

# EMPLOYMENT APPLICATION FOR COMMERCIAL DRIVERS

Company Name: **Walker-Hill Environmental, Inc.**

Street Address: **4 S Poplar Street**

City / St / Zip: **Foxworth, MS 39483**

*PLEASE PRINT OR TYPE*

DATE OF APPLICATION		FULL NAME OF APPLICANT				DATE OF BIRTH	
Social Security Number		Driver's License Number		Issuing State		Exp. Date	
CURRENT STREET ADDRESS, P.O. BOX #, or RURAL ROUTE				CITY		STATE	ZIP
PREVIOUS STREET ADDRESS, P.O. BOX #, or RURAL ROUTE				CITY		STATE	ZIP
HOME PHONE		OTHER PHONE		WORK PHONE			
WHAT POSITION YOUR ARE APPLYING FOR			RATE OF PAY EXPECTED	FULL TIME	PART TIME	TEMPORARY	
WHERE ARE YOU CURRENTLY EMPLOYED			YOUR REASON FOR LEAVING		WHEN CAN YOU START WORK		
HAVE WORKED HERE BEFORE		WHEN	WHAT POSITION	WHY DID YOU LEAVE			
WHO REFERRED YOU		NAME OF ANY RELATIVES CURRENTLY EMPLOYED HERE			WHAT IS THEIR JOB TITLE		
CIRCLE THE HIGHEST EDUCATIONAL GRADE YOU COMPLETED				IF COLLEGE WHERE		WHAT LEVEL OR DEGREE	
1 2 3 4 5 6 7 8 9 10 12 or GED							
LIST TECHINCAL OR VOCATIONAL SCHOOL ATTENDED			FOR WHAT FIELD OR VOCATION		WHAT LEVEL OR DEGREE		
IF MILITARY SERVICE WHAT BRANCH		HIGHEST RANK ATTAINED		JOB CLASSIFICATION		TYPE OF DISCHARGE	
ARE YOU CURRENTLY IN THE NATIONAL GUARD OR RESERVES				YOUR CURRENT RANK		JOB CLASSIFICATION	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? WHAT FOR?				WHEN		WHAT STATE(S)	

**THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER.  
 THIS APPLICATION MEETS THE REQUIREMENTS OF THE DEPARTMENT OF TRANSPORTATION  
 THE DEPARTMENT OF LABOR, THE CIVIL LIBERTIES UNION AND THE AMERICANS WITH DISABILITIES ACT.**

# APPLICANT / EMPLOYEE RELEASE AND DISCLOSURE STATEMENT

I certify that I have completed and understand this employment application and additional employee information. I understand that the company or their agents will conduct an investigation into my background to ascertain any information pertaining to my possible employment. This may include, but is not limited to, my previous employment history, safety performance history, criminal records, character and reputation, educational background, worker's compensation records, mode of living or any other personal information needed for the employer to determine if I am a suitable candidate for the position for which I am applying. I understand that these investigations will be conducted under the provisions of the Fair Credit Reporting Act U.S.C., Sec. 1681 and within the guidelines of the 1996 Americans with Disabilities Act. I now release the employer and their agents and any persons named in this application from any and all liability and for any damages that may occur due to these investigations.

I understand that if offered a job by the employer that the offer is conditional based on the results of these investigations and the results of drug testing and a physical examination. I have been informed that if hired for the position I am applying for, I will be on probation for a period of not less than 90 days. If I am terminated or choose to end my employment during this probation period the cost of any investigations, drug test, examinations, or training may be deducted from my final paycheck.

If hired, I agree to abide by the policies, rules, and regulations of the employer and State, Federal, or Local regulations that apply to my duties. I also understand that any misrepresentation or omission of facts in this application or my employee file may result in my rejection or termination.

I agree to be tested for the illegal use of controlled substances as part of the pre-employment requirements. I also agree to be tested for drug or alcohol use for reasons including, random screening, post accident, probable cause, or return to duty at any time during my employment with this company. I also understand that my person or my belongings may be searched at anytime while I am on duty or on company property. I understand that refusal to submit to any screening or searches will result in my rejection for employment or immediate termination while employed by this company.

