



Dynasty Wireline Services, LLC, is an equal opportunity employer. The Company's policy is not to discriminate against any applicant or employee based on race, color, sex, age, disability, religion, national origin, military or veteran status or any other basis protected by applicable law.

Answer all questions in their entirety, questions left unanswered will delay the employment process.

# Application for Employment - DOT

Revision 9 (12/11/18)

## PERSONAL INFORMATION (Please Type or Print in Ink)

Date of Application: \_\_\_\_\_

FULL Legal Name: \_\_\_\_\_  
(As Listed on Social Security Card)      First      Middle      Last      (Suffix)

Email Address: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Do you require a reasonable accommodation in order to perform the essential functions of this job?      Yes      No

Are you legally eligible for employment in the United States:      Yes      No

Do you qualify to transport Hazardous Material:      Yes      No

(Federal Regulations require any person transporting Hazardous Material to be at least 21 years of age.)

Are you of legal age to work:      Yes      No      Are there any days/hours you *cannot* work:      Yes      No

Are you available for full-time work:      Yes      No      If yes, list days/hours you *cannot* work: \_\_\_\_\_

Are you available to travel overnight:      Yes      No      Will you give notice to your current employer:      Yes      No

Are you available to work overtime:      Yes      No      Date you can begin work: \_\_\_\_\_

How did you hear about Dynasty Wireline Services?

\_\_\_ Newspaper \_\_\_ Radio \_\_\_ Social Media \_\_\_ Other (If other – please list) \_\_\_\_\_

Do you have any family members who work or have worked for this company past/present?      Yes      No

If Yes, Family Members Name: \_\_\_\_\_ Work Location: \_\_\_\_\_

Have you ever served in the U.S. Armed Forces:      Yes      No      If yes, list branch: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_ Expires: \_\_\_\_\_

License Endorsements (Ex: Class A / HazMat ): \_\_\_\_\_ Restrictions: \_\_\_\_\_

### **Address** (Please list local current address first. Also provide previous 3 years address history – continue on separate sheet if you need more room):

Current Local Mailing Address      City      State      Zip

Current Mailing Address (P.O. Box or if different from above)      City      State      Zip

Previous Address      City      State      Zip

Previous Address      City      State      Zip

EDUCATION	Name & Location of School	Did You Graduate	Major Courses
High School		___ Yes    ___ No	If no, did you obtain a GED? ___ Yes    ___ No
College		___ Yes    ___ No	
Trade, Business, Military, Tech School		___ Yes    ___ No	

List skills or training which will be of special benefit for the position you are applying **(Please include total years of Wireline Experience)**. \_\_\_\_\_

\_\_\_\_\_

## DYNASTY WIRELINE SERVICES, LLC.

**EMPLOYMENT HISTORY** Give a complete record of all employment, including military, and reasons for periods of unemployment during the past 10 years. List employers starting with most recent. Please note regulated / CDL applicants who will drive a regulated vehicle are required to provide (10) ten years of information on those employers for whom the applicant operated such vehicle. If additional employment history space is needed, please use the following page.

Name: _____ Address: _____ City/State: _____ Phone #: _____ Contact Person: _____ May We Contact This Employer:    Yes    No	Position: _____ DOT(Y/N) _____ Dates: From _____ To _____ Salary: Starting _____ Ending _____ <p style="text-align: center;"><b>Check One &amp; State Reason for Leaving</b></p> ___ Layoff    ___ Discharge    ___ Resign Other: _____
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**PERSONAL REFERENCES (Do not list relatives)**

Name	Relationship	Occupation	Years Known	Phone

**APPLICANT'S STATEMENT & ACKNOWLEDGEMNT (PLEASE READ CAREFULLY AND SIGN BELOW)**

*I, hereby apply for employment with DYNASTY WIRELINE SERVICES, LLC, (the Company). The facts set forth in this application for employment are true, complete, and correct. I understand and agree any misrepresentation, false statement or omission of any fact on this application will be sufficient reason for dismissal or refusal of employment. Furthermore, I understand and agree should I become employed by Dynasty Wireline Services, and it is later discovered information I provided on this application or any supplement to or any other corporate records is misrepresented, omitted, or falsified, the company may immediately terminate my employment upon discovery of such omission, misrepresentation, or falsification. I understand this application, nor subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, manuals, guidelines, benefit plans, policy statements and any and all polices, or procedures as they may exist or other Company practices shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company. This applicant does not serve to create an actual or implied contract of employment or to confer any rights to remain an employee of the company, or change in any respect the employment-at-will relationship. Both the undersigned and the company may end the employment relationship at any time with or without notice, or reason. No one other than the President of the Company has any authority to enter into any agreement contrary to the foregoing and will be in writing and signed by both parties. I hereby give permission to contact the above listed employers concerning my prior work experience, except as noted above.*

