

**DOT EMPLOYMENT APPLICATION (49CFR391.21)**



**Gore Nitrogen Pumping Service LLC**  
**P.O. Box 65**  
**Seiling OK 73663**

Answer ALL questions – please print

We are an Equal Opportunity Employer that does not discriminate in employment based on race, color, creed, age, sex, national origin, physical or mental handicap, ancestry, religion, marital status, affectional or sexual orientation, military service, or any other characteristic protected by law. Gore Nitrogen Pumping Service, LLC will endeavor to make a reasonable accommodation to the physical or mental limitations of a qualified applicant with a disability unless the accommodation would impose an undue hardship to the operation of the business or not meet federal requirements as set by the FMCSA. If you require assistance to complete this form or to participate in an interview, please let us know.

Name (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Last) \_\_\_\_\_

Current Address \_\_\_\_\_  
Street City State Zip

How long at current address? \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ FMCSR Rule 391.21(B) (2) requires date of birth on application

List additional addresses of residency **for the past three (3) years:**

Address	City	State	Zip	How Long?

Address	City	State	Zip	How Long?

Have you been discharged, terminated or suspended from any position you have held? Yes No

If yes, explain: \_\_\_\_\_

Have you ever been convicted of a felony? Yes No

If yes, explain? \_\_\_\_\_

Have you tested positive or refused to test on any DOT drug or alcohol test during the past **five (5) years**, including any Pre-employment test for any company to which you applied, but did not obtain work? Yes No

Have you been convicted of driving under the influence of alcohol, narcotic drugs, amphetamines or derivatives there of during the past (5) years? Yes No

Are you a U.S. citizen? Yes No if no, do you have a legal right to remain in the U.S.? Yes No

Do you have a current legal work permit? Yes No

**EMERGENCY CONTACT INFORMATION:**

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Telephone #1 Telephone #2

Have you worked for Gore Nitrogen before? Yes No If yes, where? \_\_\_\_\_

Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Who referred you? \_\_\_\_\_

## EMPLOYMENT HISTORY

List all employment (even non-driving positions), full and part time, for the **past 3 years**. Then, list all **driving positions only** that you held for the **last 4 to 10 years** as required by FMCSR Part 391. If you were leased to a motor carrier, list that carrier as an employer even if you were an independent contractor. Indicate any period of unemployment exceeding 30 days. Start with the most current or present position and work backwards.

**CURRENT POSITION** – Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Company _____ Telephone _____	
Address _____ City, State, Zip _____	
Supervisor _____	Position Held _____ Trailer Type _____
Full Time	Part Time Reason for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes No	
Was employment designated as a “safety sensitive function” in regard to drug/alcohol testing required by 49CFR Part 40? Yes No	

Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Company _____ Telephone _____	
Address _____ City, State, Zip _____	
Supervisor _____	Position Held _____ Trailer Type _____
Full Time	Part Time Reason for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes No	
Was employment designated as a “safety sensitive function” in regard to drug/alcohol testing required by 49CFR Part 40? Yes No	

Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

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Was employment designated as a “safety sensitive function” in regard to drug/alcohol testing required by 49CFR Part 40? Yes No	

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**CONTINUED ON NEXT PAGE**

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Was employment designated as a “safety sensitive function” in regard to drug/alcohol testing required by 49CFR Part 40? Yes No		

**PLEASE ATTACH A COPY OF YOUR CURRENT DRIVERS LICENSE**

**ACCIDENT RECORD FOR PAST 3 YEARS - List ALL, whether Preventable or Non-Preventable**

IF NONE, Check THIS BOX:  (ATTACH A SHEET IF MORE SPACE IS NEEDED)

ACCIDENT DATE	NATURE OF ACCIDENT	FATALITIES		INJURIES		VEHICLES TOWED	
		Yes	No	Yes	No	Yes	No

**ALLTRAFFIC CONVICTIONS & FORFEITURES FORTHE PAST 3 YEARS - Other than parking violations**

IF NONE, CHECK THIS BOX:  (ATTACH A SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8    HIGH SCHOOL: 1 2 3 4    COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: \_\_\_\_\_  
(NAME) (CITY)

