

Application for Employment

Safety Sensitive Positions*



Mailing Address: P. O. Box 11690 Bakersfield, CA. 93389-1690

Physical Address: 1135 Enos Lane Bakersfield, CA. 93314

Physical Address: 1234 E. Burnett St, Signal Hill, CA 90755

Note to Applicant: Please advise us in advance if you require an accommodation to complete this application.

Steve's Oilfield Service, Inc. dba SOS Crane & Trucking, Inc., is an Equal Employment Opportunity employer. SOS Crane & Trucking, Inc. does not discriminate against any applicant or employee on the basis of race, color, sex, religion, national origin, age, disability, or any other consideration made unlawful by applicable federal, state, or local laws.

As a matter of policy and for the safety of the communities we serve, SOS Trucking & Crane, Inc. consistently applies background checking standards to all applicants. It is essential that all information requested, including educational background, work, criminal and residential history, be complete and accurate.

Instructions: Please type or print in black or blue ink. Answer all questions, checking all boxes that apply. Answer "none" on questions that do not apply. Additional forms are available for each section if needed.

| GENERAL INFORMATION | | | |
|--|-------|--------|---------------------------------------|
| Last Name | First | Middle | Date of Application: |
| Present Address: Street City County State Zip | | | Date of Birth |
| Telephone Number and Area Code: Primary () Secondary () | | | Social Security #: |
| | | | required by FMCSR Part 391.21 (b) (2) |
| | | | required by FMCSR Part 391.21 (b) (2) |

List any other names that you have used in the past 10 years

| Name Used | City | County | State | From / To |
|-----------|------|--------|-------|-----------|
| | | | | |
| | | | | |

List all addresses for the past 10 years

| Street | City | County | State | How long? (mo/yr) |
|--------|------|--------|-------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Have you ever been fired or asked to resign by an employer? (circle one) Yes No

If yes, explain:

| | |
|---|--|
| What position are you applying for? | Minimum salary / wage requirement: |
| Would you accept employment in another city? Yes No | Are you able to work: Days Evenings Weekends (circle all that apply) |

How were you referred to our company?

Have you ever worked for Steve's Oilfield Services or any of it's affiliates? Yes No

Where?

When?

| | |
|--|--|
| If hired, what date are you available to start work? / / | Have you EVER been convicted of a Felony? (Convictions will not necessarily disqualify an applicant from employment). Yes No |
| | If yes, explain |

*Dispatchers, Drivers/Operators, Maintenance, Management/Supervisors, and Utility Personnel

Note: A pre-employment drug test is required for employment.

TRAINING - Chevron Orientation, Passport, CPR, Forklift, OPL, CCO, LARSO, etc.

| NAME AND LOCATION OF TRAINING | DATE ATTENDED | DATE COMPLETED |
|-------------------------------|---------------|----------------|
| | | |
| | | |
| | | |
| | | |

EMPLOYMENT HISTORY

All employment for the past 10 years must be noted below, including jobs held while in school or while in the military. Record your present or most recent position first and go back in chronological order. Resumes may be substituted for any information requested, but must contain the required information listed below. (Required by FMCSR 383.35(c). The employment history section will be used, and the applicant's previous employers will be contacted, for the purpose of investigating the applicant's work and safety performance history information as required by FMCSR Part 391.23 (d) (e) for commercial motor vehicle positions. Complete all questions for each position.

| | | |
|--|--------------------|--------------------|
| Company | | Phone |
| Address | | Supervisor |
| Job Title | Starting Salary \$ | Ending Salary \$ |
| Responsibilities | | |
| From | To | Reason for Leaving |
| Was this position covered under the Federal Motor Carrier Safety Regulations (FMCSR?) Yes No | | |
| May we contact your previous supervisor for a reference? Yes No | | |

| | | |
|--|--------------------|--------------------|
| Company | | Phone |
| Address | | Supervisor |
| Job Title | Starting Salary \$ | Ending Salary \$ |
| Responsibilities | | |
| From | To | Reason for Leaving |
| Was this position covered under the Federal Motor Carrier Safety Regulations (FMCSR?) Yes No | | |
| May we contact your previous supervisor for a reference? Yes No | | |

| | | |
|--|--------------------|--------------------|
| Company | | Phone |
| Address | | Supervisor |
| Job Title | Starting Salary \$ | Ending Salary \$ |
| Responsibilities | | |
| From | To | Reason for Leaving |
| Was this position covered under the Federal Motor Carrier Safety Regulations (FMCSR?) Yes No | | |
| May we contact your previous supervisor for a reference? Yes No | | |