I certify that I have read this release and disclosure statement and that my employment application and all information given are true and accurate to the best of my knowledge.

\_\_\_\_\_  
**PRINT YOUR NAME**

X

\_\_\_\_\_  
**SIGN YOUR NAME**

\_\_\_\_\_  
**C.D.L. # AND EXPIRATION DATE**

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

Date Hired		Credit Check		Orientation Date	
P-E Drug Test		Criminal Check		Job Training	
MVR Record Check		Previous Employers		Hazmat Training	
Physical Exam Date		Workers Comp Check		Abuse Training	

Disqualified for: \_\_\_\_\_

Supervisors Signature: \_\_\_\_\_

## DRIVER QUALIFICATION AND EXPERIENCE

### LIST ALL DRIVERS LICENSES HELD IN THE LAST 3 YEARS

ISSUING STATE	LICENSE NUMBER	CLASS & TYPE	EXPIRATION DATE

### LIST ALL ACCIDENTS IN COMMERCIAL VEHICLES IN THE LAST 5 YEARS

DATE	TYPE OF ACCIDENT	INJURIES / FATALITIES	CITY / STATE	CITATION ISSUED

### LIST ALL MOVING VIOLATIONS RECEIVED IN THE LAST 5 YEARS

DATE	CITY / STATE	TYPE OF VIOLATION	COMMERCIAL / PERSONAL	PENALTY

### LIST ALL TYPES OF COMMERCIAL VEHICLES YOU HAVE OPERATED

TRUCK TYPE	BODY TYPE	TRAILER TYPE	ESTIMATED MILAGE	DATE

### ANSWERING YES TO THESE QUESTIONS REQUIRES A STATEMENT ON A SEPARATE PAGE

1. Has your driver's license or privilege to drive ever been suspended or revoked?      **YES**      **NO**
2. Have you ever been denied a driver's license or permit? **YES** **NO**      What states? \_\_\_\_\_
3. Have you ever been disqualified for violating Federal Motor Carrier Safety Regulations? **YES**      **NO**

## PREVIOUS EMPLOYMENT HISTORY

FMCSA requires all commercial drivers with A or B CDL to list employment history for the past 10 years. 3 years for all others. Start with your most recent employment and work back. Show time spent in the US Armed Forces.

**PRINT DRIVER NAME** \_\_\_\_\_ **CDL#** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

<b>COMPANY #1</b>		<b>EMPLOYMENT DATES</b>	
<b>ADDRESS</b>			
<b>SUPERVISOR</b>		<b>OFFICE PHONE #</b>	
<b>JOB TILE</b>		<b>ENDING SALARY</b>	
<b>REASON FOR LEAVING</b>			
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>COMPANY #2</b>		<b>EMPLOYMENT DATES</b>	
<b>ADDRESS</b>			
<b>SUPERVISOR</b>		<b>OFFICE PHONE #</b>	
<b>JOB TILE</b>		<b>ENDING SALARY</b>	
<b>REASON FOR LEAVING</b>			
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>COMPANY #3</b>		<b>EMPLOYMENT DATES</b>	
<b>ADDRESS</b>			
<b>SUPERVISOR</b>		<b>OFFICE PHONE #</b>	
<b>JOB TILE</b>		<b>ENDING SALARY</b>	
<b>REASON FOR LEAVING</b>			
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>COMPANY #4</b>		<b>EMPLOYMENT DATES</b>	
<b>ADDRESS</b>			
<b>SUPERVISOR</b>		<b>OFFICE PHONE #</b>	
<b>JOB TILE</b>		<b>ENDING SALARY</b>	
<b>REASON FOR LEAVING</b>			
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**ADDITIONAL SPACE FOR PREVIOUS EMPLOYER INFORMATION**

