

DAKOTA

Utility Contractors, Llc.
DIRECTIONAL DRILLING

2501 S Oak Grove Rd
Ennis, TX 75119
972-875-6344

DRIVER APPLICATION

Applicant Information

Full Name:

Date of Birth:

Address:

Phone:

Email:

SSN:

Driver's License Number:

State Issued:

Expiration:

Medical Card: Yes No

Issue Date:

Expiration:

Date Available:

Desired Salary: \$

Position Applied for:

Are you authorized to work in the United States?

Yes No

Can you provide evidence of U.S. citizenship or proof of your legal right work in the U.S.?

Yes No If yes, when:

Have you ever applied or worked for this company?

Yes No If yes, when:

Education

High School:

Address:

Graduate: Yes No

City/State

College:

Address:

Graduate: Yes No

City/State

Other:

Address:

Graduate: Yes No

City/State

Professional References

Name:

Relationship:

Phone:

Company:

Name:

Relationship:

Phone:

Company:

Name:

Relationship:

Phone:

Company:

Referral

How did you hear about us? Indeed Social Media Trucks Employee Sign

Were you referred by an employee? Yes No If yes, name: _____

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The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.

Previous Employment

(Must provide full and part time employment for the past 10 YEARS/ Attach a separate page if necessary. List in reverse order, starting with most recent)

Company:	Start Date:	End Date:	
Address: <i>City/State</i>	Phone:	Starting Pay: \$	Ending Pay: \$
Equipment Driven:			
Responsibilities:			
Reason for Leaving:			
May we contact this employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to the FMCRs while employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the job designated as a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer 2

Company:	Start Date:	End Date:	
Address: <i>City/State</i>	Phone:	Starting Pay: \$	Ending Pay: \$
Equipment Driven:			
Responsibilities:			
Reason for Leaving:			
May we contact this employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to the FMCRs while employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the job designated as a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer 3

Company:	Start Date:	End Date:	
Address: <i>City/State</i>	Phone:	Starting Pay: \$	Ending Pay: \$
Equipment Driven:			
Responsibilities:			
Reason for Leaving:			
May we contact this employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to the FMCRs while employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the job designated as a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature: _____

Date: _____

Employer 4

Company:

Start Date:

End Date:

Address:

Phone:

Starting Pay: \$

Ending Pay: \$

City/State

Equipment Driven:

Responsibilities:

Reason for Leaving:

May we contact this employer?

Yes No

Were you subject to the FMCRs while employed?

Yes No

Was the job designated as a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?

Yes No

Employer 5

Company:

Start Date:

End Date:

Address:

Phone:

Starting Pay: \$

Ending Pay: \$

City/State

Equipment Driven:

Responsibilities:

Reason for Leaving:

May we contact this employer?

Yes No

Were you subject to the FMCRs while employed?

Yes No

Was the job designated as a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?

Yes No

Employer 6

Company:

Start Date:

End Date:

Address:

Phone:

Starting Pay: \$

Ending Pay: \$

City/State

Equipment Driven:

Responsibilities:

Reason for Leaving:

May we contact this employer?

Yes No

Were you subject to the FMCRs while employed?

Yes No

Was the job designated as a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?

Yes No

Signature: _____

Date: _____

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DRIVER APPLICATION

Q&A

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| 1.) Have you ever been denied a license, permit or privilege to operate a motor vehicle? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2.) Has any license, permit or privilege been suspended or revoked? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3.) Have you ever been stopped while intoxicated? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4.) Have you ever used illegal drugs (including marijuana)? If yes, when was the last time? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5.) Have you ever been convicted for possession, sale or use of a narcotic drug, amphetamine or derivative thereof? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6.) Have you ever tested positive or refused to test on any pre-employment drug test administered by an employer for a safety-sensitive transportation position covered by the Department of Transportation (DOT) drug and alcohol testing rules during the past 2yrs? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Previous Three Years Residency

	STREET	CITY	STATE	ZIP	#YRS
Current					
Mailing					
Previous					
Previous					
Previous					

Driving Experience

Equipment Class	TYPE OF EQUIPMENT (VAN, TANK, FLAT)	FROM	TO	EST. MILES
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TANKER				
OTHER				

LICENSES

(List all Driver's Licenses held the past 5yrs)

DL NUMBER	STATE ISSUED	TYPE	ENDORSEMENTS	EXP. DATE

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

(List all except parking citations in the past 5yrs. If none, write NONE)

DATE CONVICTED	VIOLATION	STATE	PENALTY

ACCIDENTS

(List all accidents involving commercial or personal vehicles, and any involving property damager in the past 5yrs. If none, write NONE.)

