

APS MANAGEMENT COMPANY

Application for Employment

Arrowhead Pipeline Services is an Equal Opportunity Employer. Arrowhead Pipeline Services does not discriminate in hiring or employing on the basis of race, color, religion, sex, national origin, age, disability or any other legally protected status.

Position Applying For: Laborer ☐ Operator ☐ Truck Driver ☐ Welder ☐

Name _____
(First) (Middle) (Maiden Name, if any) (Last)

Address _____ **How Long?** _____
(Street) (City) (State & Zip)

Date of Birth _____ **Social Security Number** _____

Telephone Number _____ **Cell Phone** _____

Are you 18 years of age or older? ☐ YES ☐ NO

Are you eligible to work in the United States? ☐ YES ☐ NO

Do you have a current driver's license? ☐ YES ☐ NO

Have you ever been convicted of a Felony Crime? ☐ YES ☐ NO

If yes, explain: _____

PREVIOUS RESIDENCY:

Please furnish the addresses at which you resided during the past 3 years

Address	Street	City	State	Length of Residency

EDUCATION:

College _____ Years Attended _____ Degree _____

Technical School _____ Years Attended _____ Degree _____

High School _____ Last Grade Completed _____ Diploma: Yes / No

APS MANAGEMENT COMPANY

EMPLOYMENT HISTORY:

NOTE: DOT requires minimum 3 years employment history and/or minimum 10 years commercial (CDL) driving experience.

Current / Most Recent Employer:

Company Name _____
Employer Address _____
(Street) (City) (State & Zip)
Position Held _____ From _____ To _____ Salary _____
Reason for Leaving _____

Previous Employer:

Company Name _____
Employer Address _____
(Street) (City) (State & Zip)
Position Held _____ From _____ To _____ Salary _____
Reason for Leaving _____

Previous Employer:

Company Name _____
Employer Address _____
(Street) (City) (State & Zip)
Position Held _____ From _____ To _____ Salary _____
Reason for Leaving _____

Previous Employer:

Company Name _____
Employer Address _____
(Street) (City) (State & Zip)
Position Held _____ From _____ To _____ Salary _____
Reason for Leaving _____

Previous Employer:

Company Name _____
Employer Address _____
(Street) (City) (State & Zip)
Position Held _____ From _____ To _____ Salary _____
Reason for Leaving _____

A. Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by any of your previous employers? **Yes No**

B. Were any of your previous job positions designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? **Yes No**

(IF YOU ANSWERED YES TO EITHER A OR B, ATTACH SHEET GIVING DETAILS)

Driving History

List All States in which you have had a valid driver's license beginning with Current License Held.

APS MANAGEMENT COMPANY

State _____	License # _____	Type _____	Exp. Date _____
State _____	License # _____	Type _____	Exp. Date _____
State _____	License # _____	Type _____	Exp. Date _____

Driving Experience

<u>Class of Equipment</u>	<u>Type of Equipment (Van, Tank, Flat, etc)</u>	<u>Dates From To</u>	<u>Approx. # of Miles (Total)</u>
Straight Truck	_____	_____	_____
Tractor & Semi-Trailer	_____	_____	_____
Tractor – Two Trailers	_____	_____	_____
Other - _____ (Describe)	_____	_____	_____

Accident Record For the past 5 years (Attach Sheet If More Space is Needed)

<u>Dates Month/Year</u>	<u>Nature of Accident (Head-on, Rear-end, Upset, etc)</u>	<u>Fatalities</u>	<u>Injuries</u>
____/____	_____	_____	_____
____/____	_____	_____	_____
____/____	_____	_____	_____

Traffic Convictions & Forfeitures For Past 5 Years (Attach Sheet If More Space is Needed)

<u>Location</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to 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.

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 the Company.

I understand that information I provided 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 that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; 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 I have completed this application, and all information provided herein is true and complete to the best of my knowledge.

Date: _____

Applicant's Signature: _____