



**EMPLOYMENT HISTORY**  
**(Addresses & Phone Numbers Are Required)**

List your previous employers beginning with your most recent or current employer and ending with your first employer. Provide employment history for the past ten years. Explain any gaps in employment (i.e., unemployed, self-employed, etc.). Attach separate sheet(s) if more space is required.

May we contact your current employer?     Y or  N

<b>Employer:</b>	Position/Title:	Reason for leaving:
Address:	Salary/Wage:	
City & State:	Start Date:	<b>Applicant was subject to DOT regulations while employed here?</b> <input type="checkbox"/> Y or <input type="checkbox"/> N
Telephone Number:	End Date:	

<b>Employer:</b>	Position/Title:	Reason for leaving:
Address:	Salary/Wage:	
City & State:	Start Date:	<b>Applicant was subject to DOT regulations while employed here?</b> <input type="checkbox"/> Y or <input type="checkbox"/> N
Telephone Number:	End Date:	

<b>Employer:</b>	Position/Title:	Reason for leaving:
Address:	Salary/Wage:	
City & State:	Start Date:	<b>Applicant was subject to DOT regulations while employed here?</b> <input type="checkbox"/> Y or <input type="checkbox"/> N
Telephone Number:	End Date:	

<b>Employer:</b>	Position/Title:	Reason for leaving:
Address:	Salary/Wage:	
City & State:	Start Date:	<b>Applicant was subject to DOT regulations while employed here?</b> <input type="checkbox"/> Y or <input type="checkbox"/> N
Telephone Number:	End Date:	

<b>Employer:</b>	Position/Title:	Reason for leaving:
Address:	Salary/Wage:	
City & State:	Start Date:	<b>Applicant was subject to DOT regulations while employed here?</b> <input type="checkbox"/> Y or <input type="checkbox"/> N
Telephone Number:	End Date:	

### Employment Related Questions

Are you authorized to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony? (If yes, explain the circumstances on a separate piece of paper.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### License Information

Do you have a valid driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had a license denied, suspended, or revoked? (If yes, explain the circumstances on a separate piece of paper.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### Driving Information

Driving Experience (Equipment Class)	Equipment Type (Van, Flat, etc.)	Miles Driven
Straight Truck		
Tractor & Semi-Trailer		
Tractor – Two Trailers		
Other _____		

List the states in which you have operated during the last five years.

List special courses or training that will help you as a driver.

Which safe driving awards do you hold and from whom?

List any other special equipment or technical materials with which you can work.

#### List your most recent accident first, and then each prior accident for the past 3 years. (Attach separate sheet if more space is required.)

Date	Nature of Accident (head-on, rear-end, upset, etc.)	No. of fatalities	No. of injuries

#### List traffic convictions and forfeitures for the past 3 years. (Do not list parking violations. Attach separate sheet if more space is required.)

Date	City & State	Charge	Penalty

**YOUR UNDERSTANDING AND AGREEMENT TO THE TERMS OF THIS APPLICATION**

*Applicant must read and sign.*

1. I, referred to also as the Applicant, understand that I may be denied employment or terminated after accepting employment if the information I provide in this application is not completely truthful.
2. I authorize Shepherd Oil Co, LP, to verify all of the information I provide in this application and understand that Shepherd Oil Co, LP may contact anyone with knowledge about me.
3. I understand that Shepherd Oil Co, LP is an Equal Employment Opportunity employer.
4. I understand that I have the following rights concerning information received from previous employers regarding DOT recordable accidents and violations of the alcohol and controlled substance prohibitions:
  - a. The right to review information provided by previous employers;
  - b. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
  - c. 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.

**Pursuant to Federal Motor Carrier Regulations CFR 40.25(j), the following information is required:**

Have you 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 (3) years?    **Yes** or **No**

If yes, please give details. (You must include any evaluation, treatment and return-to-duty test including, but not limited to, Substance Abuse Professional [SAP] information.)

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**Consent to Background Investigation**

Last Name	MI	First Name
Address	City	State      Zip
Social Security Number	Driver's License Number	State Issued

**APPLICANT'S SIGNATURE INDICATES ACCEPTANCE OF THE TERMS ABOVE**

*This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.*

<b>PRINTED NAME</b>	<b>SIGNATURE</b>
<b>DATE</b>	

**AUTHORIZATION TO RELEASE INFORMATION**  
*TO BE SIGNED BY APPLICANT*

I hereby authorize my previous employer to release the following information to Shepherd Oil Co.LP (580-363-4280 Off., 580-363-0319 Fax.) for the purpose of investigation as required by Section 391.3, FMSCR. The previous employer is released from any and all liability that may result from furnishing this information.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

## REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

### TO BE COMPLETED BY EMPLOYER

Faxed     Phoned     Mailed

<b>Applicant's Name:</b>	<b>Social Security Number:</b>
<b>Past Employer's Name:</b>	<b>Phone Number:</b>
<b>Person Contacted:</b>	<b>Title:</b>
<b>Location:</b>	<b>Date Contacted:</b>
<b>Dates of employment or qualification (month/year): From _____ To _____</b>	

Check All That Apply			
Type of Driving	Type of Equipment	Type of Trailer	Type of Commodities Hauled
<input type="checkbox"/> Over the Road	<input type="checkbox"/> Tractor-Semi	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Machinery
<input type="checkbox"/> Local	<input type="checkbox"/> Straight Truck	<input type="checkbox"/> Lowboy	<input type="checkbox"/> Iron/Steel Products
	<input type="checkbox"/> Bus	<input type="checkbox"/> Reefer	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

\*1. Was applicant involved in any accidents while in your employ during the past 3 years?     Yes     No

If yes, complete the following:

DOT Recordable Accidents	Non-Recordable Accidents
Number of injuries:	Explain circumstances:
Number of fatalities:	

2. Would you re-employ or re-qualify this individual? If your answer is no, explain why.     Yes     No

\*3. Has the driver refused a drug/alcohol test in the past 3 years?     Yes     No

\*4. Has the driver tested positive on a required controlled substance test in the past 3 years?     Yes     No

\*5. Has the driver tested at or above .04 on any required alcohol test in the past 3 years?     Yes     No

\*6. Has the driver violated any other provision of the DOT drug/alcohol testing regs in the past 3 years?     Yes     No

\*7. Have you received information from any previous employer that this individual violated DOT drug/alcohol regs in the past 3 years?     Yes     No

**\*If your company is regulated by the Federal Motor Carrier Administration, these questions are required by law to be answered. If yes is answered on question 3, 4, 5, 6, or 7, did the driver consult a substance abuse professional (SAP)?**     Yes     No

<b>Completed By:</b>	<b>Date:</b>
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