



Elite Gasfield Services
 1000 Third Street, Suite 1
 Beaver, PA 15009
 Office: 724-728-2929
 Fax: 724-728-2477

APPLICATION FOR EMPLOYMENT

Elite Gasfield Services does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, disability, or any other legally protected status. No question on this application is intended to secure information to be used for such discrimination. Consideration of this application will be given. However, by receiving this document, Elite Gasfield Services is under no obligation of employment to the applicant.

POSITION APPLYING FOR: _____ DATE: _____

FULL NAME: _____
 (First) (Middle) (Last)

ADDRESS: _____ HOW LONG: _____

PREVIOUS ADDRESS: _____ HOW LONG: _____

PHONE: _____ MOBILE PHONE: _____

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY #: ____-____-____

NOTICE TO APPLICANT

1. All information submitted will be considered in reviewing my application and is subject to investigation. I hereby authorize Elite Gasfield Services to investigate all statements applicable, except as indicated.
2. I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts called for is cause for dismissal upon discovery of such information.
3. If accepted for employment, I hereby agree to comply with all Federal and State rules, regulations and all of Elite Gasfield Services policies and procedures.
4. I am aware that an investigative consumer report may be made in connection with my application for employment. This report may include information as to my character, general reputation, personal habits, and mode of living, obtained from or through personal interview with persons with whom I am acquainted, or those persons who may have knowledge concerning any such items of information.
5. In the event that such an investigative consumer report is procured, upon my written request of Elite Gasfield Services, I will be provided with a complete and accurate disclosure of the nature and scope of the investigation conducted.
6. I understand Elite Gasfield Services follows an employment-at-will policy, in that I or Elite Gasfield Services may terminate my employment at any time, for any reason consistent with applicable State or Federal Law.

You are hereby given written notification of your rights in regard to Safety Performance History Information. I have been given the right to review information provided by previous employers. I have been given the right to have errors in the information corrected by the previous employer, and for the previous employer to re-send the corrected information to the prospective employer. I have been given the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

 Applicant Signature

 Date



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Application for Employment Continued:

CURRENT DRIVERS LICENSES:

State	License Number	Type	Expiration Date
Describe the types of vehicles you are licensed to operate:			
Describe license restrictions:			

Have you ever been denied a license permit or privilege to operate a motor vehicle? YES NO

Have you ever had a driving license, permit or privilege suspended or revoked? YES NO

If yes, please explain why: _____

Do you have a current medical examiner's certificate? YES NO

Do you have a legal right to work in the United State? YES NO

TRAFFIC CITATIONS CONVICTIONS: Include the location, date, and offense. (Past 3 years)

Date	Offense	Location	Vehicle Type

EXPERIENCE AND QUALIFICATIONS:

Class of Equipment	Type van, tank, flat, dump, refer	DATE FROM – TO	STATES OPERATED IN	APPROX. NUMBER OF MILES
Straight Truck				
Straight truck + Cargo Tank				
Tractor + Semi Trailer				
Tractor + Cargo Tank				

ACCIDENT RECORD: Include the date, nature of accident, fatalities and injuries. (Past 3 years)

DATE	Nature of accident	Fatalities	Injuries



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CRIMINAL CONVICTION:

Ever been convicted of a felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Ever been convicted of a misdemeanor?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Ever been convicted of a D.U.I.?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Ever been convicted of use of drugs?	<input type="checkbox"/> YES <input type="checkbox"/> NO

*** IF yes, please explain:**

MILITARY STATUS:

Have you ever served in the Military? YES NO Honorable discharge? YES NO

Branch: _____ Dates: _____

EDUCATION:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12	College: 1 2 3 4 Graduate: 1 2
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OTHER COMPENSATED WORK:

Are you currently working for another employer? YES NO

At this time do you intend to work for another employer while employed with Elite? YES NO

Once I am employed with this company, if I begin working for additional employer(s) for compensation I will immediately inform Elite.