Applicant Name (Print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYMENT HISTORY CONTINUED** *Please note regulated / CDL applicants who will drive a regulated vehicle are required to provide (10) ten years of information on those employers for whom the applicant operated such vehicle.*

Name: _____ Address: _____ City/State: _____ Phone #: _____ Contact Person: _____ May We Contact This Employer:    Yes    No	Position: _____ DOT(Y/N) _____ Dates: From _____ To _____ Salary: Starting _____ Ending _____ <b>Check One &amp; State Reason for Leaving</b> ___ Layoff    ___ Discharge    ___ Resign Other: _____
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**THIS SECTIONS TO BE COMPLETED BY APPLICANTS WHO WILL OPERATE A  
DOT REGULATED VEHICLE**

**DRIVER EXPERIENCE/ QUALIFICATIONS** *As per 391.23(5) please give all vehicle operator licenses and/ or permits during the past three years*

<u>Driver Licenses:</u>  DOB: ___/___/___ Month / Day / Year <i>DOB is required by DOT regs.</i>	<u>STATE ISSUED</u>	<u>LICENSE NUMBER</u>	<u>TYPE</u>	<u>EXPIRATION DATE</u>
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- 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 tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug & alcohol testing rules during the past three years: **YES NO**
- D. If you answered yes to A, B, or C, provide details: \_\_\_\_\_
- E. If you answered yes, can you provide / obtain proof that you have successfully completed the DOT return-to-duty requirements: \_\_\_\_\_ **YES NO**
- F. Have you worked for a DOT regulated employer in the past three (3) years? **YES NO**

**Traffic Convictions & Forfeitures for the past three (3) years (other than parking violations) If none, write none.**

LOCATION	DATE	CHARGE	PENALTY

**List all motor vehicle accidents during the past 3 years:**

Date of Accident	Nature of Violation / Accident (speeding, head/on etc.)	Fatalities / Injuries	Determined To Be At Fault
		__ Yes - __ No	__ Yes - __ No
		__ Yes - __ No	__ Yes - __ No
		__ Yes - __ No	__ Yes - __ No

**DRIVING EXPERIENCE:**

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates From - To	Approx. Miles Driven
Straight Truck		From:      To:	Miles Driven
Tractor-Semi – Trailer		From:      To:	Miles Driven
Other:		From:      To:	Miles Driven

List State(s) operated in during last five (5) years: \_\_\_\_\_

List special courses or training that will help you as a driver: \_\_\_\_\_

List any "Safe Driving Awards" you hold and from whom: \_\_\_\_\_

List any trucking, transportation or other experience that may help in your work for the company: \_\_\_\_\_

List courses and training other than shown elsewhere in this application: \_\_\_\_\_

**TO BE READ & SIGNED BY APPLICANTS WHO WILL OPERATE A DOT REGULATED VEHICLE**

I understand information I provide regarding current and/or previous employers may be used, and those employers will be contacted for the purpose of investigating my safety performance history as required in **49 CFR391.23(d) & (e)**. I understand I have the right to: (1) Review information provided by previous employers, (2) Have errors in the information corrected by the previous employer and for those employers to re-send the corrected information to the prospective employer; and (3) Have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

This certifies this application was completed by me, and all entries on it and information in it are true & complete to the best of my knowledge. **Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Dynasty Wireline Services**

**Notice To Obtain – NOTICE OF INTENT TO OBTAIN CONSUMER REPORTS  
Acknowledgement – Understand and Agreement**

Applicant/Employee Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Location: Midland, TX