DATE	Nature of Accident (head-on, rear-end, upset, etc.)	#FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

STATES OF OPERATIONS

(List all states you have operated a motor vehicle in the past 5yrs)

--

Signature: _____

Date: _____

DRIVER APPLICATION

Voluntary Self-Identification

Dakota Utility Contractors, LLC. is an equal opportunity employer and does not discriminate on the basis of race, color, sex, age, religion, ancestry, national origin, sexual orientation, disability, or status as disabled or a Vietnam era veteran.

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-1 Report each year. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records; only accessed by Human Resources.

I DECLINE to Self-Identify

Gender: Male Female

RACE/ETHNICITY - Please check one of the descriptions below corresponding to the ethnic group with which you identify.

- Hispanic or Latino**- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White** (Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American** (Not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian** (Not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native** (Not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Two or More Races** (Not Hispanic or Latino) All persons who identify with more than one of the above five races.

Veteran Status

Are you a Military Verteran? Yes No Branch: _____

Disabled Vietnam Era Veteran Vietnam Era Veteran Other Eligible Veteran

Persons With Disabilities

The following are examples of some, but not all, disabilities which may be included: AIDS, asthma, arthritis, color or visual blindness, cancer, cerebral palsy, deafness or hearing impairment, diabetes, epilepsy, HIV, heart disease, hypertension, learning disabilities, mental or emotional illness, multiple sclerosis, muscular dystrophy, orthopedic, speech or visual impairments, or any other physical or mental impairment which substantially limits one or more of your major life activities.

Are you disabled? Yes No

Signature: _____

Date: _____

Acknowledgement and Authorization for Background Check

- 1.) I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.
- 2.) In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.
- 3.) I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:
 - Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer.
 - Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the
 - This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.
 - Note: A motor carrier may require an applicant to provide more information than required by Federal Motor Carrier Safety Regulations.
- 4.) I authorize **Dakota Utility Contractors LLC** ("Prospective Employer") to access the FMCSA "Pre-Employment Screening Program" (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.
- 5.) I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to dataqs.fmcsa.dot.gov [If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.
- 6.) Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

Notice to Prospective Employees/Owner Operators

Initial	I acknowledge that it is Dakota's policy to investigate the background of each prospective employee and owner operator prior to beginning work. The information received will be compared against the information provided on your application. Intentionally falsifying or providing misleading information will be grounds for termination of employment or contract.
	I understand that Dakota requires driver applicants to successfully complete a DOT physical, which includes a drug test, as a term and condition of qualification, and from time to time thereafter to submit to a drug test, upon company request, as a term and condition of continued qualification.
	I acknowledge and understand that if I am employed or contracted by Dakota and either quit or I am dismissed before my 90-day probation period expires, the cost of my initial physical and drug screen will be deducted from my final check.
	If hired (or contracted), this Driver Disclosure and Authorization Form shall remain on file and shall serve as an ongoing authorization for Dakota to procure consumer reports at any time during my employment (or contract) period. I authorize, without reservation, Dakota and or a consumer reporting agency hired by Dakota to investigate my background and/or release any and all information found, and agree that misrepresentation or omission of facts is a legitimate cause to disqualify me for employment.
	I acknowledge and understand that my employment with Dakota is "at-will", meaning that the terms of employment may be changed with or without notice, with or without cause, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties and location of work. I have entered into my employment with Dakota voluntarily and acknowledge that there is no agreement or contract, express or implied, between Dakota and I for continuing or long-term employment. Only the President of Dakota has the authority to alter the at-will contract and must do so in writing.

Print: _____ Signature: _____ Date: _____

DRIVER APPLICATION

VERIFIED FIRST: Disclosure for Investigative Consumer Report

Dakota Utility Contractors - 341-560, the "Company," may request an investigative consumer report about you from a third party consumer reporting agency, in connection with your to work or application for to work. An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, mode of living, credit standing or income verification. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

If adverse action is taken resulting from information obtained, in whole or in part, from an investigative consumer report from a consumer reporting agency, you will have the option to receive a copy of the report from Verified First. Verified First can be contacted at 1120 S Rackham Way, Suite 300, Meridian, ID 83642, <https://www.verifiedfirst.com> or by phone/fax at Phone: 844-709-2708 / 844-709-2708, Fax: 208-848-3204.

