



APPLICATION for EMPLOYMENT
(DOT and Non-DOT Position Compliant)

Cutters Wireline Service, Inc. is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, disability or any other status protected by the law.
Please print clearly / legibly and answer all questions.

Position(s) Applying for: _____ Date of Application _____

How did you hear about us (be specific)? _____

If hired, when would you be available to start? _____

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City, State, Zip _____

Street Address for Past 3 (three) Years _____

Phone Numbers: Home _____ Cell _____ Other _____

Date of Birth: _____ Can you provide proof of age? Yes No Social Security Number: _____

If you are known to schools, jobs, or references by any other names please list them here: _____

Have you ever been employed by Cutters Wireline Service, Inc. / Cutters Wireline Group? Yes No
If "Yes" list dates and locations: _____

Do you have any relatives who work at Cutters Wireline Service, Inc. / Cutters Wireline Group? Yes No
If "Yes" list names and locations: _____

Have you ever been discharged from employment because your work or conduct was not satisfactory? Yes No
If "Yes", please explain: _____

Due to ATF regulations that the company must comply with: Have you ever been convicted of a felony? Yes No
If "Yes", please explain: _____

Please list any languages you speak or understand, other than English, and indicate to what extent you know that language: _____

If currently employed, does your employer know you are seeking other employment? Yes No

May we contact your current employer? Yes No

EMPLOYMENT EXPERIENCE

List each job held for the last 10 years. (NOTE: List jobs in reverse order starting with your present job or last job held). Attach additional sheets if needed. Include military service assignments, volunteer activities, self-employment, part-time, temporary employment, and non-working periods.

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. Applicants to drive a commercial motor vehicle (includes vehicles having a GVWR or 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding) in intrastate or interstate commerce shall also provide an additional seven (7) years of information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as needed)

| | | |
|--|---------------|--|
| Name & Address of Employer | | Job Title |
| | | Major Duties |
| Dates of Employment (mo/yr) | Ending Salary | |
| Start | | |
| End | | |
| Supervisor | Phone Number | Reason for Leaving |
| Were you subject to the FMCSR's? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Was this job designated as a safety-sensitive function in any DOT regulated mode and subject to the alcohol and controlled substances testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|--|---------------|--|
| Name & Address of Employer | | Job Title |
| | | Major Duties |
| Dates of Employment (mo/yr) | Ending Salary | |
| Start | | |
| End | | |
| Supervisor | Phone Number | Reason for Leaving |
| Were you subject to the FMCSR's? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Was this job designated as a safety-sensitive function in any DOT regulated mode and subject to the alcohol and controlled substances testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|--|---------------|--|
| Name & Address of Employer | | Job Title |
| | | Major Duties |
| Dates of Employment (mo/yr) | Ending Salary | |
| Start | | |
| End | | |
| Supervisor | Phone Number | Reason for Leaving |
| Were you subject to the FMCSR's? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Was this job designated as a safety-sensitive function in any DOT regulated mode and subject to the alcohol and controlled substances testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No |

EMPLOYMENT EXPERIENCE (Continued)

| | | | |
|--|---------------|---|--|
| Name & Address of Employer | | Job Title | |
| | | Major Duties | |
| Dates of Employment (mo/yr) | Ending Salary | Reason for Leaving | |
| Start | | | |
| End | | | |
| Supervisor | Phone Number | | |
| Were you subject to the FMCSR's? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Was this job designated as a safety-sensitive function in any DOT regulated mode and subject to the alcohol and controlled substances testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--|---------------|---|--|
| Name & Address of Employer | | Job Title | |
| | | Major Duties | |
| Dates of Employment (mo/yr) | Ending Salary | Reason for Leaving | |
| Start | | | |
| End | | | |
| Supervisor | Phone Number | | |
| Were you subject to the FMCSR's? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Was this job designated as a safety-sensitive function in any DOT regulated mode and subject to the alcohol and controlled substances testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--|---------------|---|--|
| Name & Address of Employer | | Job Title | |
| | | Major Duties | |
| Dates of Employment (mo/yr) | Ending Salary | Reason for Leaving | |
| Start | | | |
| End | | | |
| Supervisor | Phone Number | | |
| Were you subject to the FMCSR's? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Was this job designated as a safety-sensitive function in any DOT regulated mode and subject to the alcohol and controlled substances testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

