

P. O. BOX 2014  
TULSA, OKLAHOMA 74101



(918) 446-6181  
(800) 426-2487  
stone@stonetrucking.com  
www.stonetrucking.com

# DRIVER'S APPLICATION FOR EMPLOYMENT

## STI TRUCKING, LLC P.O. Box 700 Kiefer, Oklahoma 74041

(Answer **all** questions. Fill in **all** shaded areas – Please PRINT)

In compliance with Federal and State equal 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.

Date of Application: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Position(s) Applied for: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

Social Security No: \_\_\_\_\_

Date of Birth (Required for Truck/Bus Drivers): \_\_\_\_\_

### List your addresses of residency for the past 3 years.

Current Address: \_\_\_\_\_  
Street City

State Zip Code Phone: \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_

Street City State & Zip Code \_\_\_\_\_

Street City State & Zip Code How Long? \_\_\_\_\_

Street City State & Zip Code How Long? \_\_\_\_\_



**EMPLOYMENT HISTORY**

**ALL DRIVER APPLICANTS:** To drive in interstate commerce, you must provide the following information on all former/current employers (driving *positions and non-driving positions*) for the last 3 years. All information must be complete for your application to be considered.

**ALL DRIVER APPLICANTS:** To be employed as a driver of a commercial motor vehicle (any vehicle requiring a CDL License) in intrastate or interstate commerce, you must also provide an additional 7 years' information on those employers for whom you worked as a driver operating a commercial motor vehicle.

In other words, If you are going to drive a vehicle requiring a CDL, you must provide a total of **10 years** working and driving experience.

CURRENT OR LAST EMPLOYER	DATE
Name: _____	Dates From: _____ To: _____
Address: _____	Position held: _____
City: _____ State: _____ Zip Code: _____	Salary/Wage: _____
Contact Person: _____	Reason for leaving: _____
Phone No: _____	

Were you subject to DOT rules while employed with this company?

While employed by this company, was your job designated as "safety-

CURRENT OR LAST EMPLOYER	DATE
Name: _____	Dates From: _____ To: _____
Address: _____	Position held: _____
City: _____ State: _____ Zip Code: _____	Salary/Wage: _____
Contact Person: _____	Reason for leaving: _____
Phone No: _____	

Yes / No

sensitive," making you subject to the DOT drug and alcohol testing requirements?

Yes / No

Were you subject to DOT rules while employed with this company?

While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?

Yes / No

Yes / No

CURRENT OR LAST EMPLOYER	DATE
Name: _____	Dates From: _____ To: _____
Address: _____	Position held: _____
City: _____ State: _____ Zip Code: _____	Salary/Wage: _____
Contact Person: _____	Reason for leaving: _____
Phone No: _____	

Were you subject to DOT rules while employed with this company?

While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?

Yes / No

Yes / No

CURRENT OR LAST EMPLOYER	DATE
Name: _____	Dates From: _____ To: _____
Address: _____	Position held: _____
City: _____ State: _____ Zip Code: _____	Salary/Wage: _____
Contact Person: _____	Reason for leaving: _____
Phone No: _____	

Were you subject to DOT rules while employed with this company?

While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?

Yes / No

Yes / No



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CURRENT OR LAST EMPLOYER			DATE	
Name:	_____		Dates From:	To: _____
Address:	_____		Position held:	_____
City:	State: _____	Zip Code: _____	Salary/Wage:	_____
Contact Person:	Phone No: _____		Reason for leaving:	_____

Were you subject to DOT rules while employed with this company?

Yes / No

While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?

Yes / No

CURRENT OR LAST EMPLOYER			DATE	
Name:	_____		Dates From:	To: _____
Address:	_____		Position held:	_____
City:	State: _____	Zip Code: _____	Salary/Wage:	_____
Contact Person:	Phone No: _____		Reason for leaving:	_____

Were you subject to DOT rules while employed with this company?

Yes / No

While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?

Yes / No

CURRENT OR LAST EMPLOYER			DATE	
Name:	_____		Dates From:	To: _____
Address:	_____		Position held:	_____
City:	State: _____	Zip Code: _____	Salary/Wage:	_____
Contact Person:	Phone No: _____		Reason for leaving:	_____

Were you subject to DOT rules while employed with this company?

Yes / No

While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?

Yes / No

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## EXPERIENCE AND QUALIFICATIONS OF DRIVER APPLICANT

*ACCIDENT RECORD FOR THE PAST 7 YEARS.*

If none, write "none". Attach additional sheets if more space is required.

