sup>th</sup> most recent employer -or- unemployment period of time

Mo/Yr Mo/Yr  
From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_

Position held \_\_\_\_\_ Address \_\_\_\_\_  
Street City State

Telephone No: (\_\_\_\_) \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Hourly/Salary Start: \$ \_\_\_\_\_ per \_\_\_\_\_ Final: \$ \_\_\_\_\_ per \_\_\_\_\_

Why did you leave this employment? \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes \_\_\_ No \_\_\_  
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of CFR 49, Part 40? \_\_\_\_\_ Yes \_\_\_ No \_\_\_

**Note: - Incomplete application forms will be delayed or not considered at all**

Note: If you need an additional sheet on which to list additional employment, ask the Colt Energy person who gave you this application for an additional copy of this page.

## ACCIDENT RECORD

List all accidents in which you were involved, regardless of fault, during the last three (3) years.

Date of Accident	What was the nature of the Accident	Were there Fatalities	Were there Injuries	Preventable	Chargeable

## TRAFFIC CONVICTIONS and FORFEITURES

(list all for past three (3) years)

Date	Location	Charge	Penalty

## EDUCATION

Circle the highest grade you completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

## EXPERIENCE – QUALIFICATIONS

*List all drivers' Licenses issued to you in the last five (5) years*

State	License Number	Type of License	Expiration Date	Endorsements

**Show number of year's experience operating the following vehicles**

Tractor/Trailer	Doubles	Straight Truck	Other - Explain

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not. I release all employers and other persons named herein, from all liability for damages by furnishing such information. I understand that as a driver applicant for Colt Energy Inc, I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I understand a job offer may be conditioned on the results of a physical examination and drug test. I understand Colt Energy Inc will not accept a Negative-Diluted pre-employment drug test result and should such a drug test result be found, I will not be considered for employment. If hired, I agree to abide by all the rules and policies of the employer and those agencies which regulate this employer.

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

\_\_\_\_\_  
(Date)

X

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