



FREEDOM DRILLING SERVICES

Application For Employment

PERSONAL INFORMATION

Name: _____
(First) (Middle) (Maiden, if any) (Last)

Address: _____ How long? _____
(Street) (City) (State & Zip Code)

Date of Birth: _____ Social Security No. _____ Date of Application: _____

Telephone Number: _____ Email Address: _____

RESIDENCY FOR THE PAST THREE YEARS

Address: _____ How long? _____
(Street) (City) (State & Zip Code)

Address: _____ How long? _____
(Street) (City) (State & Zip Code)

Address: _____ How long? _____
(Street) (City) (State & Zip Code)

(Attach additional document if more space is needed)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I Certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License Number	Type	Expiration Date

COMMERCIAL DRIVING EXPERIENCE (If applicable)

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. Number of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor w/ Two(or more) Trailers				
Other				

(Attach additional document if more space is needed)



ACCIDENT RECORD FOR THE PAST THREE YEARS

Date	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Number of fatalities	Number of Injuries	Chemical Spills
				Yes No
				Yes No
				Yes No

(Attach additional document if more space is needed)

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE YEARS
(Other than parking violations)**

Date	Violation	State of Violation Location	Penalty (forfeited bond, collateral and/or points)

(Attach additional document if more space is needed)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

If yes, explain: _____

(Attach additional document if more space is needed)

Has any License, permit, or privilege ever been revoked? Yes No

If yes, explain: _____

(Attach additional document if more space is needed)

EMPLOYMENT RECORD FOR THE PAST THREE YEARS

(If you intend to use a CDL during your employment with FDS, you must provide information for all employers for whom you drove a commercial motor vehicle for an additional seven years prior (ten years total of employment record).

Previous Employer: _____

Address: _____ Phone: _____

Position Held: _____ From: _____ To: _____

Reason(s) for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed by this employer? Yes No
Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No



Previous Employer: _____

Address: _____ Phone: _____

Position Held: _____ From: _____ To: _____

Reason(s) for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed by this employer? Yes No
Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

Previous Employer: _____

Address: _____ Phone: _____

Position Held: _____ From: _____ To: _____

Reason(s) for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed by this employer? Yes No
Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

(Attach additional document if more space is needed)

Any gaps in employment and/or unemployment must be explained. Include dates (month/year)

and reason. _____

(Attach additional document if more space is needed)

TO BE READ AND SIGNED BY APPLICANT

I authorize Freedom Drilling Services 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 Freedom Drilling Services.

CDL Holders - I understand that any information I provide 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 current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to Freedom Drilling Services; 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.

Date: _____ Applicant's Signature: _____

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.

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