DATES	NATURE OF ACCIDENT (HEAD-ON; REAR-END; UPSET, JACK-KNIFE, ETC.)	FATALITIES	INJURIES	CHARGEABLE	√ If You Can Provide Documentation
Last Accident		YES NO	YES NO	YES NO	
Next Previous		YES NO	YES NO	YES NO	
Next Previous		YES NO	YES NO	YES NO	
Next Previous		YES NO	YES NO	YES NO	

*TRAFFIC CONVICTIONS AND LICENSE FORFEITURES FOR THE LAST 7 YEARS, (OTHER THAN PARKING VIOLATIONS).*

If none, write "none", (attach additional sheets if more space is required).

LOCATIONS	DATE	CHARGE	PENALTY

DRIVERS LICENSES	STATE	LICENSE No:	TYPE	EXPIRATION DATE

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

Have you ever had any license, permit or privilege suspended or revoked? YES    NO

IF THE ANSWER TO EITHER OF THE ABOVE TWO QUESTIONS IS "YES", GIVE THE DETAILS

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**DRIVING EXPERIENCE. IF NONE, WRITE "NONE".**

	TYPE OF EQUIPMENT	AMOUNT OF EXPERIENCE
STRAIGHT TRUCK	CONTRACTOR'S DUMP	
	REGULAR DUMP TRUCK	
	TANKER	
	WRECKER	
	FLAT BED	
	VAN	
	REEFER	
	CEMENT TRUCK	
	BOOM TRUCK	
	SERVICE TRUCK	
	STRAIGHT TRUCK PULLING TRAILER	
VAC TRUCK		
TRACTOR TRAILER	NON-HEATED, NON-REFRIGERATED, LIQUID TANKER	
	REFRIGERATED TANKER	
	HEATED TANKER	
	DRY BULK TANKER	
	OPEN DUMP TRAILER	
	FLAT BED	
	REEFER	
	VAN	
	CAR CARRIER	
	DOUBLES	
TRIPLES		
BUSES	STRAIGHT BUS (SCHOOL BUS, CHURCH BUS)	
	STRAIGHT COMMERCIAL BUS	
	DOUBLE	
	TRIPLE	
OTHER NOT LISTED		

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**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and the information contained in this application, are true and complete to the best of my knowledge.

I authorize **STI Trucking, LLC** to make such investigations and inquiries of my personal, employment, driving, financial, medical, Drug and Alcohol Testing history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical, drug testing and alcohol testing history will be made only if and after a conditional offer of employment has been extended.). I hereby release former 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 further understand that any false or misleading information given in either my application or in interview(s) may result in discharge. I understand, also, that I will be required by **STI Trucking, LLC** to abide by all the rules and regulations of the company and any Federal/state agency. This includes all mandatory safety meetings/training meetings.

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Applicant's Signature

---

Date

**STI Trucking, LLC**

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## Driver Safety Performance History Records / Information Request Authorization

The Federal Motor Carrier Safety Administration rules outlined in 49 CFR part 391.23 require that information regarding my Safety Performance History be provided to prospective employers for the preceding three (3) years. This record is my official request for the documentation to be released on behalf of my prospective employer:

To: Previous Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Contact Phone \_\_\_\_\_ Contact Fax \_\_\_\_\_

From: Applicant \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Contact Phone Number \_\_\_\_\_

I request this information be requested in the manner identified below: (check one)

Send the Information to the address below within five (5) business days via **MAIL** \_\_\_\_\_

I, the driver applicant, will arrange to **PICK UP** the information within 30 days \_\_\_\_\_

Please **FAX** the information to the number provided below within five (5) business days \_\_\_\_\_

Information should be sent to the following:

STI Trucking, LLC  
P.O. Box 700  
Kiefer, Oklahoma 74041  
Phone: (918) 446-6181  
Fax: (918) 446-6186

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Signature of Applicant

Date

### STI Trucking, LLC

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5. Has applicant committed other violations of DOT drug or alcohol testing rules of which you are aware?  
Yes or No (circle one)

You are hereby authorized to provide all information regarding my services, safety performance, drug and alcohol testing history, character and conduct to the entity authorized. You are released from any liability arising from the release of this information under the requirements of 49 CFR Part 391 that became effective 10/30/2004.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Driver Name

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Previous Employer Safety Performance History provided by:

Company Name: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Information Provided by: \_\_\_\_\_

*(Please print name legibly)*

I provided the above information was in the following manner: (check one)

I sent the information to Priority Transportation within five (5) business days of receipt via **MAIL** \_\_\_\_\_

I provided a copy of this information to the driver applicant who **PICKED UP** the information personally at our office \_\_\_\_\_

I **FAXED** the information to 918-446-6186 within five (5) business days of receipt \_\_\_\_\_

Prospective Employer Notes:

This information was received via: Phone / Fax / Mail / Other (circle one)

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## **STI Trucking, LLC** **Driver Safety Performance History** **Applicant Rights**

The Federal Motor Carrier Safety Administration promulgated rules to change the driver background check verifications required in 49 CFR Part 391 effective October 30, 2004. Under the new requirements **STI Trucking, LLC** is required to contact your previous employers for three (3) years previous to the date of your application for employment to verify certain specific safety information and records.

