



Application for Employment

Date of Application: _____

Frontier Tubular Solutions, LLC ("The Company") is an equal opportunity employer and does not discriminate in hiring or terms and conditions of employment on the basis of race, color, religion, creed, national origin, gender, ancestry, disability as defined by law, or on the basis of age in violation of Federal, State or local law. The Company does not discriminate in hiring or terms and conditions of employment on the basis of marital status; however, The Company may choose not to hire or retain a spouse of a current employee for reasons of supervision, safety, security or morale if the work involves potential conflicts of interest or other hazards greater for married employees than for other persons. No question on this application is intended to secure information to be used for such discrimination.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to conduct such investigations and inquiries of 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, healthcare 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.

Signature: _____ Date: _____

DRIVER APPLICANT ONLY

I understand that information I provide regarding current and/or previous employer(s) may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 40 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employer(s);
- Have errors in the information corrected by previous employer(s) and for those previous employer(s) 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.

Signature: _____ Date: _____

The U.S. Department of Transportation requires that driver applicants state their date of birth (§391.21(b)(2)).

Date of Birth: _____
Month / Day / Year

Applicant Name _____
(print) First Middle Last Social Security No.

*Current Address _____ Phone (____) _____

**If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.*

Street _____ City _____ State _____ Zip Code _____

Street _____ City _____ State _____ Zip Code _____

Position applying for _____ Temporary Part Time Full Time

Will you work shift work? Yes No Date Available: _____

Who referred you? _____ Rate of Pay/Salary expected? _____

Have you worked for this company before? Yes No Dates: From _____ To _____
month / year month / year

Location? _____ Rate of Pay _____ Position _____

Reason for leaving _____

Names of any relatives employed by this company _____
 Are you currently employed? _____ If not, how long since leaving last employment? _____
 Can you, if employed, submit a birth certificate or other proof of U.S. citizenship? Yes No
 If not a U.S. citizen, can you, if employed, submit verification of your legal right to work permanently in the U.S.? Yes No
 Military experience and education in armed forces of U.S. that relate to specific duties of the job for which you are applying? _____

EDUCATION

Click on or circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____

Name

Address

GENERAL

Have you ever been bonded? Yes No Name of bonding company _____

(Answer only if a job requirement)

Have you ever worked for this company under another name? Yes No If so, under what name? _____

DRIVER EXPERIENCE & QUALIFICATION

Answer the questions in this section only if applying for a driver position.

Drivers Licenses held in past 3 years must be shown	State	License No.	Class	Endorsement(s)	Expiration Date

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

If you answered "yes" to A or B, attach a statement giving details.

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> Yes <input type="checkbox"/> No	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> Yes <input type="checkbox"/> No	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR – TWO TRAILERS <input type="checkbox"/> Yes <input type="checkbox"/> No	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR – THREE TRAILERS <input type="checkbox"/> Yes <input type="checkbox"/> No	(VAN, TANK, FLAT, DUMP, REEFER)			
MOTORCOACH – SCHOOL BUS (MORE THAN 8 PASSENGERS) <input type="checkbox"/> Yes <input type="checkbox"/> No				
MOTORCOACH – SCHOOL BUS (MORE THAN 15 PASSENGERS) <input type="checkbox"/> Yes <input type="checkbox"/> No				
OTHER _____				

List states operated in during last five years: _____

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

List safe driving awards do you hold and from whom: _____

ACCIDENT RECORD for past 3 years (Attach separate sheet of paper if more space is needed)

Dates	Nature of Accident (Head-On, Rear-End, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident:				
Next Previous:				
Next Previous:				

TRAFFIC CONVICTIONS AND FORFEITURES for past 3 years (other than parking violations) If none, write "none"

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER		DATE	
NAME	FROM MO. YR.	TO MO. YR.	
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
SALARY/WAGE		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS [†] WHILE EMPLOYED?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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CITY	STATE	ZIP	
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*Includes vehicles having a GVWR OF 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

PERIODS OF UNEMPLOYMENT

FROM	To	COMMENTS

PERSONAL REFERENCES

LIST THREE PERSONAL REFERENCES WHO ARE NOT YOUR RELATIVES			
NAME	ADDRESS	OCCUPATION	TELEPHONE

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any other experience that may help in your work for this company.

List courses and training not shown elsewhere in this application.

List special equipment or technical materials you can work with (other than those already shown).

Have you ever been convicted of a misdemeanor or a felony? Exclude minor traffic violations but include DUI (Driving Under Influence) convictions. Yes No If yes, explain fully. (A conviction record will not necessarily disqualify an applicant.)

Military experience and education in armed forces of U.S. that relate to specific duties on the job for which you are applying?

APPLICANT MUST READ AND SIGN

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.

APPLICANT'S SIGNATURE

DATE