

DOT PREVIOUS EMPLOYMENT VERIFICATION, SAFETY PERFORMANCE HISTORY
(as required by 49 CFR Parts 40.25 and 391.23)



BOBWHITE
ENERGY SERVICES

1066 Coletoville Rd East, Victoria, TX 77905
Phone #: 361.333.5561 | Fax #: 361.578-4456
Contact Person: Israel Estrada

SECTION A- TO BE COMPLETED BY APPLICANT - PLEASE PRINT CLEARLY

COMPLETE ONE FORM FOR EVERY EMPLOYER FOR THE PRECEDING 3 YEARS

Previous Employer Name:		Dates of Employment:
Address:		
City:	State:	Zip:
Phone #:	Fax #:	

I, _____, hereby authorize _____ to release all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional and/or Medical Review Officer to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above named company and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mention person and or company.

Applicant's Signature & Date: _____

SECTION B - TO BE COMPLETED BY BOBWHITE ENERGY SERVICES, LLC

Applicant's Name: _____ Social Security #: XXX-XX-_____

Job Applying For: _____

SECTION C - TO BE COMPLETED BY PREVIOUS EMPLOYER

The individual named above was employed by us. ☐ Yes ☐ No
Employed as _____ from (mm/yyyy) _____ to (mm/yyyy) _____

☐ Check this box if your company or this applicant/employee was NOT subject to DOT regulations

1. Did the above named individual drive a commercial motor vehicle (CMV) for you? ☐ Yes ☐ No
If yes, what type? ☐ Straight Truck ☐ Tractor-Semi Trailer ☐ Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other(Specify): _____
2. Reason for Leaving your company: ☐ Discharged ☐ Resignation ☐ Layoff ☐ Military Duty ☐ Other(Specify) _____
3. Would you re-employ this person? ☐ Yes ☐ No If No, explain _____
4. While a CMV driver for you, was the individual involved in any accidents as defined in 390.5? ☐ Yes ☐ No
If yes, please supply the following information for any accident on your accident register (390.15(b)) that involved the above named individual for the 3 years prior to the date next to their signature. If more space is needed please provide another sheet.

Date	Location	# of injuries	# of Fatalities	Hazmat Spill
a.)				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.)				<input type="checkbox"/> Yes <input type="checkbox"/> No

☐ Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information (391.23(d)(2)(ii))

Person providing the above information:

Name: _____ Title: _____
Signature & Date _____ Company: _____

FAX OR EMAIL THE COMPLETED FORM TO ATTENTION: ISRAEL ESTRADA

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