## S & T OILFIELD SERVICES, LLP

## APPLICATION FOR EMPLOYMENT

CITY, STATE AND ZIP	CODE_										
IAME	ME(FIRST)			(MIDDLE) (Maiden N			e, if any) (LAST)				
			(MIDDLE)			(Maiden Maine, It any)		HOW LONG?			
(STRE		(CITY)			(STATE & ZIP CODE)						
DATE OF BIRTH	SOCIAL SECURITY N			JRITY NO.				HIRE DATE			
TELEPHONE NUMBER	·			E-N	MAIL ADE	RESS _				—	
		PRE	EVIOUS T	HREE YEAR	RS RESID	ENCY					
STREET) (CI					(STATE & ZIP CODE)			#YEARS #YEARS			
			'								
(STREET)	TREET) (CITY										
STREET)	EET) (CITY			(STATE & ZIP CODE)				# YEARS			
(0111,)				T IF MORES							
				NSE INFORM							
Section 383.21 FMCSF driver's license". I certi	R states "I fy that I d	Vo person w o not have r	ho operat	es a commer	rcial moto	r vehicle nse, the	shall at any information f	time hav or which	e more than is listed bel	ov.	
STATE		LIC	CENSE N	0.		TYPE			EXPIRATION DATE		
			DRI	VING EXPER	IENCE						
CLASS OF			TYPE OF EQUIPMENT			DATES		APPROX. NO. OF		State Committee	
EQUIPN	MENI		(VAN, TANK, FLAT, ETC.)			FROM TO		10 1	MILES (TOTAL)		
STRAIGHT TRUCK											
TRACTOR AND SEMI-	TRAILER	}									
TRACTOR - TWO TRA	JLERS										
OTHER											
ACCIDENT RE	CORDF	OR PAST 3	YEARS (	OR MORE (A	TTACH S	HEET IF	MORE SPA	CEISI	NEEDED)		
DATES	NATURE OF ACCID (HEAD-ON, REAR-END, U				NUMBER		NUMBER		CHEMICAL		
				-SE1, E1C.)					YES NO		
			200						YES	NO	
									YES	NO	
TRAFFIC CONVICT	IONS AN	D FORFEIT	URES FO	R THE PAS	T 3 YEAR	S (OTH	ER THAN PA	RKING	VIOLATION	NS)	
DATE CONVICTED VIOLA		VIOLATION			OF VIOLATION		PENALTY				
(month/year)				LOCATION		(torreite		d bond, collateral and/or points)			
					•						
						- V					
		(ATTA	ACH SHEE	T IF MORE SE	ACE IS N	EEDED)					
A. Have you ever been	n denied a						e? YES		NO		
If yes, explain								3):			
B. Has any license, pe							YES		NO		
If yes, explain										<u> </u>	

EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)

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

Must list the complete mailing addre			y, state and zip code.	
ADDRESS				
POSITION HELD			SALARY	
REASONS FOR LEAVING				
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYAND REASON.			INCLUDE DATES (MONT	H/YEAR)
Were you subject to the Federal Motor Carrier Safety Regu			the previous employer? Yes	No
Was the previous job position designated as a safety sensition substances testing requirements as required by 49 CFR Parameters.	tive function in any art 40?	DOT regulated mo	ode, subject to alcohol and con Yes	ntrolled No
SECOND LAST EMPLOYER: NAME				
ADDRESS		PHONE		
POSITION HELD	_FROM	то	SALARY	
REASONS FOR LEAVING				
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLO		E EXPLAINED.	INCLUDE DATES (MONT	'H/YEAR)
Were you subject to the Federal Motor Carrier Safety Regu	STREET, STREET	while employed by	the previous employer? Yes	No
Was the previous job position designated as a safety sensition substances testing requirements as required by 49 CFR Parameters.		DOT regulated mo	ode, subject to alcohol and co Yes	
THIRD LAST EMPLOYER: NAME				
ADDRESS		PHONE		
POSITION HELD	_FROM	то	SALARY	
REASONS FOR LEAVING				
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLO' AND REASON.			INCLUDE DATES (MON	TH/YEAR)
Were you subject to the Federal Motor Carrier Safety Regu	lations (FMCSRs)	while employed by	the previous employer? Yes	No
Was the previous job position designated as a safety sensitive substances testing requirements as required by 49 CFR Paragraphs		DOT regulated m	ode, subject to alcohol and co Ye	
나는 일본 사람들은 사람들이 가장 아니는 사람들이 아니는 사람들이 아니는 사람들이 되었다. 그리고 살아 있는 사람들이 되었다.	AND SIGNED B	Y APPLICANT		
I authorize you to make sure investigations and inquirie related matters as may be necessary in arriving at an expense only if and after a conditional offer of employs care providers and other persons from all liability in resapplication.	mployment decisi nent has been ext	on. (Generally, i ended.) I hereby	nquiries regarding medical release employers, school	history will s, health
In the event of employment, I understand that faise or misle discharge. I understand, also, that I am required to abide b				lt in
"I understand that information I provide regarding current are contacted, for the purpose of investigating my safety performance the right to:  Review information provided by current/previous employer and to the prospective employer; and	mance history as re oyers;	equired by 49 CFF	R 391.23(d) and (e). I unders	tand that I
Have a rebuttal statement attached to the alleged erro accuracy of the information."	neous information,	If the previous en	nployer(s) and I cannot agree	on the
DATE		APPLICANT	'S SIGNATURE	
This certifies that I completed this application; and that all exhaustedge.	ntries on it and info	rmation in it are to	ue and complete to the best	of my
DATE		APPLICANT	'S SIGNATURE	

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.