

MACK'S DRILLING INC.
P.O. BOX 1061
RATON, NM 87740

DRIVER APPLICATION

Applicant Name:	Social Security #:
Current Address:	Date of Birth:
City: _____ St. _____ Zip _____	

Residence Past 3 Years

Address:	City:	St.	Zip	How Long?
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Experience and Qualifications - Driver

MAKE A PHOTO COPY OF THE DRIVERS LICENSE AND MEDICAL CERTIFICATE!!!
 Applicant list the states and license numbers of all licenses held for the past 3 years.

STATE	LICENSE #	EXPIRATION DATE	CLASS A, B,	ENDORSEMENTS

DRIVING EXPERIENCE

Equipment Class	Type of Equipment Van, Flat, Tank, etc	DATES		Approx # of Miles Total
		From	To	
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

Accidents/Crashes for the past 3 years or more

DATE	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries

Moving Traffic Convictions and Forfeitures for the past 3 years.

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle ?			<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Has any license, permit or privilege ever been revoked?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes attach statement giving details.			
This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be controlled substances tested with a negative result prior to driving.			
Do you consent to such Testing?			<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT RECORD	
All positions for past 3 years and Commercial Driving Experience for the past 10 years	
Last Employer: _____	
Position held: _____ [] CDL? From: _____ To _____	
Were you subject to DOT regulations [] Yes [] No. Were you subject to drug and alcohol testing [] Yes [] No	
Address: _____ City: _____ ST: _____	
Telephone #: _____ FAX: _____	
Reason For Leaving: _____	
Last Employer: _____	
Position held: _____ [] CDL? From: _____ To _____	
Were you subject to DOT regulations [] Yes [] No. Were you subject to drug and alcohol testing [] Yes [] No	
Address: _____ City: _____ ST: _____	
Telephone #: _____ FAX: _____	
Reason For Leaving: _____	
Last Employer: _____	
Position held: _____ [] CDL? From: _____ To _____	
Were you subject to DOT regulations [] Yes [] No. Were you subject to drug and alcohol testing [] Yes [] No	
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Were you subject to DOT regulations [] Yes [] No. Were you subject to drug and alcohol testing [] Yes [] No	
Address: _____ City: _____ ST: _____	
Telephone #: _____ FAX: _____	
Reason For Leaving: _____	

This certifies that this application was completed by me, and that all entries on it and information in it are true to the best of my knowledge.

Applicant's Signature

DATE