



P.O. Box 60147 Midland, Texas 79711  
Phone (432)653-1427 Fax (432)561-8025

RTX Wireline, LLC 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.**

## APPLICATION for EMPLOYMENT

(DOT and Non-DOT Position Compliant)

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 RTX Wireline, LLC?  Yes  No If "Yes" list dates and locations: \_\_\_\_\_

Do you have any relatives who work at RTX Wireline, LLC?  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 that 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 employers 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.

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

## DRIVING EXPERIENCE

*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**

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSES				

- 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**

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: \_\_\_\_\_

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

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

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## PHYSICAL HISTORY

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

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

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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: _____ <div style="text-align: center; font-size: small;">(Circle highest year completed)</div> <div style="text-align: center; font-size: x-small;">1 2 3 4 5 6 7 8 9 10 11 12</div>	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 that you are qualified for a position with this company.

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## APPLICANT ACKNOWLEDGEMENTS

“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, some of which include 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 or employment will be terminated.

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

Applicant’s Signature \_\_\_\_\_

Date \_\_\_\_\_