VERIFIED FIRST: Acknowledgment and Authorization For Background Check

	I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and the DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT and certify that I have read and understand those documents.
--	--

	I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable.
--	--

	To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Verified First, Phone: 844-709-2708 / 844-709-2708, Fax: 208-848-3204, 1120 S Rackham Way, Suite 300, Meridian, ID 83642, https://www.verifiedfirst.com and/or Company itself.
--	---

	I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.
--	--

	I am authorizing Verified First to conduct the background check(s) described above
--	--

	I acknowledge I may request a hard copy of this Disclosure and Authorization form after agreeing to the background check by calling Verified First at Phone: 844-709-2708 / 844-709-2708, Fax: 208-848-3204
--	---

Print: _____

Signature: _____

Date: _____

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Conviction Form

Please print clearly, If you do not have any convictions to report, complete the top portion of this form and check here

Applicant Name: _____

Date of Birth: _____

Primary Phone: _____

SSN: _____

Date of Arrest: _____

Date of Conviction: _____

Location: _____

County

State

Charges: _____

Sentence: _____

Time Served: _____

Date on Probation/Parole: _____

Any other arrests or convictions?

Yes

No

Any other names used? (maiden, married, etc.)

Yes

No

Any charges pending now?

Yes

No

Please describe what happened:

Print Name: _____

Signature: _____

Date: _____

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DRIVER APPLICATION

Request/Consent for Information From Previous Employers

Applicant Name _____

Social Security Number _____

Date of Birth _____

I hereby authorize the company to obtain the consumer reports outlined in the above statement(s) from the following sources:

- Verified First (Including Criminal Record Search If Necessary)
- All Previous Employers {Including Drug & Alcohol Testing Results}
- Any State MVR Agency {Including CDUS Inquiry Social Security Numbers Check}
- FMCSA (Federal Motor Carrier Safety Administration)

Signature _____

Date _____

For office use only:

PREVIOUS EMPLOYER: _____

PHONE: _____ FAX: _____

ADDRESS: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER

PLEASE NOTE THAT THIS REQUEST IS MADE IN ACCORDANCE WITH FEDERAL MOTOR CARRIER SAFETY REGULATION TITLE 49, SECTION 382.413

- 1.) Has this individual tested positive for a controlled substance? Yes No
- 2.) Has this individual had an alcohol test with a breath concentration of .04? Yes No
- 3.) Has this individual refused a required test for controlled substances or alcohol? Yes No
- 4.) If yes to any of the above, please provide the name of the substance abuse professional whom the application was referred to. _____
- 5.) Dates employed: From _____ To _____
- 6.) Did the applicant operate a commercial vehicle? Yes No
If yes, what type? _____
- 7.) In what areas did the applicant operate? _____
- 8.) Is the applicant eligible for rehire? Yes No
If no, please explain _____
- 9.) Why did the applicant leave? Discharged Resigned Layoff Other
Other: _____
- 10.) Was the applicant involved in any accidents? Yes No

Date:	Date:	Date:
Injuries:	Injuries:	Injuries:
Prevantable?	Prevantable?	Prevantable?
DOT Recordable?	DOT Recordable?	DOT Recordable?

Signature: _____

Date: _____

Please send back to: Dakota Utility Contractors LLC

P.O. Box 657, Ennis TX 75119

FAX: 972-875-6342

You have now completed: Dakota Utility Contractors, LLC CDL Application

Next Section: English Literacy Test

The next section must be completed as part of the hiring process.

Name: _____

The Closet Creature

by Kelly Hashway

Bump! Bump! Scratch!

Adam opened his eyes and pulled the covers up to his chin. He stared around his room, searching the darkness for the thing that was making those scary sounds.

The closet door moved as something banged on it from the inside.

“Who’s there?” Adam asked in a shaky voice.

The closet slowly began to open. Adam jumped out of bed and ran to the closet door, slamming it shut with his palms. He grabbed his desk chair and propped it against the door handle. Then he ran out of his room and down the hall. His brother’s door was wide open, and Adam jumped onto David’s bed.

“Adam?” David asked in a groggy voice. “What are you doing in here?”

