

Fax To: 806.894.5978

# **BUTCH'S RAT HOLE & ANCHOR SERVICE, INC.**

Butch's Rat Hole - Butch's Trucking - Permian - Transcend - Valor

## **APPLICATION FOR EMPLOYMENT**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, age, sex, color, national origin, religion, marital status, disability, status as a disabled veteran or veteran of the Vietnam Era or any other consideration made unlawful by federal or state laws.

For Office Use Only				
Date of Hire:///	Department:	Title:		
Supervisor:	Yard Location:			
CDL Driver: Yes / No	Non-CDL Driver: Yes / No	Non-Driver Exclusion Signed: Yes / No		

Please print clearly, additional sheets will be provided if necessary.

Position Desired:	Date of Application:		Location:
Full Name:			SSN:
Cell Number:	Но	ome Number:	
( )		(	
Do you have the legal right to work in the United States? Yes / No		Can you provide proof of age? Yes / No	
Type of employment desired? Full Time / Part Time		Who referred you?	
Have you ever been bonded? Yes / No		Name of Bonding Company	
Rate of pay expected?			
A weight lift of 100 pounds may be required; may there be problem with this task? Yes / No		If yes, please explain:	
Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes / No		If yes, please expla	ain:

Overtime (over 40 hours) is not guaranteed, but regularly	Do you have reliable transportation to work?
occurs. Can you work over 40 hours per week? Yes / No	Yes / No

#### Previous Addresses - List your last address(es) of residency for the past 3 years:

Current: Address	City	State	Zip	How long?
Previous: Address	City	State	Zip	How long?
Previous: Address	City	State	Zip	How long?

### This is a drug and alcohol free work place. Drug and/or alcohol test(s) will be conducted: pre-employment, random, post-accident, reasonable suspicion, return-to-duty and follow-up. Any employee refusing to test can be immediately released to AMS. CDL driver license holders will be reported to DOT as required by state and federal law(s). Company policy is that if a person has ever been in violation of the rules in part 40 (DOT) or 382 (FMCSA) they will not be considered eligible for any job which includes operation of a CMV (greater than 10,000 GVWR) unless they have <u>completed the RETURN TO DUTY PROCESS.</u>

Have you ever refused to be tested for drugs or alcohol? Yes / No

Have you ever tested positive for drugs and/or alcohol under pre-employment, random, post-accident, reasonable suspicion, return-to-duty and/or follow-up testing? Yes / No

#### You must provide a Return-to-Duty process documentation for any positive drug or alcohol test.

Your Driving Record will be verified if you drive a company vehicle. Please note that by signing this application, you are agreeing to this MVR check. Also be advised that during your course of your pre-employment review and your ongoing employment with our motor vehicle record will be reviewed periodically. If at any time your driving history deems you unacceptable to our insurance carrier or our company policies, you could be reassigned to AMS. Any and all moving violations, accident frequency (regardless of fault) and other violations will be considered. All CDL holder applicants must provide information on all employers for the proceeding three years. Butch's requires applicants shall also provide an additional seven years of information.

Signature:	Date:

## Past Employment

Employment history will be verified. List most current employer first. Complete employment history for the past 10 years. <u>Any gaps in employment longer than one month must be explained.</u> Additional pages can be made if needed.

Name of Company:				From: To:
Address	City	State	Zip:	Job Title:
Contact Person:				Did you drive a vehicle that required a CDL?
Phone and Fax:				Reason for Leaving:
List Duties:				
Gap Explanation:				
Name of Company:				From: To:
Address	City	State	Zip:	Job Title:
Contact Person:				Did you drive a vehicle that required a CDL?
Phone and Fax:				Reason for Leaving:
List Duties:				
Gap Explanation:				
Name of Company:				From: To:
Address	City	State	Zip:	Job Title:
Contact Person:				Did you drive a vehicle that required a CDL?
Phone and Fax:				Reason for Leaving:
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List Duties:				
Gap Explanation:				