

DAVIS CHEMICAL SERVICES, LLC  
PO Box 1369, Marshall, TX 75671



## Employment Application: DOT

☐ Pump Services

☐ Rig Services

☐ Wireline

Date of Application:	Referred By:
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**Contact Information:** Include all addresses for past three years. List in reverse order, starting with current. Attach sheet if more space is needed.

Last:	First:	Middle:	Suffix:
DOB:	SSN:	Legally authorized to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone:	Mobile Phone:	Other:	
Mailing Address:			Apt No.
City:	State:	Zip:	Years:
Mailing Address:			Apt No.
City:	State:	Zip:	Years:
Mailing Address:			Apt No.
City:	State:	Zip:	Years:

**License Information:**

CDL No.:	State:	Expiration Date:
Endorsements:	<input type="checkbox"/> T – Double/Triple Trailer <input type="checkbox"/> N – Tanker <input type="checkbox"/> H – Hazardous Materials <input type="checkbox"/> X – Combination of N and H <input type="checkbox"/> P – Passenger <input type="checkbox"/> Other _____	
Have you ever been denied a license, permit, or privilege to operate a motor vehicle?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any license, permit, or privilege ever been suspended or revoked?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of any criminal act involving the use of a CMV <sup>1</sup> or while driving a CMV <sup>1</sup> ?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to any of the above questions, please explain:		

**Driving Experience:**

Class of Equipment		Type of Equipment	Dates	Approx. No. of Total Miles
Straight Truck	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer	to	
Tractor / Semi-Trailer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer	to	
Tractor / Two Trailers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer	to	
Tractor / Three Trailers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer	to	
Motorcoach / School Bus	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> More than 8 Passengers <input type="checkbox"/> More than 15 passengers	to	
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		to	
List all states operated in for the past five years:				
List any training or courses not listed elsewhere:				

**Accident Record:** For past three years. Attach sheet if more space is needed.

Date	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	No. of Injuries	Hazardous Material Spill

**Traffic Convictions and Forfeitures:** For past three years, other than parking violations. Attach sheet if more space is needed.

Date	Location	Violation	Penalty

**Employment History:** Must list complete addresses. List employers in reverse order, starting with most recent. Attach sheet if more space is needed.

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a CMV<sup>1</sup> for the seven years prior to the initial three years (total of ten years employment record).

<input type="checkbox"/> No previous employment experience working for a DOT regulated employer during the past three years.			
Employer Name:			
Address:			
City:		State:	Zip:
Phone:		Contact Person:	
Position:	Dates: to		Salary:
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations <sup>2</sup> (FMCSRs) while employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job position designated as a safety sensitive function in any DOT regulated mode, subject to drug and alcohol testing requirements as required by 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name:			
Address:			
City:		State:	Zip:
Phone:		Contact Person:	
Position:	Dates: to		Salary:
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations <sup>2</sup> (FMCSRs) while employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job position designated as a safety sensitive function in any DOT regulated mode, subject to drug and alcohol testing requirements as required by 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name:			
Address:			
City:		State:	Zip:
Phone:		Contact Person:	
Position:	Dates: to		Salary:
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations <sup>2</sup> (FMCSRs) while employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job position designated as a safety sensitive function in any DOT regulated mode, subject to drug and alcohol testing requirements as required by 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name:			
Address:			
City:		State:	Zip:
Phone:		Contact Person:	
Position:	Dates: to		Salary:

Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations <sup>2</sup> (FMCSRs) while employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job position designated as a safety sensitive function in any DOT regulated mode, subject to drug and alcohol testing requirements as required by 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name:			
Address:			
City:		State:	Zip:
Phone:		Contact Person:	
Position:	Dates: _____ to _____		Salary:
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations <sup>2</sup> (FMCSRs) while employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job position designated as a safety sensitive function in any DOT regulated mode, subject to drug and alcohol testing requirements as required by 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name:			
Address:			
City:		State:	Zip:
Phone:		Contact Person:	
Position:	Dates: _____ to _____		Salary:
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations <sup>2</sup> (FMCSRs) while employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job position designated as a safety sensitive function in any DOT regulated mode, subject to drug and alcohol testing requirements as required by 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name:			
Address:			
City:		State:	Zip:
Phone:		Contact Person:	
Position:	Dates: _____ to _____		Salary:

Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations <sup>2</sup> (FMCSRs) while employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job position designated as a safety sensitive function in any DOT regulated mode, subject to drug and alcohol testing requirements as required by 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name:			
Address:			
City:		State:	Zip:
Phone:		Contact Person:	
Position:	Dates: _____ to _____		Salary:
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations <sup>2</sup> (FMCSRs) while employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job position designated as a safety sensitive function in any DOT regulated mode, subject to drug and alcohol testing requirements as required by 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name:			
Address:			
City:		State:	Zip:
Phone:		Contact Person:	
Position:	Dates: _____ to _____		Salary:
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations <sup>2</sup> (FMCSRs) while employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job position designated as a safety sensitive function in any DOT regulated mode, subject to drug and alcohol testing requirements as required by 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name:			
Address:			
City:		State:	Zip:
Phone:		Contact Person:	
Position:	Dates: _____ to _____		Salary:

Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations <sup>2</sup> (FMCSRs) while employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job position designated as a safety sensitive function in any DOT regulated mode, subject to drug and alcohol testing requirements as required by 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name:			
Address:			
City:		State:	Zip:
Phone:	Fax:	Contact Person:	
Position:	Dates: _____ to _____		Salary:
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations <sup>2</sup> (FMCSRs) while employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job position designated as a safety sensitive function in any DOT regulated mode, subject to drug and alcohol testing requirements as required by 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

<sup>1</sup> Commercial Motor Vehicles (CMVs) include vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

<sup>2</sup> The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a CMV on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 lbs. or more, 2) is designed or used to transport more than eight passengers (including the driver), OR 3) is any size and is used to transport hazardous materials in a quantity requiring placarding.

### Emergency Contact:

Name:		Relationship:	
Address:		City:	State:
Home Phone:		Mobile Phone:	

### Acknowledgement:

I, THE UNDERSIGNED, HEREBY CERTIFY THAT THE INFORMATION GIVEN BY ME IN THIS APPLICATION IS TRUE AND CORRECT, AND I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACTS MAY RESULT IN REFUSAL TO HIRE ME OR TERMINATION OF MY EMPLOYMENT.

Printed Name of Applicant: \_\_\_\_\_

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

Date: \_\_\_\_\_



# FMCSA - Applicant Authorization to Release Safety Performance History

(As required by 49 CFR Parts 40.25 and 391.23)

## To be completed by applicant

Name of Applicant: \_\_\_\_\_ (Print Clearly)

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize you to release the following information to  
**DAVIS CHEMICAL SERVICES, LLC**, for the purposes of investigation as required by Section 391.23 of the Federal Motor  
Carrier Safety Regulations.

☐ Check this box if you have NOT performed DOT functions in the past three years.

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

\_\_\_\_\_  
Date

The above named applicant has applied to this company for a position as \_\_\_\_\_  
and states that he/she was employed by you as (position) \_\_\_\_\_  
from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_.

Please phone/fax/mail or email the following information to:

DAVIS CHEMICAL SERVICES, LLC  
ATTN: PAUL WHALEY  
PO BOX 1369 MARSHALL, TX 75671  
PHONE: 903-938-3800 FAX: 903-934-8363

## To be completed by past employers ONLY

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

## Safety Performance History:

Did he/she drive a commercial motor vehicle for you? ☐ Yes ☐ No

If yes, what type? ☐ Straight Truck ☐ Tractor-Semi trailer ☐ Bus  
☐ Cargo Tank ☐ Doubles/Triples ☐ Other (specify) \_\_\_\_\_

Reason for leaving your company: ☐ Discharged ☐ Resignation ☐ Lay off ☐ Military Duty

☐ Check if there is no safety performance history to report, sign below and return.