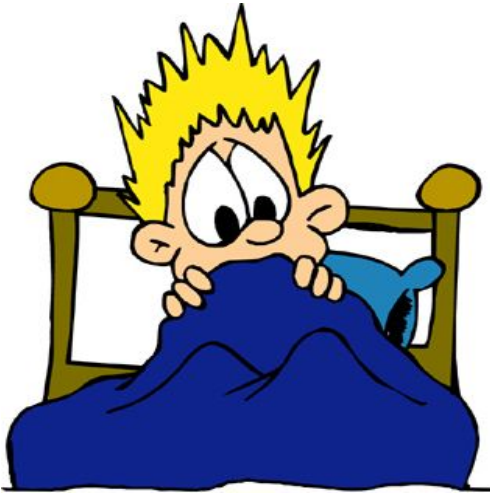
Adam tugged on David’s arm. “There’s something in my closet!”

“You probably had a bad dream. Go back to bed.”

Adam yanked the blankets off the bed. “It wasn’t a dream. I was awake, and the closet door started opening by itself!”

David sighed. “Fine. But when we don’t find anything, you have to promise to leave me alone for the rest of the night.”





Adam nodded. David reached into his desk drawer and pulled out a flashlight. Then they headed to Adam's room. Adam stopped in the doorway. He could hear something scratching his closet door.

"Do you hear that?" Adam asked.

David nodded. He walked over to Adam's bed and pulled the case off one of the pillows. He opened the pillowcase.

"You open the door very slowly, and I'll grab whatever it is."

Adam slid the chair to the side and pulled the closet door open a crack. Something banged against the door, trying to force it open. Adam took a deep breath and opened the door a few more inches. A small furry creature ran right into the pillowcase.

"I got it!" David said, closing the pillowcase and holding it in the air.

"What is it?" Adam moved closer as David peeked inside.

David put the pillowcase on the bed and an orange cat climbed out.

Adam scooped the cat up. "Apricot? How did you get trapped in my closet?"

David laughed. "The poor cat. If I was locked in your closet with your stinky shoes, I'd be banging on the door to get out, too!"

"Poor, Apricot," Adam said. "You were probably more scared than I was."

About the the Author

Kelly Hashway

Kelly Hashway is a children's book author. You may enjoy reading her latest book, *May the Best Dog Win*, which will be available in Spring 2011.

Name: _____

The Closet Creature

by Kelly Hashway



1. What happened right after David went into Adam's room?
- a. Adam jumped into David's bed.
 - b. David grabbed a flashlight from his desk drawer.
 - c. Adam awoke to strange sounds coming from his bedroom closet.
 - d. David heard the noise coming from Adam's closet.

2. What did David plan to do with the pillowcase?
- a. keep the creature from coming out of the closet
 - b. scare the creature in the closet
 - c. catch the creature in the closet
 - d. hit the creature in the closet

3. What was making the strange sounds in Adam's closet?

4. Write three adjectives that describe David. Tell why you chose each word.

_____ because _____

_____ because _____

_____ because _____

5. What type of story is this?

- a. tall tale
- b. non-fiction
- c. mystery
- d. fable

Name: _____

The Closet Creature

by Kelly Hashway



Fill in the missing letters to create a word from the story.

Then, write the full word on the line. Be sure you spell each word correctly.

1. ___ ___ o ___ ___ y

clue: sleepy

1. _____

2. ___ l ___ ___

clue: past tense of slide

2. _____

3. ___ ___ ___ m s

clue: inner surfaces of the hands

3. _____

4. ___ i ___ ___ ___ ___ a ___ ___

clue: soft bag for keeping a pillow clean

4. _____

5. ___ e ___ ___ e d

clue: went towards

5. _____

6. ___ ___ ___ i ___ o ___

clue: orange fruit

6. _____

7. ___ ___ e ___ e d

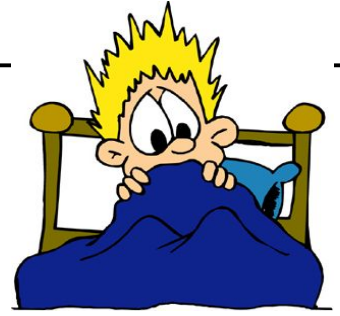
clue: took a quick look

7. _____

Name: _____

The Closet Creature

Parts of a Story



Characters: List the main characters and briefly describe them.

Setting: Tell where and when the story takes place. Be specific.

Problem: Describe the main character's problem.

Solution: Tell how the problem was solved, and how the story ended.

Personal Opinion: Tell whether or not you liked the story, and justify your opinion.
