

APPLICATION FOR EMPLOYMENT

NAME _____ SOCIAL SEC NO. _____ - _____ - _____

DATE OF BIRTH _____ / _____ / _____ PHONE _____

ADDRESS _____
Street City ST Zip

EMAIL: _____ HOW LONG AT CURRENT ADDRESS? _____

PREVIOUS ADDRESSES FOR PAST THREE YEARS: (Attach sheet if more space is needed)

Street City ST Zip

Street City ST Zip

| DRIVER LICENSES | STATE | LICENSE NO. | CLASS | ENDORSEMENTS | EXPIRES |
|-----------------|-------|-------------|-------|--------------|---------|
| CURRENT | | | | | |
| PREVIOUS | | | | | |
| PREVIOUS | | | | | |

DRIVING EXPERIENCE

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN,TANK,FLAT,ETC.) | DATES | |
|------------------------|---|-------|----|
| | | FROM | TO |
| STRAIGHT TRUCK | | | |
| TRACTOR & SEMI-TRAILER | | | |
| TRACTOR-TWO TRAILERS | | | |
| OTHER | | | |

ACCIDENTS/CITATIONS FOR PAST 5 YEARS (ATTACH CURRENT DRIVING RECORD IF POSSIBLE)

| DATE | NATURE OF ACCIDENT/CITATION (Speeding, Overweight, Head-On, Rear-end, Rollover, Etc.) | LOCATION CITY/ST OR MILE MARKER | FATALITIES OR INJURIES | PENALTY/ FINES PAID |
|------|---|------------------------------------|---------------------------|------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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, PLEASE ATTACH STATEMENT GIVING DETAILS.

EMPLOYMENT HISTORY

****DOT REQUIRES DRIVERS PROVIDE EMPLOYMENT HISTORY FOR THE PAST 10 YEARS****

(Attach sheet if more space is needed)

| | |
|---|----------------------------------|
| EMPLOYER _____ | |
| ADDRESS _____ | |
| PHONE _____ | FROM _____ TO _____ SALARY _____ |
| REASON FOR LEAVING _____ | POSITION _____ |
| Subject to FMCSRs* while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to D&A testing as required by 49 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| | |
|---|----------------------------------|
| EMPLOYER _____ | |
| ADDRESS _____ | |
| PHONE _____ | FROM _____ TO _____ SALARY _____ |
| REASON FOR LEAVING _____ | POSITION _____ |
| Subject to FMCSRs* while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to D&A testing as required by 49 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| | |
|---|----------------------------------|
| EMPLOYER _____ | |
| ADDRESS _____ | |
| PHONE _____ | FROM _____ TO _____ SALARY _____ |
| REASON FOR LEAVING _____ | POSITION _____ |
| Subject to FMCSRs* while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to D&A testing as required by 49 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| | |
|---|----------------------------------|
| EMPLOYER _____ | |
| ADDRESS _____ | |
| PHONE _____ | FROM _____ TO _____ SALARY _____ |
| REASON FOR LEAVING _____ | POSITION _____ |
| Subject to FMCSRs* while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to D&A testing as required by 49 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

*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.

EMERGENCY CONTACT INFORMATION

| | |
|---------------|-----------------------|
| NAME _____ | RELATIONSHIP _____ |
| ADDRESS _____ | |
| PHONE _____ | ALTERNATE PHONE _____ |

DRUG & ALCOHOL STATEMENT

In accordance with the Federal Motor Carrier Safety Regulations (49 CFR 40.25) Freedom Oilfield Services, Inc. is required to ask and prospective employees are required to respond to the following questions:

1. Within the last three (3) years, have you ever 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?
☐ YES ☐ NO
2. Within the last three (3) years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work?
☐ YES ☐ NO
3. If you answered yes to either #1 or #2 above, can you provide documentation of successful completion of the return-to-duty process in accordance with Sec 40.25 (b)(5) and (e) of the FMCSR?
☐ YES ☐ NO

By signing below I certify that the information provided on this document is true. I also understand that if I answered yes to #1 or #2 above, I will be unable to perform any safety-sensitive function until documentation of #3 above has been provided to Freedom Oilfield Services, Inc.

Employee Signature

Date

HAVE YOU RECEIVED SAFELAND TRAINING? _____Yes _____No

IF YES PLEASE PROVIDE DATE TRAINING WAS RECEIVED: _____/_____/_____

HOW DID YOU HEAR ABOUT US? _____

PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU FEEL IS RELEVANT: _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make 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.

MVR RELEASE AUTHORIZATION: I give my permission for a copy of my driving record to be released to Freedom Oilfield Services, Inc. I understand this record will be used for verification of information provided by me on my Application for Employment relating to a holder of a commercial driver's license that is required under federal law or for verification of valid license for insurance.

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 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 Freedom Oilfield Services, Inc. and that Freedom Oilfield Services, Inc. is a zero-tolerance employer where all employees are required to submit to drug and alcohol testing as part of their employment.

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 49 CFR 391.23(d) and (e). I understand I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information; 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.

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.

Employment and compensation with Freedom Oilfield Services, Inc. is "at will", which means employees can be terminated with or without cause and with or without notice, at any time, at the option of either Freedom or the employee, except as provided by law.

Applicant's Signature

Date

FOR COMPANY USE ONLY

HIRE DATE: _____ **RATE OF PAY: \$** _____

POSITION: _____ **SUPERVISOR:** _____

NOTES: _____