LICENSE INFORMATION

| | | | |
|--|-----------|------|-----------------|
| State | License # | Type | Expiration date |
| | | | |
| A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? (circle one) | | Yes | No |
| B. Has any license, permit or privilege ever been suspended or revoked? | | Yes | No |
| C. Have you ever been disqualified subject to Part 391 of the Federal Motor Carrier Safety Regulation? | | Yes | No |
| D. Have you in the past three (3) years failed or refused a DOT-mandated pre-employment test(s)? | | Yes | No |
| If "YES" to any of the above, explain: | | | |

| DRIVING EXPERIENCE | | | | |
|--------------------|--|------------|----|--|
| Class of Equipment | Type of Equipment (van, tank, flat, crane, etc.) | Dates From | To | |
| Straight Truck | | | | |
| Auto or Van | | | | |
| Bus | | | | |
| Other | | | | |

List all states where you have held a CDL in the last five years:

| ACCIDENT REVIEW FOR PAST 3 YEARS | | | | |
|----------------------------------|--|------------|----|--|
| Date | Nature of accident (head-on, rear-end, etc.) | Fatalities | To | |
| Last Collision | | | | |
| Next Previous | | | | |
| New Previous | | | | |
| Next Previous | | | | |

| TRAFFIC CITATIONS/CONVICTIONS & FORFEITURES FOR PAST 3 YEARS (OTHER THAN PARKING TICKETS) | | | |
|---|------|--------|---------|
| LOCATION | DATE | CHARGE | PENALTY |
| | | | |
| | | | |
| | | | |
| | | | |

| REFERENCES | |
|---|---------------|
| PLEASE LIST THREE PROFESSIONAL REFERENCES | |
| FULL NAME: | RELATIONSHIP: |
| COMPANY: | PHONE: |
| ADDRESS: | |
| FULL NAME: | RELATIONSHIP: |
| COMPANY: | PHONE: |
| ADDRESS: | |
| FULL NAME: | RELATIONSHIP: |
| COMPANY: | PHONE: |
| ADDRESS: | |

| MECHANIC APPLICANTS ONLY | | | |
|---|----------------------|---------------------------------|----------------------|
| Type of experience | Length of experience | Type of experience | Length of experience |
| Engine tune-up; Diesel | | Air Brakes / Steering | |
| Engine tune-up; Gas | | Brakes / Steering | |
| Electrical Systems | | Lubrication | |
| Clutch & Transmission-Truck | | Tire repair | |
| Inspection License Class: | | Do you own your own shop tools? | Yes No |
| List current ASE's: | | | |
| Describe your diagnostic experience: | | | |
| List any other skills which are relevant for the position you seek: | | | |

ADDITIONAL QUALIFICATIONS

Briefly summarize any additional qualifications you believe are important.

APPLICANT'S STATEMENT AND RELEASE

I certify that all statements made on this Application for Employment and in any subsequently executed questionnaire or employment document are true and correct. I understand that any material falsifications or omissions made on this application, or on any pre-employment document, may result in termination of my candidacy or any subsequent employment.

Qualified applicants are considered for all positions without regard to race, color, religion, sex, pregnancy, national origin, ancestry, age, marital or veteran status, sexual orientation, gender identity, genetic information, gender expression, military status, or the presence of a non-job related medical condition or disability (medical or physical).