**Accidents:** Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in  
the 3 years prior to the application date shown above.

	Date	Location	No. of Injuries	No. of fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

☐ Enclosed is other accident information pursuant to the employer's internal policies for retaining minor  
accident information (391.23(d)(2)(ii)).

Any other remarks: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with Section 391.23, we are obligated to request the information above from all previous employers of the applicant that employed him/her to operate a  
commercial motor vehicle within the 3 years preceding the date above. Please complete the information above and return to us within 30 days, as required by Section  
391.23(e).

Keep a record of this request and the response for one year.

\* A reproduction of this form shall be deemed as effective and valid as an original.

(Rev. 9/09)

# DOT Drug/Alcohol History Check

## Applicant Authorization to Release DOT Drug/Alcohol Test Results

(As required by 49 CFR Parts 40.25 and 391.23)

### TO BE COMPLETED BY APPLICANT

I, \_\_\_\_\_, as the "Applicant," understand that as a condition of hire with **DAVIS CHEMICAL SERVICES, LLC**, as the "Company", I must consent to the release of all DOT mandated drug and alcohol information from all of the employers for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous two (2) years as required by DOT Part 40.25, (or three (3) years as required by Part 391.23 for any driver of a commercial motor vehicle).

Below, I have listed all of the employers for which I have worked during the past two years (or three years as a CDL driver). I hereby authorize all of my previous employers listed below to furnish to the company, listed above, the DOT information described below.

A Commercial Driver's License (CDL) is required for my employment: No ☐ Yes ☒  
(If No, provide all DOT previous employers in the past 2 years.)  
(If Yes, provide all DOT previous employers in the past 3 years.)

Previous Employer Name	Address	Phone Number	Fax Number	Dates of Emp.

Applicant Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the check boxes below, to the company listed above. In signing below, I certify that all of the information I have furnished on this form is true and complete, and that I have identified all of the employers for which I have worked in a DOT safety-sensitive position during the previous two years (or three years as a CDL driver). I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional assessment, recommendations, education and treatment, including costs involving return-to-duty testing and follow-up testing yet to be completed.

- ☒ Check this box if you have NOT performed DOT functions in the past two years (or three years as a CDL driver).  
☐ Check this box if you have tested positive, or refused to test, on any DOT pre-employment drug or alcohol test for an employer who did not hire you during the past two years (or three years as a CDL driver).

Signature of Applicant

Social Security Number

Date

## Release of Previous Employer's DOT Drug/Alcohol Testing Results

In accordance with DOT regulations, the Company, named above, is required to obtain -- and as a Previous Employer, you are required to release -- DOT drug and alcohol information, listed below, concerning the Applicant, named above. This information request covers any period of employment of the Applicant by you going back two years (or three years, if employee utilized a CDL license), from the date of this request. Please complete the following:

- YES NO
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Any DOT alcohol test results of 0.04 or greater?
  - Any DOT positive drug test results?
  - Refusal to submit to a DOT required drug / alcohol test? (Incl. adulterated or substituted results)
  - Other violations of DOT drug and alcohol testing regulations?
  - If "yes" for any of the above items, did the employee complete the return-to-duty process?\*

- ☐ 6. Check this box if the applicant was employed by you but was not subject to DOT regulations.

\*Note: If "yes" for item 5, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Previous Employer's Company Name

Name of Person Completing Form

Date



DAVIS CHEMICAL SERVICES, LLC

## Acknowledgement



I authorize Davis Chemical Services, LLC 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 job offer of employment has been executed.)

I hereby release employers, schools, healthcare 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 also understand that I am required to abide by all rules and regulations for Davis Chemical Services, LLC.

I understand that the information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 46 CFR 391.23(d) and (e). I understand that 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 resend the corrected information to Davis Chemical Services, LLC; and
- Have a rebuttal statement attached to all alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Acknowledged this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**DAVIS CHEMICAL SERVICES, LLC**  
**EEOC Acknowledgement**



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, veteran status, non-job related disability, or any other protected group status.

Acknowledged this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name