The information we will be requesting will include personal work history, accident involvement history, and the drug and alcohol testing history that they have on record. We will be reviewing information related to the time you were employed with each previous employer, and any information compiled by them as they performed Driver Safety Performance History checks as well.

As an applicant for a driving position, you have certain specific rights relating to the information that **STI Trucking, LLC** receives from your previous employer. These rights include:

1. The right to review the information provided to **STI Trucking, LLC** by your previous employers, whether you listed the employers specifically on your application for employment or not.
2. The right to have any errors in the information provided to **STI Trucking, LLC** corrected by a previous employer and to request that they submit corrected information.
3. The right to have a rebuttal statement attached to alleged erroneous information in such instance that you are not in agreement with the information provided to **STI Trucking, LLC** by a previous employer.
4. The right to review the information within provided to **STI Trucking, LLC** within 30 days of employment (or within 30 days from the date that employment is denied based on information received) **STI Trucking, LLC** will provide such information to you upon receipt of your written request within five (5) business days.

I certify that I am a driver applicant and that I have read and understand my rights as prescribed by 49 CFR Part 391.

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Signature

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Date



## CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

**MOTOR CARRIER INSTRUCTIONS:** The requirement in Part 383 applies to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placards..

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placards.

**Driver Requirements:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

**If you have more than one license, keep the license from your state or residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If multiple licenses has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.**

2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 392.42 and 383.33, of the Federal Motor Carrier Safety Regulations require that you notify your EMPLOYER the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: (1) your employing motor carrier, and (2) the state that issued your license (if the violation occurs in other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.**

Driver's Name (Print): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

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PRECEDING 7 DAYS DRIVER DUTY STATUS

**INSTRUCTIONS:** Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8 (J) (2) Federal Motor Carrier Safety Regulations, NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License: State \_\_\_\_ Number \_\_\_\_\_ Class \_\_ Endorsement(s) \_\_\_\_ Restriction(s) \_\_\_\_

Type of License \_\_\_\_\_

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

**INSTRUCTIONS:** When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer? YES / NO

At this time do you intend to work for another employer while still employed by this company? YES / NO

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Representative Signature

\_\_\_\_\_  
Date

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# VIOLATION AND REVIEW RECORD

Driver's Name \_\_\_\_\_  
(Please Print or Type)

## Certification of Violations

- I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

<u>Date of</u>	<u>Offense</u>	<u>Location</u>	<u>Type of Vehicle Operated</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If **NO** violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

\_\_\_\_\_  
(Date of Certifications)

\_\_\_\_\_  
(Driver's Signature)

\_\_\_\_\_  
(Motor Carrier's Name)

\_\_\_\_\_  
(Motor Carrier's Address)

\_\_\_\_\_  
(Received By: Signature)

\_\_\_\_\_  
(Title)

## Review and Evaluation of Driver's Record

\* In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the driver's safety of operations, including the list of violations furnished by him/her in accordance with Section 391.27, has been reviewed for the past 12 months.

Action Taken:

\_\_\_\_\_

\_\_\_\_\_  
(Motor Carrier's Name)

\_\_\_\_\_  
(Motor Carrier's Address)

\_\_\_\_\_  
(Reviewed By: Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title)

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## EMPLOYEE ALCOHOL AND DRUG STATEMENT

Section 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (See Section 40.25(b) (5) and (e))

STI Trucking, LLC  
P.O. Box 700  
Kiefer, Oklahoma 74041

Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

The employee is required by Section 40.25 to respond to the following question:

1. 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 obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules in the past three years?

Circle One:      YES                      NO

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Drug and Alcohol Testing Policy**  
**STI Trucking, LLC**  
**P.O. Box 700**  
**Kiefer, Oklahoma 74041**

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This is the company’s official statement of drug and alcohol policy for its driving employees. Knowing how the use of these substances can affect the ability to operate a motor vehicle safely, we are implementing this policy to ensure that we are in compliance with the drug and alcohol testing requirements enacted by the DOT and listed in 49 CFR Parts 382 and 40. We are committed to provide a safe environment for each of our drivers and the motoring public.