<b>COMPANY #6</b>		<b>EMPLOYMENT DATES</b>	
<b>ADDRESS</b>			
<b>SUPERVISOR</b>		<b>OFFICE PHONE #</b>	
<b>JOB TILE</b>		<b>ENDING SALARY</b>	
<b>REASON FOR LEAVING</b>			
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>COMPANY #7</b>		<b>EMPLOYMENT DATES</b>	
<b>ADDRESS</b>			
<b>SUPERVISOR</b>		<b>OFFICE PHONE #</b>	
<b>JOB TILE</b>		<b>ENDING SALARY</b>	
<b>REASON FOR LEAVING</b>			
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>COMPANY #8</b>		<b>EMPLOYMENT DATES</b>	
<b>ADDRESS</b>			
<b>SUPERVISOR</b>		<b>OFFICE PHONE #</b>	
<b>JOB TILE</b>		<b>ENDING SALARY</b>	
<b>REASON FOR LEAVING</b>			
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>COMPANY #9</b>		<b>EMPLOYMENT DATES</b>	
<b>ADDRESS</b>			
<b>SUPERVISOR</b>		<b>OFFICE PHONE #</b>	
<b>JOB TILE</b>		<b>ENDING SALARY</b>	
<b>REASON FOR LEAVING</b>			
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>COMPANY #10</b>		<b>EMPLOYMENT DATES</b>	
<b>ADDRESS</b>			
<b>SUPERVISOR</b>		<b>OFFICE PHONE #</b>	
<b>JOB TILE</b>		<b>ENDING SALARY</b>	
<b>REASON FOR LEAVING</b>			
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

# REQUEST FOR DRIVER BACKGROUND INFORMATION VERIFICATION

TO THE PERSON COMPLETING THIS REQUEST: In compliance with Federal regulations our company is seeking information concerning a commercial driver that was previously employed by your company and has applied for employment with our company. The applicant below has signed this release granting us permission to request this information and giving you permission to provide it to us. Please complete this form and return it to the address shown below or Email or by FAX to the number listed. If you need additional information concerning this request please contact our company.

## COMMERCIAL DRIVER GRANTING RELEASE OF EMPLOYMENT INFORMATION

<b>PRINT NAME</b>	<b>CDL NUMBER</b>	<b>SIGNATURE</b>

## PREVIOUS EMPLOYER INFORMATION

<b>COMPANY NAME</b>	<b>ADDRESS</b>	<b>CITY - ST - ZIP</b>	<b>PHONE #</b>

## INFORMATION REQUESTED

DATE HIRED	DATE TERMINATED	REASON FOR TERMINATION (Optional)		
ANSWER YES OR NO TO THE FOLLOWING QUESTIONS			YES	NO
1. Would you rehire this driver?				
2. Was this driver involved in a vehicular accident while employed by your company?				
3. Did this driver ever have his/her CDL suspended while employed by your company?				
4. Did this person ever receive an Out of Service DOT violation while employed by your company?				
5. Was this driver ever disqualified from driving duties while employed by your company?				
6. Was this driver a qualified commercial driver when last employed at your company?				
7. Did this driver ever fail a DOT physical examination while employed by your company?				
8. Did this driver ever test positive for drugs or alcohol while employed by your company?				
9. Was this driver in your random drug and alcohol program when last employed at your company?				
10. Did this driver ever refuse to provide a sample for a drug or alcohol test while employed by your company?				

## PLEASE RETURN THIS FORM BY MAIL OR FAX AS SOON AS POSSIBLE

COMPANY NAME REQUESTING INFORMATION		ATTENTION		
Walker-Hill Environmental, Inc		Casey Meitzler		
ADDRESS		CITY	ST	ZIP
PO Box 1147		Foxworth	MS	39483
OFFICE PHONE NUMBER	FAX PHONE NUMBER	E-MAIL ADDRESS		
601-736-3500	601-736-6006	casey@whenv.com		

<i>Date Sent</i>	<input type="checkbox"/> <i>Sent by</i>	<input type="checkbox"/> <i>Signature of Sender</i>
	<input type="checkbox"/> <i>FAX</i>	<input type="checkbox"/> <i>MAIL</i>
	<input type="checkbox"/> <i>EMAIL</i>	

