DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name						_ Date o	of Application	
(print)	Company	Enderby Gas	dba Bishop Energy					
	Address	P.O. Box 717						
	City Gai	nesville		State	TX	Zip	76241	
	positions with	with Federal and out regard to race ny other protecte	State equal employment opp, color, religion, sex, national d group status.	ortunity l origin, a	aws, qualified ge, marital sta	applicants tus, veteran	are considered for all a status, non-job related	
			TO BE READ AND	SIGNE	D BY APP	LICANT		
will be contact (e). I understa Review info Have errors	ed, for the pund I have the primation proven in the information.	rpose of invest right to: ided by previ- nation correcte	garding current and/or p tigating my safety perfo ous employers; d by previous employer e employer; and	rmance	history as i	required b	oy 49 CFR 391.23(d) a:	er(s) nd
	ittal statemen racy of the in		ne alleged erroneous inf	ormatio	n, if the pre	vious em	ployer(s) and I cannot	agree
Signature						Da	ite	
			FOR CO	OMPA	NY USE			
			PROC	ESS RE	CORD			·
APPLICANT HIE	RED				REJECT	ED		
DATE EMPLOY	ED				POINT E	EMPLOYE	D	
DEPARTMENT					CLASSI	FICATION		
(IF REJECTED, S	SUMMARY REPO	RT OF REASONS	SHOULD BE PLACED IN FIL	E)				8
SIGNATURE OF	INTERVIEWIN	G OFFICER						
			TERMINATIO	N OF E	MPLOYME	NT		
DATE TERMINA	TED	· · · · · · · · · · · · · · · · · · ·	D	DE	PARTMENT I	RELEASED	FROM	
DISMISSED _			_ VOLUNTARILY QUIT				OTHER	
TERMINATION	REPORT PLAC	ED IN FILE	****	S	UPERVISOR			
1			J. Keller & Associates, Inc. ⊗ is a	77.71.77.0	0.73	To 022	(CA)	

APPLICANT TO COMPLETE

(answer all questions - please print)

Street City State & Zip Code How Long? Street City State & Zip Code How Long?	Name			Social Security No.	
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Street			s.		
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CONTACT PERSON PHONE NUMBER REASON FOR LEAVING	CITY				
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG	CONTACT PER WERE YOU SU	SON BJECT TO THE FMCSRs† WHILE E	PHONE NUM:	□ NO	REASON FOR LEAVING

☐ YES

□ NO

AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?

EMPLOYMENT HISTORY (continued)

41. 19	EMPLOYER					D	ATE	
NAME		1				FROM MO. YR.	TO MO.	YR.
ADDRESS						POSITION HELD		
CITY	STATE	ZIP				SALARY/WAGE		
CONTACT PERSON		PHONE NUM	/BEF	ξ.		REASON FOR LEA	AVING	
WERE YOU SUBJECT TO THE FM	CSRs† WHILE EMPLOYED?	☐ YES] NO				
WAS YOUR JOB DESIGNATED AS AND ALCOHOL TESTING REQUIR	A SAFETY-SENSITIVE FUNCTION REMENTS OF 49 CFR PART 40?	IN ANY DOT-RE	EGUL	ATED MODE SU	BJECT TO	THE DRUG		
	EMPLOYER					D	ATE	
NAME						FROM MO. YR.	TO MO.	YR.
ADDRESS						POSITION HELD	1	110
CITY	STATE	ZIP				SALARY/WAGE		
CONTACT PERSON		PHONE NUM	IBER			REASON FOR LEA	VING	
WERE YOU SUBJECT TO THE FM WAS YOUR JOB DESIGNATED AS AND ALCOHOL TESTING REQUIR	A SAFETY-SENSITIVE FUNCTION	☐ YES IN ANY DOT-RE ☐ YES	GUL		BJECT TO	THE DRUG		
	EMPLOYER					D	ATE	
NAME						FROM MO. YR.	TO MO.	YR.
ADDRESS						POSITION HELD	TMO.	TIC
CITY	STATE	ZIP				SALARY/WAGE		
CONTACT PERSON		PHONE NUM	1BEF	{		REASON FOR LEA	AVING	
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WAS YOUR JOB DESIGNATED AS AND ALCOHOL TESTING REQUIR	A SAFETY-SENSITIVE FUNCTION REMENTS OF 49 CFR PART 40?	IN ANY DOT-RE	GUI	LATED MODE SU	IBJECT TO	THE DRUG		
	EMPLOYER					D	ATE	
NAME						FROM MO. YR.	TO MO.	YR.
ADDRESS						POSITION HELD	TMO.	YR.
CITY	STATE	ZIP				SALARY/WAGE		
CONTACT PERSON	JIAIL	PHONE NUM	/BEE	>		REASON FOR LEA	AVING	
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	EMPLOYER					D	ATE	
NAME						FROM MO. YR.	TO MO.	YR.
ADDRESS			Canal III.			POSITION HELD	1	
CITY	STATE	ZIP				SALARY/WAGE		
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^{*} Includes 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.