I acknowledge Dynasty Wireline Services may obtain a consumer report and/or investigative consumer report for employment purposes in compliance with the Fair Credit Reporting Act, 15, 15 U.S.C 1681 et. Deq. concerning my character, employment history, general reputation, personal characteristics, criminal or policy records, motor vehicle records, mode of living, and/or credit and indebtedness. Consumer reports are obtained from third party consumer reporting agencies. A “consumer reporting agency” is a person or business which, for monetary fees, dues or on cooperative nonprofit bases, regularly assembles or evaluates consumer credit information on consumers for the purpose of furnishing consumer reports to others, such as the Company. Investigative consumer reports are gathered from personal interviews with neighbors, friends, or co-workers. Upon timely written request to the companies Human Resources Department, the Company will, within five (5) work days of receipt of the written request, authorize the third party consumer reporting agency to disclose the nature and scope of the information sought in the investigative report to the applicant.

Before any adverse employment action is taken in whole or in part as a result of information contained in a consumer or investigative report, I will be provided a copy of the report and a summary of my rights under the Fair Credit Reporting Act. The information obtained from the report will not be used in violation of federal or state equal opportunity of civil rights laws.

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Consumer Report Authorization for Employment Purposes

By signing below, I understand authorize Dynasty Wireline Services to obtain a consumer report and/or investigative consumer report and to consider consumer reports and/or investigative consumer reports about me when making decisions regarding my employment with the Company. I understand and agree if I am employed with the Company this authorization shall remain valid and serve as ongoing authorization of the Company to obtain consumer and/or investigative consumer reports on me at any time during my employment. I understand I have a right to make a written request within five (5) business days of the report to receive additional information about the nature and scope of any investigative consumer report obtained and a summary of rights under the Fair Credit Reporting Act.

I acknowledge I have read the “Notice of Intent to Obtain Consumer Reports” and “Background Release Form Disclosure and Consent Information”.

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Location: Midland, TX

**DYNASTY WIRELINE SERVICES**

**Notice to Obtain: MOTOR VEHICLE RECORDS NOTIFICATION / AUTHORIZATION FORM**  
Acknowledgement - (MVR) Request Understand and Agreement

I acknowledge **DYNASTY WIRELINE SERVICES, LLC.**, (“Company”) may obtain motor vehicle records and reports as part of the evaluation of my suitability for employment, prior to hiring and annually thereafter. Such records may be obtained by the Company or its insurance representative(s) and may include personal information obtained from state motor vehicle departments, my driving record, an assessment of my insurability for the Company’s insurance program, or other consumer reports.

I hereby authorize the Company or the Company’s insurance representative(s) or third party vendor to obtain such records and reports as often as necessary in order to evaluate my insurability, comply with Company policy and/or Federal and State law, or as dictated by other necessities, at the sole discretion of Dynasty Wireline Services, LLC.

I further understand an evaluation that is deemed “unacceptable” will prevent me from being eligible to operate a Company vehicle and thus may disqualify me from employment in a position that requires the use of a Company or personal vehicle.

Examples of “unacceptable” items would include but not be limited to:

- a. Two (2) or more moving violations in two (2) years or excessive non-moving violations.
- b. Two (2) or more chargeable accidents within one (1) year – Chargeable means it is determined the driver was the primary cause of the incident through speeding, inattention, etc. Contributing factors, such as weather or mechanical problems will be taken into consideration, if the Safety Department confirms there were circumstances outside the employee’s control that contributed to the incident.
- c. Violations include any ticket, charge or other law enforcement proceeding relating to these as well as independent evidence of violations deemed relevant by the Safety Department.
- d. Any conviction related to driving under the influence (DUI, DWI) in the previous (3) three years.

Applicant/ Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Please Print the Following Information:**

Name: \_\_\_\_\_ Job Position: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_ Class: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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Company Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(THIS FORM IS NOT PLACED IN A DRIVER QUALIFICATION FILE)**

**CRIMINAL HISTORY SEARCH FORM**

**TO BE COMPLETED BY APPLICANT: PLEASE PRINT THE FOLLOWING INFORMATION**

Name of Company Conducting search: DYNASTY WIRELINE SERVICES, LLC.