STATEMENT OF ON-DUTY HOURS:

Indicate your total time on duty in any capacity during the immediate preceding seven (7) days and the time at which you were last relieved from duty. **All Blanks Must Have an Entry**

Day Number	1	2	3	4	5	6	7	Total
Date								
Hours worked								

I was last relieved from duty at:

Time: _____ AM PM on: _____
 Month Day Year

 Signature

 Date



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EMPLOYMENT HISTORY PROFILE (Past 10 Years – DOT Regulations):

Employer Name: _____ **Phone #:** _____

Address: _____
(Street) (City) (State) (Zip)

Position Held: _____ **Rate of Pay:** _____

Dates: From _____ **To** _____ **Reason for Leaving:** _____

- Were you subject to Federal Motor Carrier Safety Regulations? YES NO
- Was the job designated as a "Safety Sensitive Function" in any DOT-Regulated mode subject to Drug and Alcohol testing requirements by 49 CFR Part 40? YES NO

Employer Name: _____ **Phone #:** _____

Address: _____
(Street) (City) (State) (Zip)

Position Held: _____ **Rate of Pay:** _____

Dates: From _____ **To** _____ **Reason for Leaving:** _____

- Were you subject to Federal Motor Carrier Safety Regulations? YES NO
- Was the job designated as a "Safety Sensitive Function" in any DOT-Regulated mode subject to Drug and Alcohol testing requirements by 49 CFR Part 40? YES NO

Employer Name: _____ **Phone #:** _____

Address: _____
(Street) (City) (State) (Zip)

Position Held: _____ **Rate of Pay:** _____

Dates: From _____ **To** _____ **Reason for Leaving:** _____

- Were you subject to Federal Motor Carrier Safety Regulations? YES NO
- Was the job designated as a "Safety Sensitive Function" in any DOT-Regulated mode subject to Drug and Alcohol testing requirements by 49 CFR Part 40? YES NO

Employer Name: _____ **Phone #:** _____

Address: _____
(Street) (City) (State) (Zip)

Position Held: _____ **Rate of Pay:** _____

Dates: From _____ **To** _____ **Reason for Leaving:** _____

- Were you subject to Federal Motor Carrier Safety Regulations? YES NO
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Employer Name: Phone #:

Address: (Street) (City) (State) (Zip)

Position Held: Rate of Pay:

Dates: From To Reason for Leaving:

- Were you subject to Federal Motor Carrier Safety Regulations?
Was the job designated as a "Safety Sensitive Function" in any DOT-Regulated mode subject to Drug and Alcohol testing requirements by 49 CFR Part 40?

Employer Name: Phone #:

Address: (Street) (City) (State) (Zip)

Position Held: Rate of Pay:

Dates: From To Reason for Leaving:

- Were you subject to Federal Motor Carrier Safety Regulations?
Was the job designated as a "Safety Sensitive Function" in any DOT-Regulated mode subject to Drug and Alcohol testing requirements by 49 CFR Part 40?

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Position Held: Rate of Pay:

Dates: From To Reason for Leaving:

- Were you subject to Federal Motor Carrier Safety Regulations?
Was the job designated as a "Safety Sensitive Function" in any DOT-Regulated mode subject to Drug and Alcohol testing requirements by 49 CFR Part 40?

*If needed an additional sheet can be attached for Employment History Profile.



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POSES ONLY ONE LICENSE:

You, as a commercial vehicle driver may not possess more than one motor vehicle operator’s license.

NOTIFICATION OF DISQUALIFICATION:

Section 391.15(b) (2) 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 any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to: (1) your employing motor carrier and (2) the state that issued your license. The notification to both the employer and state must be in writing.

CDL DOMICILE REQUIREMENT:

Section 383.23(a)(2) requires that your commercial driver’s license be issued by your legal state of domicile, where you have your true, fixed and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether her or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years. If the employee admits that he or she had a positive test or refusal test, you must not use the employee to perform safety-sensitive functions for you, until the employee documents successful completion of the return-to-duty process. (See Sec. 40.25 (B) (5) and (e))

The prospective employee is required by Sec. 40.25 (j) to respond to the following questions.

Have you tested positive, or refused to test, on any pre-employment drug and alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years.	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements?	<input type="checkbox"/> YES <input type="checkbox"/> NO

 Applicant Signature

 Date