I authorize the Company and its representatives to conduct background evaluations and obtain information including but not limited to, criminal history checks from federal, state or local authorities, the Department of Transportation (DOT) and/or the Federal Transportation Administration (FTA). I authorize all corporations, companies, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, and release all parties involved from any liability and responsibility for doing so. I also authorize the procurement of an investigative consumer report and understand that it may contain information about my background, mode of living, character and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested. Further information may be available upon written request within a reasonable period of time.

I hereby expressly authorize such inquiries and fully release and discharge the Company and consumer reporting agency, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to a consumer reporting agency from all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

☐ Check this box if you choose to waive your right to receive a copy of any public record obtained pursuant to California Civil Code section 1786.53. "Public records" means records documenting an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment.

I acknowledge that any offer of employment is conditioned upon my taking a drug screen and the Company's receipt of satisfactory results of such a test and receipt of satisfactory background checks and, if necessary to determine ability to perform essential duties of the position offered, the satisfactory results of physical examination.

Applicants whose test results are positive (prohibited substances present) will not be eligible for further employment consideration.

I grant my employer approval, after my termination of employment to release information which it may deem appropriate regarding my employment with or termination from the organization, to anyone who has a reasonable basis for making such inquiry. So long as the information disclosed is not known by this organization to be inaccurate, this organization shall not incur legal liability of any nature in connection with the furnishing of such information.

I understand and acknowledge the following:

1. If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.
2. I understand that, if I am employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when discovered to be false or omitted, may result in my immediate dismissal.
3. I understand that I will be required to possess a current and valid driver's license.
4. I agree that, if I am offered a position, it will be offered on condition that my employment shall be at will and for no definite period, and that my employment may be terminated at any time with or without cause and with or without prior notice. I understand that, except for the President or Vice-President of SOS Crane and Trucking, Inc. no supervisor or manager may alter or amend the above conditions. Only the President or Vice-President of the Company has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.
5. I understand and agree that, if I am offered a position, it will be a conditional offer based on my successful passing of both a drug screen and alcohol breath test. I acknowledge that any offer of employment is conditioned upon my taking a drug screen and the Company's receipt of satisfactory results of such a test and receipt of satisfactory background checks and, if necessary to determine ability to perform essential duties of the position offered, the satisfactory results of physical examination.
6. I understand and agree that as a condition of my employment I may be required to undergo a medical examination.
7. If I am offered employment, I will, as a condition of employment, furnish proof that I am over 18 years of age.
8. I agree that, if I am offered employment, I will be required to conform to the rules and regulations of the Company.
9. I authorize investigation of all statements contained in this application and any supporting documents. I authorize the Company to secure information about my experience from former employers, educational institutions, government agencies, or any references I have provided, and for those parties to provide information concerning my experience and I hereby release all parties from any liability arising from such investigation.
10. I authorize the Company and its representatives to conduct background evaluations and obtain information, including, but not limited to, criminal history checks from federal, state or local authorities, the Department of Transportation (DOT) and/or the Federal Transportation Administration.

11. I expressly authorize such inquiries and fully release and discharge the Company and consumer reporting agencies, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to a consumer reporting agency from all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and education institutions.

12. I understand that no supervisor or manager may alter or amend the conditions set forth in paragraphs one (1) through eleven (11) above. I understand that the foregoing conditions can only be altered or amended by a written agreement signed by the President or Vice-President of SOS Crane and Trucking.

I acknowledge that I have read all of the above statements and that I understand them. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

| | |
|-------------------------|------|
| Applicant Printed Name: | DATE |
| Applicant Signature: | |

Note: This Application for Employment will be considered active for 90 calendar days.

Authorization and Disclosure

Pursuant to the federal Fair Credit Reporting Act of 1996, SOS Crane and Trucking hereby discloses to all interested parties that a pre-hire/post-offer employment check will be performed on final candidates for employment with SOS Crane and Trucking.

I authorize SOS Crane and Trucking and its agents to obtain any and all information relating to my motor vehicle record, previous employment, criminal record, education and credit history.

