



Wood Wireline Services, Inc.
 P.O. Box 492
 Gillette, WY 82717

Date received:

PH: (307) 682-0143 Fax: (307) 686-8256

E-mail completed applications/Resume to: Courtney@woodwireline.com

APPLICANT INFORMATION *CDL Applicants Fill out All pages. If you do not have a CDL, only complete pages 1-6*

Name: _____
 (First) (Middle) (Last)

Current Address: _____
 (Street) (City) (State/Zip) How Long?

Previous Address: _____
 (Street) (City) (State/Zip) How Long?
Must List all addresses For previous 3 years

Phone#: (____) _____ Date of Birth: _____ Soc. Security: _____

E-mail address: _____

Emergency Contact Name: _____ Relation: _____

Contact Address: _____ Phone #: _____

DRIVER'S LICENSE INFORMATION

State	License#	Type	Expiration Date
____/____/____	____/____/____	____/____/____	____/____/____
____/____/____	____/____/____	____/____/____	____/____/____

DRIVER EXPERIENCE and/or PROFESSIONAL DRIVING SCHOOL

Type of Equipment	From (Date)	To(Date)	Approx. # of Miles
_____	_____	_____	_____
_____	_____	_____	_____

- Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO
 Has any license, permit or privilege ever been suspended or revoked? YES NO
 Have you ever been convicted of a felony? YES NO

If you answered yes to either of the above 3 questions, explanation: _____

ACCIDENT RECORD AND TRAFFIC CONVICTIONS

Accident Record for Past 3 Years *(If no accidents, write "None")*

Date	Description	Number of injuries/Fatalities
_____	_____	_____
_____	_____	_____
_____	_____	_____

Traffic Convictions & Forfeitures for Past 3 Years *(If no Traffic Convictions, write "None")*

Date	Charge	Location	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Certificates/Qualifications/Training (Check All that apply)

- PEC/Safeland Medical Card First Aid/CPR H₂S
 Crane Certified Hazmat Training Other: _____

EMPLOYMENT RECORD

DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years to be shown.

Employer: _____ From: _____ To: _____

Address: _____

Position: _____

Reason for leaving: _____

Was your job designated as a safety sensitive function subject to Corporate drug & alcohol testing requirements for 49 CFR Part 40: YES NO

Employer: _____ From: _____ To: _____

Address: _____

Position: _____

Reason for leaving: _____

Was your job designated as a safety sensitive function subject to Corporate drug & alcohol testing requirements for 49 CFR Part 40: YES NO

EMPLOYMENT RECORD (Continued)

Employer: _____ From: _____ To: _____

Address: _____

Position: _____

Reason for leaving: _____

Was your job designated as a safety sensitive function subject to Corporate drug & alcohol testing requirements for 49 CFR Part 40: YES NO

Employer: _____ From: _____ To: _____

Address: _____

Position: _____

Reason for leaving: _____

Was your job designated as a safety sensitive function subject to Corporate drug & alcohol testing requirements for 49 CFR Part 40: YES NO

Employer: _____ From: _____ To: _____

Address: _____

Position: _____

Reason for leaving: _____

Was your job designated as a safety sensitive function subject to Corporate drug & alcohol testing requirements for 49 CFR Part 40: YES NO

Employer: _____ From: _____ To: _____

Address: _____

Position: _____

Reason for leaving: _____

Was your job designated as a safety sensitive function subject to Corporate drug & alcohol testing requirements for 49 CFR Part 40: YES NO

Employer: _____ From: _____ To: _____

Address: _____

Position: _____

Reason for leaving: _____

Was your job designated as a safety sensitive function subject to Corporate drug & alcohol testing requirements for 49 CFR Part 40: YES NO

DECLARATION OF EMPLOYMENT STATUS

- This refers to any gaps in employment history –

I understand that I must provide my complete employment history for the past 3 years, and all CDL required employment for the 7 years preceding that.

Any gaps in employment longer than 1 month is explained as follows:

From: _____ To: _____

During this time, I was engaged in the following activity:

In addition:

I was not employed by any company or individual

I was not convicted of any criminal act involving the use of a commercial motor vehicle or while driving a commercial motor vehicle

TO BE READ AND SIGNED BY APPLICANT

I authorize *Wood Wireline Services, Inc.* 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 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 interviews may result in discharge.

I also understand that I am required to abide by all rules and regulations of the Company.

I understand that information provided regarding current and/or previous employers may be used, and those employers 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 the previous employers.
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer.
- 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: _____

Have you ever refused to be tested for Drugs & Alcohol at any time in the last 2 years: YES NO

Have you ever tested positive for Drugs or Alcohol at any time in the last 2 years? YES NO

Have you ever tested positive on any pre-employment Drug or Alcohol test for a job which you had applied but did not obtain? YES NO

If you answered yes to any of the above questions, explain and provide proof of return to duty process. _____

ALCOHOL AND CONTROLLED SUBSTANCE CONSENT AND RELEASE

I understand that, as required by the Federal Motor Carrier Safety Regulations and Company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance to and defined by the Federal Motor Carrier Safety Regulations and Wood Wireline Services, Inc. policies:

- Pre-Employment, to determine employment eligibility
- Random
- Reasonable Suspicion
- Post-Accident

I certify that I have read, understood, and agree to abide by the conditions of this consent and release form.