(THIS PAGE TO BE COMPLETED BY PERSONS APPLYING FOR OPERATOR / DRIVING POSITIONS ONLY)

Accident Record for past three (3) years or more (attach sheet if more space is needed)

| DATES | | NATURE OF ACCIDENT (Head-on, Rear-end, upset, etc.) | FATALITIES | INJURIES |
|-------|---------------|--|------------|----------|
| Last | Accident | _____ | _____ | _____ |
| Next | Previous | _____ | _____ | _____ |
| Next | Previous_____ | _____ | _____ | _____ |

Traffic convictions and forfeitures for the past three (3) years (other than parking violations)

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

Experience and Qualifications – Operator / Driver

| DRIVER LICENSES | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|--------------------|-------|-------------|------|-----------------|
| | | | | |
| | | | | |
| | | | | |

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Has any license, permit or privilege ever been suspended or revoked? Yes No
- C. Have you ever failed or refused a DOT mandated/pre-employment test in the previous 2 years? Yes No

IF THE ANSWER TO EITHER A, B OR C IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (Van, Tank, Flat, etc.) | DATES | | APPROX. NO. OF MILES |
|--------------------------|--|-------|----|-------------------------|
| | | FROM | TO | |
| Straight Truck | | | | |
| Tractor and semi-trailer | | | | |
| Tractor-two trailers | | | | |
| Other | | | | |

List states operated in for last five years: _____

List specific courses or training that have helped you as a driver: _____

Which safe driving awards do you hold and from whom: _____

JOB QUALIFICATIONS – OTHER

List any trucking, transportation or other experience, not shown elsewhere, that may help in your work for this company: _____

List courses and training, not shown elsewhere, that may help in your work for this company: _____

List special equipment or technical materials, not shown elsewhere, you can work with: _____

PHYSICAL HISTORY

Do you have any physical condition which may limit your ability to perform the job applied for? _____

If yes, what can be done to accommodate your limitation? _____

Are you physically capable of heavy manual work? Yes No

How much time lost from work in the past three (3) years? _____

EDUCATIONAL BACKGROUND

| | | |
|--|---|---|
| Grade and High School | Name of last school: _____ (Circle highest year completed) 1 2 3 4 5 6 7 8 9 10 11 12 | Location (City & State): _____ Did you graduate <input type="checkbox"/> Yes <input type="checkbox"/> No GPA: _____ GED: _____ Date Passed (mo/yr) |
| Other (Trade school Correspondence School, etc.) | Name: _____ Course: _____ Length of Course: _____ | Location: _____ Was course completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ GPA: _____ |
| COLLEGE OR UNIVERSITY | Name: _____ Years Attended: _____ Major Subject: _____ | Location: _____ Degree: _____ GPA: _____ Date Left: _____ |
| GRADUATE STUDY | Name: _____ Years Attended: _____ Major Subject: _____ | Location: _____ Degree: _____ GPA: _____ Date Left: _____ |

APPLICANT COMMENTS

Please tell us why you feel you are qualified for a position with this company.

APPLICANT ACKNOWLEDEMENTS

“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.”

I understand that false statements, omissions or misrepresentations may be cause for disqualification or, if already employed, dismissal of employment, no matter when the false statement, omission or misrepresentation is discovered.

I authorize the investigation of any or all statements contained in this application and also authorize any company, school, organization, or person, contained in this application, to be contacted and provide relevant information or opinions that may be useful in making a hiring decision. I further agree to hold all persons harmless for giving any and all truthful information within their knowledge or records.

I understand this is a preliminary application, not a contract to employ me.

I understand that if I am offered employment, said employment will be contingent on passing a drug test and background check which may include information on my motor vehicle records, credit records, local to national criminal history, character, general reputation, personal characteristics, and mode of living. Upon written request the company will provide me with any such reports obtained, as required by the Fair Credit Reporting Act.

I also agree to comply with all reasonable rules of the company as a condition of my continued employment. A couple of these rules are passing ongoing drug tests and job-related physical examinations.

If hired by this company, I will need to provide proof of employment eligibility under the Department of Homeland Security and Immigration Services within three (3) working days of hire my date or employment will be terminated.

I understand that if I am hired by this company, Colorado, Utah, New Mexico, Wyoming are an ‘at-will’ states, meaning that either party may terminate the working relationship at any time for any reason.

Applicant Signature

Date