In addition, if I am applying as a Commercial Motor Vehicle Operator I additionally authorize SOS Crane and Trucking and its agents to obtain information from previous employers on my alcohol and controlled substance testing history and safety performance history pursuant to Federal Motor Carrier Regulations 382.413 and 391.23(d) and (e).

I agree to hold SOS Crane and Trucking and its agents harmless regarding any information obtained from independent reporting sources. I am aware that these reports are prepared under the guidelines of the Fair Credit Reporting Act (FCRA) and that I may obtain a copy of these reports if I am denied employment based on information contained therein.

I authorize all previous employers and all public record agencies to accept copies of this document as an original authorization and release of all records.

Applicant: Your date of birth is requested for the purpose of performing a criminal search only. It is not intended to be used as a basis for acceptance or rejection of your application for employment.

Last Name

First Name

Middle Name

Birth (maiden) Name

Social Security Number

Date of Birth

Driver's License Number

Issuing State

May we contact your current employer?

Yes

No

Signature

Date



REQUEST FOR DOT DRUG AND ALCOHOL TESTING INFORMATION FROM PREVIOUS EMPLOYER

NOTE: All employers you list on this application will be contacted for Drug and Alcohol testing history as required by DOT regulation 49 CFR Part 40, Section 40.25 FMCSR

Applicant Name: _____ Social Security Number: _____

In accordance with DOT regulation 49 CFR Part 40, Section 40.25, I authorize release of the alcohol and controlled substances testing information listed below to the above named company including pre-employment tests during the past three years. I hold the previous/present employer named below, non-liaible for the information provided.

Applicant Signature: _____ Date: _____

IN THE PAST THREE YEARS I HAVE WORKED FOR THE FOLLOWING EMPLOYER:

Prior Employer Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____

APPLICANT DO NOT WRITE BELOW THIS LINE

This person has indicated he/she was/is a former/present employee of your company. The applicant named has signed this release authorizing you to furnish information as requested below to Steve's Oilfield Service, Inc. dba SOS Crane & Trucking, Inc.

If the above listed employee was NOT subject to DOT testing requirements while employed by your Company, please check the box to the right, sign below and return this form.

☐

IN THE PAST THREE (3) YEARS, HAS THE PERSON NAMED ABOVE EVER:

1. YES ☐ NO ☐ Tested with a Breath Alcohol Concentration of 0.04 or higher.
2. YES ☐ NO ☐ Verified positive drug tests.
3. YES ☐ NO ☐ Refusals to be tested (including verified adulterated or substituted drug test results).
4. YES ☐ NO ☐ Committed other violations of Subpart B, Part 382 or Part 40 FMCSR?
5. YES ☐ NO ☐ Did a previous employer report a drug or alcohol rule violation to you?
6. YES ☐ NO ☐ If the person named above violated a DOT drug and/or alcohol regulation, did the person complete a SAP-prescribed rehabilitation program, including return-to-duty and follow-up tests?

NOTE: If you answered "YES" to item 5, you must provide the previous employer's report. If you answered "YES" to item 6, you must also transmit the appropriate return-to-duty documentation(e.g. SAP report(s), Follow-up testing record).

Date: _____ Your Name/Title: _____ Signature: _____

Company Name & Address: _____

WHEN COMPLETED FAX TO: Marcia Burkhead, HR Mgr (661) 587-6172 OR e-mail to: mburkhead@soscrane.com

Employee Questionnaire on Race and Ethnicity

SOS Crane & Trucking, Inc. is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite all employees to voluntarily self-identify their race or ethnicity. *Submission of this information is voluntary and refusal to provide it will not subject an employee to any adverse treatment.* The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Please note if you select more than one race, you will be reported in the "Two or More Races" category.

Question 1: *Ethnicity* - Are you Hispanic or Latino?

_____ No, not Hispanic or Latino

_____ Yes, Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Question 2: *Race* - What is your race? Select one or more of the following five race categories:

_____ White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ Black or African American – A person having origins in any of the Black racial groups of Africa.

_____ Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ Native Hawaiian or Other Pacific Islander – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ American Indian or Alaska Native – A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.