



Basin Well Service, Inc.
9926 Hwy 83/PO Box 397
Westhope, ND 58793

APPLICATION FOR EMPLOYMENT

NOTE: A motor carrier may require an applicant to provide more information than what is required by the FMCSA (49CFR, Part 391.21(c))

Date : ___/___/___ Position desired _____ Salary requirement _____

How were you referred to us? _____

Name _____ Date of Birth ___/___/___ Social Security # ___/___/___

Phone # _____ Cell# _____ Email _____

Address _____ City _____ State _____ Zip _____ How long? _____

Additional Addresses (include all addresses for the past 3 years) _____

Date available to start ___/___/___ Type of employment desired ___ Full time ___ Part time ___ Temp ___ Seasonal

Are you legally allowed to work in the United States? _____ Have you ever worked for this company? _____

	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
DRIVER LICENSE				

EXPERIENCE AND QUALIFICATIONS-DRIVER-DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANKER, FLATBED, ETC.)	DATES- SHOW TO AND FROM-OR SKIP TO NEXT BLOCK & PUT IN YEARS OF EXPERIENCE	APPROX. # OF MILES (TOTAL) OR PUT # OF YEARS OPERATING THIS TYPE OF EQUIPMENT, ETC.
STRAIGHT TRUCK			
TRACTOR; SEMI-TRAILER			
TRACTOR; TWO TRAILERS			
OTHER			

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT:			
NEXT PREVIOUS:			
NEXT PREVIOUS:			

ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED

TRAFFIC CONVICTIONS AND FORFIETURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATES	CHARGE	LOCATION	PENALTY

ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED

- 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 _____
- C. In the past 2 years have you failed or refused any DOT regulated drug or alcohol test? YES* _____ NO _____

*If you answered "YES" to either A or B above, you must attach a separate sheet giving details.

LAST EMPLOYER

COMPANY NAME: _____ PHONE: _____
FULL ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
POSITION HELD: _____ FROM: _____ TO: _____
WAS THIS POSITION SUBJECT TO FMSCA REGULATIONS? YES _____ NO _____
WAS THIS POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR, PART 40? YES _____ NO _____
REASON FOR LEAVING: _____

SECOND LAST EMPLOYER

COMPANY NAME: _____ PHONE: _____
FULL ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
POSITION HELD: _____ FROM: _____ TO: _____
WAS THIS POSITION SUBJECT TO FMSCA REGULATIONS? YES _____ NO _____
WAS THIS POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR, PART 40? YES _____ NO _____
REASON FOR LEAVING: _____

THIRD LAST EMPLOYER

COMPANY NAME: _____ PHONE: _____
FULL ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
POSITION HELD: _____ FROM: _____ TO: _____
WAS THIS POSITION SUBJECT TO FMSCA REGULATIONS? YES _____ NO _____
WAS THIS POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR, PART 40? YES _____ NO _____
REASON FOR LEAVING: _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries 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 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 49CFR 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 for those previous employers to re-send 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."

APPLICANTS SIGNATURE _____ DATE _____

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.

APPLICANTS SIGNATURE _____ DATE _____

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