

Location applying for: _____

DRIVER'S APPLICATION FOR EMPLOYMENT

K-3 Resources LP et al

P.O. Box 2236

Alvin, TX 77512

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Name _____ Date of Application _____
Last First Middle

SSN: _____ - - _____ Date of Birth _____ / _____ / _____
Month Day Year

Medical Card Exp Date: _____ Email Address _____

Can you provide proof of age? Yes No (circle one) (Required for commercial drivers)

Driver Licenses					
State	Drivers License #	CDL Class	Endorsements	Restrictions	Exp Date

TO BE READ AND SIGNED BY APPLICANT

I authorize K-3 Resources LP et al (otherwise known as K-3/BMI) to make such investigations and inquiries of 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 fully understand that this release acknowledges that K-3/BMI may now, or at any time while I am employed, request a consumer report containing information for verification of background and personal character. I hereby release and request all persons, employers, schools, health care providers, businesses, corporations, credit bureaus, courts, law enforcement, armed forces, employment commissions, and all government agencies to release the abstract of driving records and/or other information without restriction or qualification.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

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 K-3 Resources, Inc. I understand that employment at K-3 Services is considered to be "employment at will." This means that either party may terminate the relationship at any time, with or without notice.

Applicants/employees are subject to rejection or termination, if background (criminal/MVR) checks result in negative feedback. All results will be proprietary and kept confidential and will not be provided to any parties other than K-3 Resources LP et al or its legal representatives or as required by law.

I have the right, with proper identification to dispute the accuracy or completeness of any information contained in my background check report(s).

Pre-employment Urinalysis Consent

I understand that as a condition of employment, all prospective applicants must submit to a drug/alcohol test as required by the Department of Transportation and K-3BMI. I understand that if I test positive for abuse of controlled or illegal substances, no further consideration will be given to my application.

The MRO for the testing company will maintain the results of the test and will report them as positive or negative. If results are positive, all controlled substances for which the test were positive will be reported. Commercial driving employees are subject to DOT drug and alcohol testing. These results will not be released to any other party without my written authorization.

_____ Date

_____ Applicant's Signature

APPLICANT TO COMPLETE

**Violation/accident record for the past three years or more (attach sheet if more space is needed).
If none, write NONE**

I certify that the following is a true and complete list of traffic violations and accidents required to be reported during the past 36 months.

Check here if no violations have occurred

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- (circle one)
- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? **Yes** **No**
- B. Have you ever had any license, permit or privilege revoked or suspended? **Yes** **No**
- C. In the two years preceding date of this application:
1. Have you tested positive on any random or pre-employment controlled substance test? **Yes** **No**
2. Have you refused to take a random or pre-employment controlled substance test? **Yes** **No**
- If you answered yes to any of these question, attach statement giving details.

TO BE COMPLETED BY MOTOR CARRIER - INNITIAL REVIEW OF DRIVING RECORD

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she:

- Meets minimum requiriements for safe driving Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Reviewed by: _____
Signature Date

_____ Printed Name Title

**APPLICANT TO COMPLETE
(answer all questions - please print)**

List Residency for last 3 years:

Current Address

Street _____ City _____
 State _____ Zip Code _____ Phone _____ How Long? _____

Previous Addresses

Street _____ City _____ State & Zip Code _____ How Long? _____
 Street _____ City _____ State & Zip Code _____ How Long? _____
 Street _____ City _____ State & Zip Code _____ How Long? _____

Do you have the legal right to work in the United States? Yes No (circle one)

MILITARY SERVICE (A copy of a report of separation from the Armed Services may be required.)