[†] 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 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYMENT HISTORY (continued)

EMPLOYER	DATE
NAME	FROM TO
ADDRESS	MO. YR. MO. YR. POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?	ED MODE SUBJECT TO THE DRUG NO
EMPLOYER	DATE
NAME	FROM TO
ADDRESS	MO. YR. MO. YR. POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?	10
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATION.	
EMPLOYER	DATE
NAME	FROM TO MO. YR. MO. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	. SALARY/WAGE
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
	40
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?	ed mode subject to the drug] no
EMPLOYER	DATE
NAME	FROM TO MO. YR. MO. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
	REASON FOR LEAVING
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
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WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? YES YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULAT	NO TED MODE SUBJECT TO THE DRUG
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULAT AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES YES	NO TED MODE SUBJECT TO THE DRUG NO DATE FROM TO
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ACCIDENT RE	CORD FOR I	PAST 3 YEARS OR MORE (ORE SPACE	IS N	EEDED) IF NO	NE, WRITE I	NONE		
	DATE			ACCIDENT	TC	EA	TALITYPO	D		HAZARDOUS	
LAST ACCIDEN		(IIBID-OII, I	CAK-LI	VD, OFSEI, E	,10.)	FA	TALITIES	INJURI	ES	MATERIAL SPILL	
NEXT PREVIOU	rs				+			~		 	
NEXT PREVIOU	S										
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				HEET IF MO							
Driver	STATE		ERIENC	E AND QUA	LIFICATION						
licenses or	STATE	LICENSE NO.		CLASS	-	EN	DORSEMENT(S)	EXPIRATION DATE		
permits held				+					-		
in the past				-	-				+-		
3 years				-	+				+-		
A. Have you ever b	een denied a lice	nse, permit, or privilege to opera		1:10	1						
B. Has any license,	permit, or privile	nse, permit, or privilege to opera ege ever been suspended or revol	te a motor ted?	vehicle?				ES		NO NO	
		OR B IS YES, GIVE DETAILS								NO	
DIVING EVDE	DIENGE ON	COLUMN OF THE									
DRIVING EXPE	RIENCE CHI	ECK YES OR NO									
CLASS	OF EQUIPM	ENT	CIRC	CLE TYPE OF	FOUTPMEN	т	FROM(M/Y)		APPI	ROX. NO. OF MILES (TOTAL)	
STRAIGHT TRUC		□YES □NO					TROM(NET)	10(11)	<u> </u>	(IOIAL)	
TRACTOR AND S	-		_	TANK,FLAT,D			 	 	-		
TRACTOR - TWO		☐ YES ☐ NO		TANK FLAT				 	_		
TRACTOR - THR		□YES □NO		(VAN,TANK,FLAT,DUMP,REFER) (VAN,TANK,FLAT,DUMP,REFER)				 	<u> </u>		
MOTORCOACH -	SCHOOL BUS	Types TNO More than 8	TVV	, TAINC, PLAT, D	- ABTBA, TIMO						
MOTORCOACH -	SCHOOL BUS	□ YES □ NO More than I				-					
OTHER	Delloof Bos	passengers	+						-		
LIST STATES OP	ERATED IN FOR	R THE LAST FIVE YEARS:	=						<u> </u>		
avan anna i			-								
		RAINING THAT WILL HELP									
WHICH SAFE DR	IVING AWARD	S DO YOU HOLD AND FROM	WHOM?	_							
				E AND QUAI							
SHOW ANY TRU	CKING, TRANS	PORTATION OR OTHER EXPI	ERIENCE	THAT MAY HI	ELP IN YOUR	WORK	FOR THIS COM	PANY			
LIST COURSES A	ND TRAINING	OTHER THAN SHOWN ELSE	WHERE I	N THIS APPLIC	CATION						
LIST SPECIAL EQ	UIPMENT OR	FECHNICAL MATERIALS YO	J CAN W	ORK WITH (O	THER THAN T	THOSE	ALREADY SHO	WN)			
					ATION						
CIRCLE HIGHEST		PLETED: 1 2 3 4 5 6 7	8		GH SCHOOL:			COLLEGE: 1	2 3 4		
			BE RE	AD AND SIC		PDI I					
This certifies to complete to the	that this app	lication was completed	by me,	and that all	entries on	it and	l information	in it are tru	e and		
Signature:							Dote:				

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REQUEST FOR CHECK OF DRIVING RECORD

NOTE TO MOTOR CARRIER: SEE BACK SIDE FOR STATES THAT ACCEPT THIS FORM.

I hereby authorize you to release the following information to	Enderby Gas dba Bishop Energy	
for purposes of investigation as required by Sections 391.23 and 391.2 are released from any and all liability which may result from furnishing	(Prospective Employer) 25 of the Federal Motor Carrier Safety Regulations. Yo	ou
(Applicant's Signature)	(Date)	
In accordance with the provisions of Sections 604 and 607 of the Fair the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapte 1. The consumer (applicant) has authorized in writing the procurem 2. The consumer (applicant) has been informed in a separate written employment purposes; 3. The information requested below will be used for a "permissible will be used for no other purpose; 4. The information being obtained will not be used in violation of an 5. Before taking an adverse action based in whole or in part on the requested report and the summary of consumer rights as provided.	er 1 of Public Law 104-208), I hereby certify the following the followin	g: or d
I also hereby certify that this report request and the above applicant's state motor vehicle records under the provisions of the Driver's Priva Sections 300002(a)).	release notice meet the definition of "permissible uses" cy Protection Act of 1994 (Public Law 103-322, Title X	of XX,
(Signature of Requester)	(Da	te)
DEAR SIR/MADAM: The following named person has made application with our company In accordance with Section please furnish the undersigned with the applicant's driving record for	n 391.23, Federal Department of Transportation Regulations,	
The following named person is employed with our company in the po		
n accordance with Section please furnish the undersigned with the employee's driving record for NAME OF APPLICANT/DRIVER:	n 391.25, Federal Department of Transportation Regulations, r the past year.	
ADDRESS:		
(Number & Street) FORMER ADDRESS:	(City) (State	(Zipcode)
(Number & Street)	(City) (State	(Zipcode)
DATE OF BIRTH: SSN SSN	LICENSE NOESTED BY	
Enderby Gas dba Bishop Energy (Name of Company)	(Typed Name)	
P.O. Box 717		
(Address)	(Title)	
Gainesville TX 76241 (City) (State) (Zipcode)	(Signature)	