

# TRUE ENERGY SERVICES, LLC

PO Box 2570, Ada, OK 74821  
(580) 421-9808 Fax (580) 279-6335  
Fully Insured

## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

## PERSONAL INFORMATION

DATE: \_\_\_\_\_ SSN: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_, STATE \_\_\_\_\_

Have you ever lived out of state? If so, what state? \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ CLASS: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

Do you have reliable transportation to work? \_\_\_\_\_ Is this your car? \_\_\_\_\_

CELL #: \_\_\_\_\_ 2ND PHONE #: \_\_\_\_\_  
(Please specify whose number)

## EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date Available: \_\_\_\_\_

Salary Desired: \_\_\_\_\_ Are you currently employed? Yes or No  
If so, may we contact your employer? Yes or No

## EDUCATION

High School: \_\_\_\_\_ Year: \_\_\_\_\_  
Did you graduate Yes or No

College or Trade School: \_\_\_\_\_ Year: \_\_\_\_\_  
Did you graduate Yes or No

Degree(s) Received: \_\_\_\_\_

## GENERAL

Job related skills, equipment,/machinery, and license(s).

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**FORMER EMPLOYERS**

List below your last four employers, starting with the last one first.

Dates	Name & Phone Number	Salary	Position	Reason For Leaving

**REFERENCES**

List below (3) persons not related to you, whom you have known at least one year.

NAME	POSITION	PHONE NUMBER	YEARS ACQUAINTED

If you are hired by this company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment. You cannot be hired if you cannot comply with these requirements.

It is the policy of this company to request a personal background check and pre-employment drug testing, if either of these reports confirm negative feedback for any reason, you may not be eligible for employment with this company.

**AUTHORIZATION**

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge, I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by this company.

I understand that any employment is conditional pending a background check. I authorize this company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the company, without giving me prior notice of such disclosure. In addition, I release the company, any former employers and all references listed above from any and all claims, demands, or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing.

If I am offered employment I agree to submit to a drug test before starting work. If employed, I also agree to submit to a drug test at any time deemed appropriate by the company and as permitted by law. I consent to such test, and I request that the testing center disclose to the company the results of the test, said results shall remain confidential in my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory results of the drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the company to hire. If hire, I agree to abide by all company work rules, policies, and procedures. The company retains the right to revise its policies or procedures, in whole or in part, at any time.

Date

Signature



## **DRUG AND ALCOHOL HISTORY**

If driver/employee was not subject to Department of Transportation testing requirements while employed by this employer, please check here \_\_\_\_\_, fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, complete, sign, and return.

- |  |     |    |
|--|-----|----|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?  | YES | NO |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?  | YES | NO |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?  | YES | NO |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?  | YES | NO |
| 5. Did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up testing? If yes, please send documentation back with this form.   | YES | NO |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive test, or refuse to be tested? | YES | NO |

**NOTE:**

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the date shown on side 1. If you answered "yes" to item 6 you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

<b>Name:</b>
<b>Company:</b>
<b>Address:</b>
<b>Telephone:</b>

Form Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

## **EMPLOYEE CONSENT FOR DRUG/ALCOHOL/INHALANT TESTING**

I, \_\_\_\_\_, hereby acknowledge that as a condition and  
(Print Name)

in consideration of my continuing employment with True Energy Services, I may be required to undergo testing for drugs, alcohol, or inhalants. I consent to the conduct of such test and/or examination as may be required to assure the safety and well-being of all employees, as well as my compliance with True Energy Services drug, alcohol, and inhalant abuse program. I authorize the complete release of True Energy Services, any doctor, medical personnel and/or testing facility from any all liability arising from the release or use of this information. Further, I recognize that any failure to cooperate and/or undergo test and/or examination up request will constitute grounds for my immediate dismissal.

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**Signature**

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**Date**

# CONSENT TO RELEASE RECORD(S)

DRIVERS NAME \_\_\_\_\_ D.L.# \_\_\_\_\_ D.O.B. \_\_\_\_\_  
As Shown On License

By signing below, I voluntarily give consent to the Oklahoma Department of Public Safety of any Motor License Agent to release the following record(s), including personal information within my driver license file. I request the record(s) indicated by my signature below to be released by the Department of Public Safety or any Motor License Agent, their agents and employees, to the following person, company, corporation or legal entity:

Release Record/Information To: \_\_\_\_\_ True Energy Services, LLC \_\_\_\_\_

\_\_\_\_\_ MVR Summary

\_\_\_\_\_ Other Record(Specify)

\_\_\_\_\_ Date \_\_\_\_\_ Driver's Signature of Consent \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Recipient of Record \_\_\_\_\_

\_\_\_\_\_ Address of Recipient of Record \_\_\_\_\_

**NOTICE:** As required by the Federal Driver Privacy Protection Act (DPPA), 18 U.S.C. Section 2721, the Oklahoma Department of Public Safety/Motor License Agent will not release personal information from your driver record unless you consent by waiving your right to privacy under the DPPA; OR, unless the Department is required by DPPA to release personal information **without your consent**, such as in connection with matters of safety, theft, emissions, product alterations, recalls, advisories, certain federal laws; or unless the DPPA authorizes the Department to release it, such as to governmental entities, courts, insurance companies and to others specified.

**THIS FORM & PHOTO ID REDQUIRED TO OBTAIN RECORD**