

CONDITIONS OF EMPLOYMENT

- 1. You must pass a pre-employment drug test & background check
- 2. You are encouraged to obtain a Class A CDL within 60 days of employment
- 3. Alcohol or illegal drugs are not permitted on company or customer property and are grounds for immediate termination

Five Star Energy Services, LLC is an equal employment opportunity employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, marital, veteran status, or any other legally protected status.

This application form is intended for use in evaluating your qualifications for employment with us.

CONTACT INFORMATION:

| Last Name | Fir | Middle Name | |
|--|------------------------------|-------------------|------------------------|
| Street Address | | | Apt/Unit |
| City | State | Zip | County |
| Contact Number (Home/Cell) | | | |
| GENERAL INFORMATION: | | | |
| Application Position (Write in if not on list) | | Check this | box if you have a CDL: |
| Availability to start | Previously Employed Here? Wh | ıy did you leave? | Referred By: |
| | | | |
| | | | |

Additional information regarding skills or experience that could help us make a hiring decision



EQUIPMENT HISTORY

Driver's Full Name (as it appears on Driver's License)

| CDL? | Driver's License Number | Driver's Lice | ense Type | State Exp Date | | | | | |
|---|----------------------------|---------------|-----------|----------------|--|--|--|--|--|
| MOTOR VEHICLE OPERATING EXPERIENCE & QUALIFICATION (ACCOUNT FOR YOUR OPERATING EXPERIENCE - PROVIDE TIME PERIOD OR APPROXIMATE MILES DRIVEN) | | | | | | | | | |
| | Dates | | | | | | | | |
| | | From | То | Mileage | | | | | |
| | DUMP TRUCK | | | | | | | | |
| | POLE TRAILERS | | | | | | | | |
| | TRUCK TRAILERS | | | | | | | | |
| | SEMITRAILERS | | | | | | | | |
| | BACKHOE | | | | | | | | |
| | TRENCHER | | | | | | | | |
| | TRACK HOE | | | | | | | | |
| DIF | RECTIONAL DRILLING MACHINE | | | | | | | | |
| | BULLDOZER | | | | | | | | |
| | BORING MACHINE | | | | | | | | |
| | DOZER W/ SIDE BOOM | | | | | | | | |
| | ASPHALT ROLLER | | | | | | | | |
| | FULL TRAILERS | | | | | | | | |
| | OTHER | | | | | | | | |
| | | | | | | | | | |



DRIVING HISTORY

| Do you h | ave a valid o | driver's license? | | | | | | |
|----------|-----------------|---------------------------|--|-------------------|--------------|---------------|-------------|---------------------|
| | | | Driver's License Number | | | State | E | xp Date |
| Have you | ı ever been | denied a license, perm | t, or privilege to operate a motor vehicle | ? | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | provide details | | | | | | | |
| Has any | license, per | mit, or privilege ever be | een disqualified, suspended, or revoked | for violati | ons of FM | ICSRs? | | |
| | | | | | | | | |
| If ves. | provide details | | | | | | | |
| | | | | | | | | |
| | ES & ENDO | | | | | | | |
| | List all licer | ses and endorsements | held over the last three years. | | | | | |
| | State | License # | Class & Endorseme | ents | | | Exp Date | e |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| ACCIDEN | T RECORD | | | | | | | |
| | List all accid | lent involvements with | any motor vehicles for the past three yea | <u>ars</u> , even | if not at fa | ault. If none | e, write "r | none" |
| Month/\ | Year | Vehicle Type | Nature of Accident | At Fault | Ticketed | Fatalities | Injuries | Amt Property Damage |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

TRAFFIC CONVICTIONS

List all traffic convictions & forfeitures with any motor vehicle for the past three years (other than parking). If none, write "none."

| Month/Year | Location | Violation (If speeding, show rate of speed) | Penalty/Amt of Fine |
|------------|----------|--|---------------------|
|------------|----------|--|---------------------|



EMPLOYEE HISTORY

| PREVIOUS RESIDENCES (PAST 3 YEARS) Street | | City State Zip | | Zip | p How Long? | | |
|--|----------------------|--|--|---------------------------|---------------------------|--|--|
| Chook | | Only | Oldie | Ξip | How Long. | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| EMPLOYMENT HISTORY | | | | | | | |
| Work Dates Beginning | Company Name | Co | Company Address | | Company Phone Number | | |
| End | Position | Sı | Supervisor Name | | Supervisor Number | | |
| | | Reason for Leaving | | | | | |
| Were you subject to FMCSR's? | Was your mode sub | job designated as "saf ject to the drug & alcol | ety sensitive" in a nol testing require | iny DOT-Re ements of 4 | gulated 9 CFR Part 40? | | |
| Work Dates Beginning | Company Name | C | ompany Address | | Company Phone Number | | |
| End | Position | Sı | Supervisor Name | | Supervisor Number | | |
| | | Reason for Leaving | | | | | |
| Were you subject to FMCSR's? | mode sub | job designated as "saf ject to the drug & alcoh | nol testing require | ements of 4 | 9 CFR Part 40? | | |
| Work Dates Beginning | Company Name | Co | ompany Address | | Company Phone Number | | |
| End | Position | | ipervisor Name | | Supervisor Number | | |
| | | | - | | | | |
| | | Reason for Leaving | | | | | |



EMPLOYEE HISTORY

EMPLOYMENT AUTHORIZATION

Are you able to perform any or all job functions with reasonable accomodation?

Are you 18 years or older? (If no, proof of work eligibility required)

Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States?

EDUCATION HISTORY

List the schools you have attended:

Туре

Institution Name

City, State, Zip

Degree/Certification

CRIMINAL HISTORY DISCLOSURE

Please be advised, we do conduct criminal background checks as a condition of employment. A conviction is not an automatic bar to employment

Have you ever been placed on probation, paroled, released from incarceration, or been convicted for a felony, misdemeanor, or other offence in the past? (Except for arrests/convictions that have been dismissed, expunged, sealed, or impounded)

If yes, please list details below:

Date of Incident

City/State

Charge