To outline the DOT mandated situations under which you are required to be tested, we have listed the type of drug and alcohol tests that will be required of our drivers. These tests will be administered when the driver is performing a safety sensitive function, generally defined as all time required to be logged as “on duty or driving” time on a driver daily log. The tests will either be administered while such duties are being performed, just before they are to be performed, or just after these duties have been completed. “Just before” or “just after” is defined as no longer than one hour. The tests will be administered and processed in accordance with the requirements of 49 CFR Part 40.

**PRE-EMPLOYMENT (Drug only)** – All drivers will be expected to submit to a pre-hire/pre-use drug test, the results of which must be obtained before the driver can be utilized the first time. Drivers failing this type of drug test are not qualified to be hired by the company.

**RANDOM (Drug and Alcohol)** – Drivers will continually be subject to DOT random testing after hire and throughout employment with the company. Testing administered will be spread throughout the year and unannounced, selected by a scientifically valid method from a pool of all employed drivers. The company (or its designee) will administer enough tests to the driver pool to ensure compliance with the minimum DOT requirements.

**POST-ACCIDENT (Drug and Alcohol)** – After drivers are involved in an accident, the company reserves the right to administer a drug test to each involved employee, without regard to fault, within 32 hours of the time the crash occurred. An alcohol test will also be obtained within eight hours of an accident, preferably in the first two hours.

**REASONABLE SUSPICION (Drug and Alcohol)** – At any time the company management notices indications of the use of drugs or abuse of alcohol by one of its drivers, which are contemporaneous and able to be articulated, the employee will be required to submit for testing.

All drivers who are required to possess a commercial Driver’s License, or CDL, under the requirement of 49 CFR Part 383, are required to be tested for the presence of drug and alcohol. Upon notification of a required test, the driver **shall proceed immediately to the testing facility**. Failure to do so will be considered a refusal to submit to testing, which DOT treats the same as a POSITIVE test result.

There are significant consequences for submitting a test reported back as “POSITIVE” for drugs or alcohol, or refusing to be tested when required. Consequences for this type result are termination of employment, referral to a substance use evaluation facility, and release of the testing information to subsequent employers requesting such. Though DOT does not require termination of employment violations of Part 382, most employers choose to sever ties with the violating employee. DOT does require that employees be evaluated and receive treatment (as suggested by a substance professional) for substance problems. We are also required to release this information to your subsequent employers that request it of us.

Record keeping for drug and alcohol testing issues is typically maintained for a period of five (5) years, as required by the USDOT. If we are requested by another employer, to provide drug or alcohol testing information for a current or former employee of the company, records for the two (2) years previous to application for employment with the other employer will be provided, upon presentation of driver release for such information. This is in compliance with the requirements of 49 CFR parts 382.

**The use of drugs and alcohol can have a significant impact on your health as our employee and on the safety of the motoring public. As a responsible member of the public using our nation’s highways, we will implement this policy as we strive to maximize the safety of our highways. If any questions regarding this policy arise, please do not hesitate to contact me for clarification.**

I have reviewed this copy and understand its consequences. My signature below also represents that I have been notified that the type of tests, listed above, will periodically be required of me.

\_\_\_\_\_  
(Driver Name)

\_\_\_\_\_  
(Driver Signature)

\_\_\_\_\_  
(Date)

ORIGINAL-MAY BE RETAINED IN PERMANENT FILE

U.S. Department of Justice  
**Immigration and Naturalization Service**

**OMB No. 1115-0136**  
**Employment Eligibility Verification**

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE, It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a Future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. **To be completed and signed by employee at the time employee begins.**

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Print Name: Last	First	Middle I	Maiden Name
Address (Street Name and Number)		Apt.	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

**I attest, under penalty of perjury, that I am (Check one of the following)**

**A citizen or national of the United States**

**A Lawful Permanent Resident (Alien # \_\_\_\_\_)**

**An alien Authorized to work until \_\_\_\_/\_\_\_\_/\_\_\_\_ (Alien # or Admission # \_\_\_\_\_)**

Employee's Signature	Date
----------------------	------

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one form List C as listed on the reverse side of this form and record the title, number, and expiration date, if any, of the document(s).

List A	OR	List B	And	List C
Document title: _____		<u>CDL</u>		<u>Social Security Card</u>
Issuing authority: _____		<u>State of _____</u>		<u>Federal Government</u>
Document #: _____		_____		_____
Expiration Date (if any) ___/___/___		Expiration Date (if any) ___/___/___		
Document #: _____				

**CERTIFICATION-I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_/\_\_\_/\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year) ___/___/___

Section 3. Updating and Revivification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
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A. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title _____	Document #: _____	Expiration Date (if any) ___/___/___
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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