Have you ever served in the armed forces? Yes No If yes, list type of discharge status _____
 If less than honorable, please explain: _____

Have you worked for K-3 before? _____ If so, where? _____
Dates: From _____ To _____ Pay Rate _____ Position _____
Reason for Leaving? _____

Are you presently employed? _____ If not, how long since last employment? _____
Who referred you? _____ Pay rate desired _____
Are you available to work nights and/or weekends? Yes No

Is there any reason you might be unable to fulfill any functions of the job? (circle one) Yes No
If yes, please explain. _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

To the best of your knowledge, do you have any outstanding warrants or judgments? (circle one) Yes No
Have you ever been convicted of a crime or subjected to deferred adjudication? Yes No
If your answer is "Yes," explain below in concise detail giving the date(s) and nature of the offense(s), the name(s) and location(s) of the court(s), and the disposition(s) of the case(s). You may add a separate sheet of paper if necessary.

As agreed above, K3/BMI will conduct a background search to include but not limited to MVR, criminal, and previous employer reports. Falsification or failure to provide information as requested will delay processing of application.
A conviction may not disqualify you, but a false statement will. _____ Initials required

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4
Last School Attended _____ (Name) _____ (City)

Employment History

All driver applicants must provide the following information on all employers during the preceding **10 years**. List complete mailing address, street number, city, state and zip code. Telephone numbers **MUST** be listed.

Please complete a Previous Employer Inquiry form for each employer for which you drove a CMV for during the last 3 years only.

(Note: List employers in reverse order starting with the most recent. Add additional sheets as needed.)

Employer _____ From: _____ To: _____
City _____ State _____ (Mon/Yr) (Mon/Yr)
Contact _____ Salary/Wage: _____ Position: _____
Reason for Leaving _____

Were you subject to the FMCSRs† while employed? Yes No
Was your job designated a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49CFR part 40? Yes No

Employer _____ From: _____ To: _____
 City _____ State _____ (Mon/Yr) (Mon/Yr)
 Contact _____ Salary/Wage: _____ Position: _____
 Reason for Leaving _____

Were you subject to the FMCSRs† while employed? Yes No
 Was your job designated a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49CFR part 40? Yes No

Employer _____ From: _____ To: _____
 City _____ State _____ (Mon/Yr) (Mon/Yr)
 Contact _____ Salary/Wage: _____ Position: _____
 Reason for Leaving _____

Were you subject to the FMCSRs† while employed? Yes No
 Was your job designated a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49CFR part 40? Yes No

Employer _____ From: _____ To: _____
 City _____ State _____ (Mon/Yr) (Mon/Yr)
 Contact _____ Salary/Wage: _____ Position: _____
 Reason for Leaving _____

Were you subject to the FMCSRs† while employed? Yes No
 Was your job designated a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49CFR part 40? Yes No

Employer _____ From: _____ To: _____
 City _____ State _____ (Mon/Yr) (Mon/Yr)
 Contact _____ Salary/Wage: _____ Position: _____
 Reason for Leaving _____

Were you subject to the FMCSRs† while employed? Yes No
 Was your job designated a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49CFR part 40? Yes No

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

DRIVING EXPERIENCE				
Class	Equipment Type (Van, Tank, Flat, Dump, Refer)	Dates		Approximate. Miles
		From	To	

States you have operated in for the last 5 years _____

Training courses completed _____

List any driving awards _____

EXPERIENCE AND QUALIFICATIONS - OTHER

Describe any trucking, transportation or other experience that may help in your work for K-3 Resources LP et al.

List additional skills or experience not previously stated. _____

To Be Read and Signed By The Applicant

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.

Date

Applicant's Signature



For Office Use Only

Interview Date/Time: _____

Interviewed By: _____

Proceed with Process: (Circle One) Yes No

Rate of Pay Requested: \$ _____ per hour for hourly jobs

Send this application along with the following copies to Human Resources at Fax 281-824-1087

- 1. Completed Driver Application
- 2. Legible copy of Commercial Drivers License (Front and Back)
- 3. Legible copy of Medical Card (Front and Back)
- 4. Completed Road Test (Signed by a knowledgeable person)
- 5. Previous Employer Inquiry for each previous employer for which the applicant drove for during the last 3 years

* Human Resources will not process this application unless the packet is complete.

Additional Notes: _____

