

Employment Application

You MUST answer every question. If any question does not apply to you, answer with Not Applicable (NA).

Name of SUPER or who Referred You: _____

Position You are Applying for: _____

Name: _____ Social Security No. _____
Last First Middle Name

Address: _____ Length of residency: ___yr___mo
Street City State/ Zip Code

If you were at above address less than three years, list your previous address(es) for the **past three years**. Attach sheet if more space is needed.

Address: _____ Length of residency: ___yr___mo
Street City State/ Zip Code

Phone:(_____)_____ Email Address: _____ Birth date: ____/____/____

Have you ever been employed by this company before? No Yes If yes, when? _____

If hired, can you provide proof of your legal right to work in the U.S.? No Yes

If hired, would you be able to travel or work overtime or weekends as needed? No Yes

Do you have any relatives employed by this company? No Yes If yes, please provide their names and relationship to you. _____

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 State

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.

Current License

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

Previous Licenses Held (for the past three years)

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

Attach sheet if more space is needed.

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR – TWO TRAILERS			
OTHER			

Have you ever been denied a license, permit or privileges to operate a motor vehicle?

No Yes ..explain _____

Has any license, permit, or privilege ever been suspended or revoked?

No Yes ..explain _____

Have you ever been convicted of a DUI, DWI, or any other alcohol related driving offenses?

No Yes ..explain _____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL SPILLS

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS
(OTHER THAN PARKING VIOLATIONS)**

DATE CONVICTED (MONTH/YEAR)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (FORFEITED BOND, COLLATERAL AND/OR POINTS)

List states operated in for the last five years: _____

Special courses of training that will help you as a driver: _____

Safe driving awards held and from whom: _____

Show any trucking, transportation, or other experiences that may help in your work for this company: _____

List courses and training other than shown elsewhere in this application: _____

List special equipment or technical materials you can work with: _____

Employment History

Section §391.21 (b)(10) requires that a list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted, together with the dates he/she was employed by, and his/her reason for leaving the employ of, each employer; (b)(11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7 year period preceding the 3 years contained in paragraph (b)(10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment. *(attach another sheet if more space is needed)*

Current or most recent employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Reason For Leaving _____
Phone No.	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>

Any gap in employment and/or unemployment must be explained. Include dates (Month/Year) and reason:

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Reason For Leaving _____
Phone No.	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>

Any gap in employment and/or unemployment must be explained. Include dates (Month/Year) and reason:

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Reason For Leaving _____
Phone No. .	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>

Any gap in employment and/or unemployment must be explained. Include dates (Month/Year) and reason:

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Reason For Leaving _____
Phone No.	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>

Any gap in employment and/or unemployment must be explained. Include dates (Month/Year) and reason:

Employment History – 2nd Sheet

Section §391.21 (b)(10) requires that a list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted, together with the dates he/she was employed by, and his/her reason for leaving the employ of, each employer; (b)(11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7 year period preceding the 3 years contained in paragraph (b)(10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment. *(attach another sheet if more space is needed)*

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Reason For Leaving _____
Phone No.	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>

Any gap in employment and/or unemployment must be explained. Include dates (Month/Year) and reason:

Next previous employer

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Address	Position _____ Salary _____
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Any gap in employment and/or unemployment must be explained. Include dates (Month/Year) and reason:

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Address	Position _____ Salary _____
City State Zip	Reason For Leaving _____
Phone No.	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>

Any gap in employment and/or unemployment must be explained. Include dates (Month/Year) and reason:

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Name Of Supervisor	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>

Any gap in employment and/or unemployment must be explained. Include dates (Month/Year) and reason:

CRIMINAL HISTORY

Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation or Class C Misdemeanor? If yes, please explain in detail and include the date of final disposition of the case and the nature of the offense.

DATE OF DISPOSITION	DISPOSITION	OFFENSE	SENTENCE

Attach sheet if more space is needed.

PRE-EMPLOYMENT DRUG & ALCOHOL TESTING STATEMENT

1. Have you ever failed a D.O.T. Drug and/or Alcohol Test? Yes No
2. Have you ever refused to take a D.O.T. Drug and/or Alcohol Test? Yes No
3. Have you ever violated any other D.O.T. Drug and/or Alcohol Regulations? Yes No
4. In the past two years have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not get hired for safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules? Yes No

If yes to any of the above questions, please provide proof that you have successfully completed the SAP Evaluation, recommended treatment, return to duty testing and follow up testing. (Attach another sheet if necessary)

APPLICANT'S STATEMENT

In connection with my application to the company, I understand that the Fair Credit Reporting Act, Public Law 91-508 & 104-208 requires that I be advised that routine inquiry may be made during the company's initial or subsequent processing which will provide applicable information concerning character and general reputation, including criminal history. I also understand that investigative background inquiries as required by the Federal Motor Carrier Safety Regulations 391.23 may be made on me including previous employers, along with schools, criminal convictions, motor vehicle records (including all states in which I have held a license for the past three years), and other reports.

These reports will include information as to my character, work habits, performance, education, and experience, along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, email, other electronic form, or copy form.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to Cobra Energy, which includes all of the Cobra subsidiaries and Cobra-affiliated entities (the "Company" and/or "Cobra") & subsidiaries. I agree to release and hold harmless the Company from all liability with respect to the receipt of such information.

I certify that this application was only completed by me, and that all entries on it and the information I have furnished on this application form is true and complete to the best of my knowledge. **I authorize you to make such investigations and inquiries** of my personal, employment, and medical status (including a pre-employment drug screen and a complete physical showing I meet the standards in 49 CFR 391.41 to qualify for a medical certificate). (Generally, inquiries regarding medical status will be made only and if 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 false or misleading information given in my application or in interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Company if a conditional offer of employment is made. Additionally, the offer is contingent upon the completion of this application, the results of a pre-employment drug screen, and the information found on any/all reports.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391.23. I understand that pursuant to 49CFR 391.23 I have a right to:

1. Review information provided by current previous employers;
2. have errors in the information corrected by previous employers and those previous employers to resend the corrected information to the prospective employer; and
3. 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.

Applicant's Signature
Date