Located: P.O. BOX 52076, MIDLAND, TEXAS 79710

Applicant's Full Legal Name: \_\_\_\_\_  
Last First Middle (Maiden)

Social Security Number: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ / Date \_\_\_\_\_ / Year \_\_\_\_\_

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Docket / Case Number (if known): \_\_\_\_\_

Date of Conviction: \_\_\_\_\_

Place of Conviction: \_\_\_\_\_

Charge (convicted for): \_\_\_\_\_

Docket / Case Number (if known): \_\_\_\_\_

Date of Conviction: \_\_\_\_\_

Place of Conviction: \_\_\_\_\_

Charge (convicted for): \_\_\_\_\_

Docket / Case Number (if known): \_\_\_\_\_

Date of Conviction: \_\_\_\_\_

Place of Conviction: \_\_\_\_\_

Charge (convicted for): \_\_\_\_\_

\_\_\_\_\_  
Applicant Name (Print):

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**(THIS FORM IS NOT PLACED IN A DRIVER QUALIFICATION FILE)**

## **Background Release Form Disclosure and Consent**

In connection with my application for employment (including contract for service) with **Dynasty Wireline Services** (“the Company”), I understand that investigative inquiries may be obtained on myself by a consumer reporting agency, and that any such report will be used solely for employment-related purposes. I understand that the nature and scope of this investigation will include a number of sources including, but not limited to, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, general reputation, personal characteristics, mode of living, and work habits. Information relating to my performance and experience, along with reasons for termination of past employment from previous employers, may also be obtained. Further, I understand that you will be requesting information from various Federal, State, County and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, education, and other experiences.

I understand that if the Company hires me, it may request a consumer report or an investigative consumer report about me for employment-related purposes during the course of my employment. The scope of this investigation will be the same as the scope of a pre-employment investigation, and that the nature of such an investigation will be my continuing suitability for employment, or whether I possess the minimum qualifications necessary for promotions or transfer to another position. I understand that my consent will apply throughout my employment, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time, stating that I revoke my consent and no longer allow the Company to obtain consumer or investigative consumer reports about me.

A **Consumer Report** consist of information deemed to have a bearing on job performance, and may include information from public and private sources, public records, former employers and references. The scope of the report may include information concerning my driving record, civil and criminal court records, credit, education, credentials, identity, past addresses, social security number, previous employment, professional references and personal references.

An **Investigative Consumer Report** is a report based upon interviews that may contain information relating to my character, general reputation, personal characteristics, or mode of living.

**You have the right** to request additional disclosures of the nature and scope of the investigation and a statement of your rights. To receive this information or to inspect any files concerning such a report or to determine if a report on you has been requested, you may contact the Company or Advanced Workplace Strategies, Inc. (\*AWSI) (and/or any of their licensed agents) located at 17542 E. 17<sup>th</sup> Street, Suite 330, Tustin, CA 92780 (714) 731-3084 and [www.awsi.com](http://www.awsi.com). You may inspect and receive a copy of the report by contacting AWSI. AWSI will then supply you with a copy within 5 business days upon receipt of the request.



**Background Release Form  
Disclosure and Consent**

**ADDITIONAL STATE LAW NOTICES**

**California, Minnesota, and Oklahoma Applicants/Employees Only:**

- Check box to receive a free copy of any requested Consumer Report, Investigative Consumer Report or Credit Report on you.

**California:** Undersection 1786.22 of the California Civil Code, you may view the file maintained on you by AWSI during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the cost of duplication services, or by appearing in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of this file by telephone, upon submitting proper identification. AWSI has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

**Washington State:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washing Fair Credit Reporting Act.

This Disclosure and Consent form, in original, faxed, photocopied, or electronic form, will be valid for any reports that may be requested by the Company.

I authorize without reservation any party or agency contacted by this employer to furnish the above-mentioned information. I hereby consent to your obtaining the above information from Advanced Workplace Strategies, Inc. (and/or any of their licensed agents) located at 17542 E. 17<sup>th</sup> Street, Suite 330, Tustin, CA 92780 (714) 731-3084. I understand to aid in the proper identification of my file or records the following personal identifiers, as well as other information, is necessary.

- I have read this agreement and accept all the terms described herein.**

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_      Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License  
Number: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(THIS FORM IS NOT PLACED IN A DRIVER QUALIFICATION FILE)**