Applicant's Signature	Date
Print Name	Social Security Number
Employer Witness	Company Name

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 1 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 for employment purposes. These reports are required by Sections 382.413 and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicants Signature	Date
Print Name	Social Security number
Employer Witness	Company Name

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTURCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding. The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987.

They are as follows:

1. You, as a commercial vehicle driver, may not possess more than once license. The only exception is stated below and allowed until January 1, 1990.
 - a. If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it: you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
2. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that at any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

The following is the only license I will possess:

Driver's License Number	State	Exp. Date
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Driver's Signature	Date:
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Notes

HOURS OF SERVICE RECORD (FOR FIRST TIME OR INTERMITTEN DRIVERS)

Name _____

Driver License # _____

Day	Total Time on Duty
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
TOTAL	_____

I hereby certify that the information contained heron is true to the best of my knowledge and belief, and that my last period of release from duty was:

From: _____ To: _____

Signature

Date

THIS FORM IS TO BE COMPLETED ON THE DAY PRIOR OR THE DAY OF YOUR DRIVER'S FIRST DISPATCH

**Wood Wireline Services, Inc. Annual review of Driving Record
And Certification of Continued Qualification
As Required by FMCSR 391.25 ©(2)**

MOTOR CARRIER INSTRUCTIONS: Each motor carrier must at least once every 12 months, require each driver to prepare a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or of which he/she has forfeited bond or collateral during the preceding 12 months (49 CFR 391.27). Drivers who have provided information required by 49 CFR 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver will provide the list as required by the motor carrier above. If the driver has not been convicted of or forfeited bond or collateral on account of, any violation which must be listed, he/she shall so certify (49 CFR 391.27).

COMPLETED BY DRIVER- CERTIFICATION OF VIOLATIONS

DRIVER NAME: (Last, First, MI) **SOCIAL SECURITY NUMBER** **DATE OF EMPLOYMENT**

DRIVER'S LICENSE NUMBER **STATE** **EXPIRATION DATE**

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under 49 CFR 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

Check this box if you have had no violations in the past 12 months.

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.

PRINT DRIVER'S NAME **SIGNATURE** **DATE**

WOOD WIRELINE SERVICES, INC. PO BOX 492; GILLETTE, WY 82717

MOTOR CARRIER NAME **MOTOR CARRIER ADDRESS**

This day I have reviewed the driving record of the above-named driver in accordance with the 391.25 of the FMCSR. I considered any evidence that the driver has violated applicable provisions of the FMCSR's and the HMR's (if applicable). I considered the drivers accident record and any evidence that he/she has violated any laws while governing the operation of motor vehicles and have given great weight to violations such as speeding, reckless driving, and operation while under the influence of alcohol or controlled substances, that indicate the driver has exhibited a disregard for the safety of the public. Having done so, 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

REVIEWER PRINTED NAME **REVIEWER SIGNATURE** **DATE**

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
First, M.I., Last _____ Social Security Number _____ Date of Birth _____

Hereby Authorize: Previous Employer: _____ Telephone: _____
Street: _____ Fax No: _____
City, State, Zip: _____ to release and forward the information requested by
section 3 of this document concerning my Alcohol & controlled Substance Testing record within the previous 3 years
From: _____ To: _____
Date of employment application _____

Attention: _____ Phone: _____

Prospective Employer: Wood Wireline Services, Inc.
PO BOX 492
Gillette, WY 82717
307-682-0143

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

Applicant's Signature

Date

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

The applicant name above was employed by us: YES NO

Employed from (m/y) _____ to (m/y) _____

Did he/she drive a motor vehicle for your company? YES NO

If yes, What Type? Straight Truck Tractor Trailer Other _____

Reason for leaving your company: Discharged Resignation Laid off Military

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

Accidents: Complete the following for any accidents included on your accident register (§390.15(b) that involved the applicant in the 3 years prior to the application date shown above or if there is no accident registered data for this driver check here

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 or insurers or retained under internal company policies:

Signature

Title

Date

TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to DOT testing requirements while employed by this employer, please check here.

Fill in the dates of employment from (m/y) _____ to (m/y) _____ complete bottom of section 3 sign and return. Driver was subject to DOT testing requirements from (m/y) _____ to (m/y) _____.

1. Has this person had an alcohol test with a result of 0.04 or higher? YES NO
2. Has this person tested positive or adulterated or substituted a test specimen for a controlled substance? YES NO
3. Has this person refused to submit to a post-accident, random reasonable suspicion, or follow up controlled substance test? YES NO
4. Has this person committed other violations of Subpart B of Part 382 of Part 40? YES NO
5. If this person has violated a DOT drug & 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 with this Form. YES NO
6. 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 refuse to be tested? YES NO

In answering these questions include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in section 1.

Name Telephone

Company

Street City State Zip

Section 3 completed by (Signature) _____ Date _____

SECTION 4: TO BE COMPLETED BY WOOD WIRELINE SERVICES, INC.

1st attempt:
This form was: Faxed Mailed Other: _____
By: _____ Date: _____

2nd attempt:
This form was: Faxed Mailed Other: _____
By: _____ Date: _____

3rd attempt:
This form was: Faxed Mailed Other: _____
By: _____ Date: _____

Information was received by: Fax Mail Other: _____ Date Received: _____

Wood Wireline Services, Inc. Annual review of Driving Record