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## COMMERCIAL DRIVER GRANTING RELEASE OF EMPLOYMENT INFORMATION

<b>PRINT NAME</b>	<b>CDL NUMBER</b>	<b>SIGNATURE</b>

## PREVIOUS EMPLOYER INFORMATION

<b>COMPANY NAME</b>	<b>ADDRESS</b>	<b>CITY - ST - ZIP</b>	<b>PHONE #</b>

## INFORMATION REQUESTED

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<i>Date Sent</i>	<input type="checkbox"/> <i>Sent by</i>	<input type="checkbox"/> <i>Signature of Sender</i>
	<input type="checkbox"/> <i>FAX</i>	<input type="checkbox"/> <i>MAIL</i>
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## COMMERCIAL DRIVER GRANTING RELEASE OF EMPLOYMENT INFORMATION

<b>PRINT NAME</b>	<b>CDL NUMBER</b>	<b>SIGNATURE</b>

## PREVIOUS EMPLOYER INFORMATION

<b>COMPANY NAME</b>	<b>ADDRESS</b>	<b>CITY - ST - ZIP</b>	<b>PHONE #</b>

## INFORMATION REQUESTED

DATE HIRED	DATE TERMINATED	REASON FOR TERMINATION (Optional)		
ANSWER YES OR NO TO THE FOLLOWING QUESTIONS			YES	NO
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2. Was this driver involved in a vehicular accident while employed by your company?				
3. Did this driver ever have his/her CDL suspended while employed by your company?				
4. Did this person ever receive an Out of Service DOT violation while employed by your company?				
5. Was this driver ever disqualified from driving duties while employed by your company?				
6. Was this driver a qualified commercial driver when last employed at your company?				
7. Did this driver ever fail a DOT physical examination while employed by your company?				
8. Did this driver ever test positive for drugs or alcohol while employed by your company?				
9. Was this driver in your random drug and alcohol program when last employed at your company?				
10. Did this driver ever refuse to provide a sample for a drug or alcohol test while employed by your company?				

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COMPANY NAME REQUESTING INFORMATION		ATTENTION		
Walker-Hill Environmental, Inc		Casey Meitzler		
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PO Box 1147		Foxworth	MS	39483
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<i>Date Sent</i>	<input type="checkbox"/> <i>Sent by</i>	<input type="checkbox"/> <i>Signature of Sender</i>
	<input type="checkbox"/> <i>FAX</i>	<input type="checkbox"/> <i>MAIL</i>
	<input type="checkbox"/> <i>EMAIL</i>	



## HOURS OF SERVICE INFORMATION FOR NEW HIRES

**Name** \_\_\_\_\_  
**C.D.L. Number** \_\_\_\_\_ **Type and class** \_\_\_\_\_  
**Expiration Date** \_\_\_\_\_ **Issuing State** \_\_\_\_\_

*Complete the following hours of service for the 7 days period prior to starting work for this company.*

DAY	1	2	3	4	5	6	7	TOTAL HOURS
<b>DAY &amp; MONTH</b>								
<b>HOURS ON DUTY</b>								

I was last relieved from duty by my previous employer on: **(Date)** \_\_\_\_\_ **(Time)** \_\_\_\_\_

\_\_\_\_\_ **Name Of Your Last Employer**                      \_\_\_\_\_ **Name Of Your Last Supervisor**

I attest that the information I have given above is true and correct to the best of my knowledge:

**(Signature) X** \_\_\_\_\_ **(Date)** \_\_\_\_\_

### CHECK LIST FOR CASUAL, OCCASIONAL, OR INTERMITTENT DRIVERS

Prior to a casual, intermittent, or occasional driver you must ensure that the following requirements are met and that these forms are placed in his/her driver qualification file as per 391.63 in the Federal Motor Carrier Safety Regulations.

