

# Thompson Brothers Drilling, Inc.

5410 Highway 11 North  
Ellisville, MS 39437

## Driver Application for Employment

### Applicant Information

Print all information in blue or black ink only. All information must be filled out. If information is not applicable to you, please write none. Only completed applications will be accepted.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_\_

Full Name \_\_\_\_\_ Social Security No \_\_\_\_\_  
Last First MI

Phone number(s) \_\_\_\_\_ Date of birth \_\_\_\_\_  
Home Mobile Other(specify) (required for commercial drivers)

List your address(es) of residency for the past three years:

Current \_\_\_\_\_  
Address Street Address (no po boxes) City State Zip Length of residency

Previous \_\_\_\_\_  
Address Street Address (no po boxes) City State Zip Length of residency

Previous \_\_\_\_\_  
Address Street Address (no po boxes) City State Zip Length of residency

Do you have the legal right to work in the United States? \_\_\_\_\_ (please be prepared to supply supporting documentation)

Are you currently employed? \_\_\_\_\_ May we contact your present employer? \_\_\_\_\_

If not currently employed, how long since leaving last employment? \_\_\_\_\_

Who referred you to our company? \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied as described in the attached job description? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

### Education

Please circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4  
Elementary High School College

Last school attended: \_\_\_\_\_ Course of study \_\_\_\_\_  
Name City State

### Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years. Applicants to drive a commercial motor vehicle\* in interstate or intrastate commerce shall also provide an additional seven years information on those employers for whom the applicant operated such vehicle. Print all information and complete all sections. Complete mailing addresses, street number, city, state, zip code and phone number are required.

List employers in reverse order starting with the most recent, or current, employer. Add additional sheets if necessary.

Employer \_\_\_\_\_  
Company Name \_\_\_\_\_ Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position held \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Dates of employment \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes  No   
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes  No

Employer \_\_\_\_\_  
Company Name \_\_\_\_\_ Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position held \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Dates of employment \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes  No   
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes  No

Employer \_\_\_\_\_  
Company Name \_\_\_\_\_ Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position held \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Dates of employment \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes  No   
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes  No

Employer \_\_\_\_\_  
Company Name \_\_\_\_\_ Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position held \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Dates of employment \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes  No   
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes  No

\*includes vehicles having a GVWR of 10,001 pounds or more, vehicles designed to transport nine (9) or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.



### Employment History (continued)

Employer \_\_\_\_\_  
Company Name Mailing Address City State Zip

Position held \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Dates of employment \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes  No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes  No

Employer \_\_\_\_\_  
Company Name Mailing Address City State Zip

Position held \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Dates of employment \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes  No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes  No

Employer \_\_\_\_\_  
Company Name Mailing Address City State Zip

Position held \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Dates of employment \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes  No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes  No

Employer \_\_\_\_\_  
Company Name Mailing Address City State Zip

Position held \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Dates of employment \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes  No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes  No

Employer \_\_\_\_\_  
Company Name Mailing Address City State Zip

Position held \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Dates of employment \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes  No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes  No

### Qualifications

**Driver's License(s) – list each license held in the previous three (3) years**

State of Licensure \_\_\_\_\_ License Number \_\_\_\_\_ Type of License \_\_\_\_\_ Expiration date \_\_\_\_\_

State of Licensure \_\_\_\_\_ License Number \_\_\_\_\_ Type of License \_\_\_\_\_ Expiration date \_\_\_\_\_

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

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

If yes, please explain \_\_\_\_\_

**List any special courses, training or awards which may pertain to the job for which you are applying:**

Description \_\_\_\_\_ Received by \_\_\_\_\_ Date \_\_\_\_\_

### Driver Experience

List information regarding your driving experience for the last five years. If no driving experience, write none.

Class of Equipment	Years of Driving Experience	Approximate Number of Miles
Straight Truck		
Tractor and Semi-Trailer		
Motorcoach/Bus		
Other		

### Traffic Convictions and Forfeitures

List all traffic convictions and forfeitures for the past three (3) years. Do not include parking violations.

Location	Date	Charge	Penalty

### Accident History

Federal Motor Carrier Safety Regulations require that all potential employees applying for a position to drive a motor vehicle furnish a list of all motor vehicle accidents in which the applicant was involved during the three (3) years preceding the date the application is submitted, specifying the date and nature of each accident and any fatalities or personal injuries it caused.

(FMCSR, April 1, 2007 391.21 (b) (7))

Date of accident	Nature of accident	Fatalities	Injuries

### TO BE READ AND SIGNED BY APPLICANT

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. I authorize you to inquire of personal, employment, financial, medical and other related matters as may be necessary at arriving at employment decisions. I hereby release employers, schools, health care providers and other personnel from all liability in response to and release of information regarding my application. In the event of employment, I understand that false and/or misleading information given in my application or interview may result in discharge. I understand that I am required to abide by all rules and regulations of the company for which I am applying. I understand that 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 49CFR391.23(d) and (e). I also understand I have the following rights: (1) Review of information provided by previous employers (2) Have errors in such information corrected and resent by previous employers to the prospective employer (3) Have a rebuttal statement attached to the alleged erroneous information if previous employer and I cannot agree on the accuracy of the information.

**Applicant Signature** \_\_\_\_\_

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

In compliance with Federal and State employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or non-job related disability.