**DRIVERSLICENSEINFORMATION - List ALL licenses held in past five (5) years**

STATE	LICENSE #	CDL CLASS	ENDORSEMENTS	EXPIRATION DATE

  

<b>Do you have a current DOT Medical Card (Yes or No)</b>	<b>MEDICAL CARD EXPIRATION DATE</b>	<b>IS YOUR MEDICAL CARD STAMPED BY DPS (Yes or No)</b>

**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 THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.

**COMMERCIAL DRIVING EXPERIENCE**

IF NONE, CHECK THIS BOX:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK FLAT, ETC)	DATES		APPROX NO. OF MILES (PER YEAR)
		FROM	TO	
Straight Truck				
Tractor and semi-trailer				
Tractor-two trailers				
Other				

LIST ALL STATES OPERATED IN FOR LAST FIVE (5) YEARS:

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

# Applicant Authorization to Release DOT Drug/Alcohol Test Results

## SECTION 1: TO BE COMPLETED BY APPLICANT

Applicant/Employee: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

I understand that as a condition of hire with the above named "Company", that I must consent to the release of all DOT mandated drug and alcohol information from all of the employers for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous two (2) years as required by DOT Part 40.25, (or three (3) years as required by Part 391.23 for any driver of a commercial motor vehicle).

Check boxes only if applicable

- I have NOT worked in a DOT safety-sensitive position for a DOT regulated company in the past 2 years (3 years for CMV drivers, 5 years for pilots). Proceed to sign and date form below.
- I have tested positive, or refused to test, on a DOT pre-employment drug or alcohol test for an employer who did not hire me in the past two years (3 years for CMV drivers, 5 years for pilots). Please specify the company for which this occurred below.

I hereby authorize the following previous employer / company to furnish the DOT information requested in section 2 below.

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

*(Complete additional form for each previous DOT employer)*

Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the questions below, to the Company listed above. I hereby acknowledge that failure to provide accurate information in response to this request for release of information could negatively affect my employment offer or subject me to disciplinary action up to and including termination if later discovered after my employment with the Company begins.

\_\_\_\_\_ **Signature of Applicant**                      \_\_\_\_\_ **SSN**                      \_\_\_\_\_ **Date**

## Release of Previous Employer's DOT Drug/Alcohol Testing Results

### SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

In accordance with DOT regulations, the Company, named above, is required to obtain -- and as a Previous Employer, you are required to release -- DOT drug and alcohol information, listed below, concerning the Applicant/Employee, named above. This information request covers any period of employment of the Applicant/Employee by you going back 2 years (3 years for CMV drivers), from the date of this request. Please complete the following:

- | YES   | NO                       |  |
|-------|--------------------------|--|
| _____ | _____                    | 1. Any DOT alcohol test results of 0.04 or greater?  |
| _____ | _____                    | 2. Any DOT positive drug test results?   |
| _____ | _____                    | 3. Refusal to submit to a DOT required drug / alcohol test? (incl. adulterated or substituted results) |
| _____ | _____                    | 4. Other violations of DOT drug and alcohol testing regulations?                                       |
| _____ | _____                    | 5. Did a previous employer report a drug / alcohol rule violation to you?                              |
| _____ | _____                    | 6. If "yes" for any of the above items, did the employee complete the return-to-duty process?*         |
|       | <input type="checkbox"/> | 7. Was the Applicant/Employee employed by you but <u>NOT</u> subject to DOT regulations?               |

\*Note: If "yes" for item 5, you must provide the previous employer's report. If you answered "yes" for item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

\_\_\_\_\_ **Name of Person Completing Form**                      \_\_\_\_\_ **Title**                      \_\_\_\_\_ **Phone**                      \_\_\_\_\_ **Date**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION**

Gore Nitrogen Pumping Service, LLC ("the Company") may obtain information about you for employment/volunteer or contractor purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education (including transcripts), or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your assignment or employment to the extent permitted by law.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

[End of Document]

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**NOTE: YOU MUST RETURN THIS DOCUMENT**