- A. D.O.T. Physical Examination:                      The original or copy of the medical examiner's certificate showing that the driver is physically qualified to operate a commercial vehicle.  
       Date \_\_\_\_\_
  
- B. Substance Abuse Testing:                              The original or copy of the last drug and/or alcohol test certifying the results were negative. Also a copy of the motor carrier's random testing program.  
       Date \_\_\_\_\_

Supervisors Signature \_\_\_\_\_ Date \_\_\_\_\_

## CERTIFICATE OF COMPLIANCE AND DRIVER NOTIFICATION

- A. The Commercial Motor Vehicle Act of 1986 places stronger regulatory controls over drivers, vehicles, and motor carriers. These regulations apply to all drivers operating vehicles with a GVWR of 26,000 lbs or more and to any vehicle of any size that is transporting a hazardous material in quantities large enough to require placarding. The following provisions became effective July 1, 1987.
1. No driver may possess more than one license, and no motor carrier may use a driver that has more than one license.
  2. A driver convicted of any traffic violation other than parking, in any type of vehicle must make notification of the conviction to his/her motor carrier, and the state where his/her license was issued within 30 days.
  3. All persons applying for commercial driving positions must inform the prospective employer of all previous employment as a commercial driver for the past 3 years, plus 7 additional years for hazardous materials drivers, in addition to any other type of information required about the applicant's history.
  4. Any driver who loses the privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle must advise their motor carrier by the next business day.

**PENALTIES:** Any violation of the above is punishable by a fine not to exceed \$2,500. Willful violation of either #1 or #4 above, or failure to notify the carrier with 30 days of the loss of driving privileges may result in a fine not to exceed \$5,000. and / or 90 days in jail.

- B. Driver Certification: I do certify that I have read and understand the provisions of the Commercial Motor Vehicle Safety Act of 1986 as listed above. As of this date, I possess only one driver license issued, in my name, from any state or country.

**Print Driver Name** \_\_\_\_\_

**Driver's Address** \_\_\_\_\_

**License Number:** \_\_\_\_\_ **Type/Class** \_\_\_\_\_ **State** \_\_\_\_\_

**Driver's Signature X** \_\_\_\_\_ **Date** \_\_\_\_\_

Name of Motor Carrier \_\_\_\_\_

Witness \_\_\_\_\_

## CERTIFICATE OF DRIVER'S ROAD TEST

*Instructions:* If the road test is successfully completed, the person who gave it shall complete a **certificate of the driver's road test**. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31(e)(f)(g))

### CERTIFICATION OF ROAD TEST

Driver's Name \_\_\_\_\_

Operator's License Number \_\_\_\_\_

State \_\_\_\_\_

Type of Power Unit \_\_\_\_\_

Type of Trailer(s) \_\_\_\_\_

If passenger carrier, type of bus \_\_\_\_\_

This is to certify that the above-named driver  
was given a road test under my supervision on  
\_\_\_\_\_. 20\_\_\_\_, consisting of  
Approximately \_\_\_\_\_miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

\_\_\_\_\_  
(Signature of Examiner)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Organization and Address of Examiner)



US DEPARTMENT OF TRANSPORTATION  
MOTOR CARRIER SAFETY PROGRAM  
**ANNUAL REVIEW OF DRIVING RECORD**  
391.25

**Name** (Last            First            M.I.) \_\_\_\_\_

\_\_\_\_\_ **(CDL No.)**

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations and the Hazardous Material Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations such as speeding, reckless driving, and operation under the influence of alcohol and drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that:

[ ] the driver meets the minimum requirements for safe driving, or

[ ] the driver is disqualified to drive a motor vehicle pursuant to 391.15

\_\_\_\_\_  
Date of Review

\_\_\_\_\_  
Motor Carrier's Name

\_\_\_\_\_  
Reviewed by: Signature and title

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\_\_\_\_\_  
Date of Review

\_\_\_\_\_  
Motor Carrier's Name

\_\_\_\_\_  
Reviewed by: Signature and title

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\_\_\_\_\_  
Date of Review

\_\_\_\_\_  
Motor Carrier's Name

\_\_\_\_\_  
Reviewed by: Signature and title

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Have you ever signed a "Noncompete Compete" agreement, or the like, and/or are you subject to any restrictive covenants with your current or past employer in the environmental drilling/remediation industry? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Signature) X \_\_\_\_\_

(Date) \_\_\_\_\_