



DRIVER APPLICATION

Please print in ink. All questions must be answered.

DATE OF APPLICATION: _____ / _____ / _____ Referred By: _____

Have you ever worked for Lightning? Yes No If yes, when? _____

PERSONAL INFORMATION:

Name: First _____ M.I. _____ Last: _____

Social Security #: _____ Date of Birth: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail address: _____

Current Address: _____ How Long? _____
Street City State ZIP

Past 3 Year _____ How Long? _____
Street City State ZIP

Residency _____ How Long? _____
Street City State ZIP

Do you have a current DOT physical? Yes No If yes, DOT Physical Expiration Date: _____

Do you have a valid TWIC card? Yes No If yes, TWIC Expiration Date: _____

CAREFULLY READ AND ANSWER

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

Has your driver's license, permit or privilege ever been suspended or revoked? Yes No

Have you ever been convicted of or are any charges pending for operating a motor vehicle while under the influence of alcohol or a controlled substance, including reduction to a lesser charge? Yes No

If you answered yes to any of the above, give details: _____

THE PROSPECTIVE EMPLOYEE/CONTRACTOR IS REQUIRED BY §40.25(j) TO RESPOND TO THE FOLLOWING QUESTIONS.

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 during the past three years? Yes No

If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements? Yes No

MOTOR VEHICLE LICENSES

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license."

Do you currently have more than one driver's license? Yes No

List all driver license numbers assigned to you in the past 3 years

STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE

TRAFFIC CONVICTIONS (if none, write none)

List all tickets and forfeitures for the past 3 years in any motor vehicle (other than parking violations)

DATE	STATE LOCATION	VIOLATION (if speeding, show rate over)	PENALTY/AMOUNT OF FINE

CRASH RECORD (if none, write none)

List all crash involvements with any vehicle for the past 5 years (even if not at fault):

DATE	STATE LOCATION	NATURE OF ACCIDENT	WERE YOU AT FAULT	NUMBER OF INJURIES	NUMBER OF FATALITIES

EMPLOYMENT RECORD Begin with your present or most recent job and work backwards, in order. The US Department of Transportation requires that the driver applicants show all employers/lessors for the past three years. Applicants whom have driven a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years information for those employers/lessors for whom the applicant operated such vehicle. Account for any gaps in employment.

NOTE: The Federal Motor Carrier Safety Regulations 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 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

CURRENT (last) EMPLOYER/LESSOR: From (month/year) _____ To (month/year) _____

Company Name _____ Phone (_____) _____

Address _____ City _____ State _____ ZIP _____

Position Held _____ Reason for Leaving _____

Truck Type: Semi Straight Other _____ Number of States Driven _____ Number of Accidents _____

Where you subject to the Federal Motor Carrier Safety Regulations while employed/leased by this employer/lessor(SEE NOTE)? Yes No

Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? Yes No

EMPLOYER/LESSOR 2: From: (month/year) _____ To: (month/year) _____

Company Name _____ Phone (_____) _____

Address _____ City _____ State _____ ZIP _____

Position Held _____ Reason for Leaving _____

Truck Type: Semi Straight Other _____ Number of States Driven _____ Number of Accidents _____

Where you subject to the Federal Motor Carrier Safety Regulations while employed/leased by this employer/lessor? Yes No

Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? Yes No

EMPLOYER/LESSOR 3: From: (month/year) _____ To: (month/year) _____

Company Name _____ Phone (_____) _____

Address _____ City _____ State _____ ZIP _____

Position Held _____ Reason for Leaving _____

Truck Type: Semi Straight Other _____ Number of States Driven _____ Number of Accidents _____

Where you subject to the Federal Motor Carrier Safety Regulations while employed/leased by this employer/lessor? Yes No

Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? Yes No

EMPLOYER/LESSOR 4: From: (month/year) _____ To: (month/year) _____

Company Name _____ Phone (_____) _____

Address _____ City _____ State _____ ZIP _____

Position Held _____ Reason for Leaving _____

Truck Type: Semi Straight Other _____ Number of States Driven _____ Number of Accidents _____

Where you subject to the Federal Motor Carrier Safety Regulations while employed/leased by this employer/lessor? Yes No

Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? Yes No

EMPLOYER/LESSOR 5: From: (month/year) _____ To: (month/year) _____

Company Name _____ Phone (_____) _____

Address _____ City _____ State _____ ZIP _____

Position Held _____ Reason for Leaving _____

Truck Type: Semi Straight Other _____ Number of States Driven _____ Number of Accidents _____

Where you subject to the Federal Motor Carrier Safety Regulations while employed/leased by this employer/lessor? Yes No

Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? Yes No

EMPLOYER/LESSOR 6: From: (month/year) _____ To: (month/year) _____

Company Name _____ Phone (_____) _____

Address _____ City _____ State _____ ZIP _____

Position Held _____ Reason for Leaving _____

Truck Type: Semi Straight Other _____ Number of States Driven _____ Number of Accidents _____

Where you subject to the Federal Motor Carrier Safety Regulations while employed/leased by this employer/lessor? Yes No

Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? Yes No

CAREFULLY READ AND SIGN BELOW BEFORE SUBMITTING APPLICATION.

- I authorize Lightning Oilfield Services, Inc. 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. (Generally, inquiries regarding medical history will be made only if and after 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.
- I authorize Lightning Oilfield Services, Inc. to obtain a copy of my Motor Vehicle Report pursuant to FMCSR 391.23 requirements.
- I understand that information I provide regarding current and/or previous employers/lessors may be used, and those employers or lessors 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:
 - I. Review information provided by previous employers/lessors
 - II. Have errors in the information corrected by previous employers/lessors and for those previous employers/lessors to re-send corrected information to the prospective Carrier
 - III. Have a rebuttal statement attached to alleged erroneous information, if the previous employer/lessor and I cannot agree on the accuracy of the information
- I attest that this application was completed by me and that all information in it are true and complete to the best of my knowledge. Any false, misleading or incomplete information requested in this application and any supplemental material submitted shall be sufficient grounds for disqualification of this application or termination of my employment/OO Lease Agreement, should one exist.

Applicant Signature: _____ Date: _____

AUTHORIZATION AND DISCLOSURE STATEMENT

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations. Driving records will be obtained at least every 12 months

IMPORTANT NOTICE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

1. In connection with your application for employment with Lightning Oilfield Services, Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize Lightning Oilfield Services, Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Name: _____
(Please Print)

Signature: _____