



Applicant,

Please hand deliver this application or scan and email it back to me. I prefer this to be in a single document, in a pdf format. Please don't send me a bunch of pictures, this needs to be in a word or pdf document. Please also let me know after you send this to me, I will most likely have to go into the firewall and release the email.

Our offices are located just south of Interstate, west of Yukon, OK.
3675 S Alfordale Road
El Reno, OK. 73036

We are also located just north of the airport in Hobbs NM
324 N Magnum Industrial Road
Hobbs, NM 88240

Be aware that this position requires that you pass a road test in tractor trailer with a manual split gear transmission. If you think this will be a problem for you, please call me and let's talk.

Please attach a copy of your CDL, front and back and your DOT Medical Card.
If you have your Safeland PEC Card or TWIC certification, include it also.

You must have verifiable driving history, if you attended a CDL Driving School, please attach documents from school showing graduation and driving hours accomplished.

If you have had points applied against your MVR and taken courses to reconcile, attach those certificates.

Please feel free to call me during normal hours to discuss any questions or concerns you might have.

Danney Edwards
Spinnaker Business Development
Staffing Manager
918-633-0529
Danney.edwards@spinnakeroil.com

www.spinnakeroil.com

SPINNAKER OILFIELD SERVICES COMPANY LLC

3675 S ALFADALE RD, EL RENO, OK 73036

324 N Magnum Industrial Road, Hobbs, NM

careers@spinnakeroil.com

APPLICATION FOR EMPLOYEMENT

(DRIVER'S ADDENDUM)

YOU MUST ANSWER EVERY QUESTION. IF ANY QUESTIONS DO NOT APPLY TO YOU, ANSWER WITH NOT APPLICABLE (NA). In compliance with local, state, and federal Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to age, race, color, sex, sexual orientation, marital status, veteran status, or non-job related disability. Please advise in advance if you need any type of special accommodation(s) to complete this application form or need to take any pre-employment test.

DATE: ____ / ____ / ____

SOCIAL SECURITY NO. _____

NAME: _____
(LAST) (FIRST) (MI)

ADDRESS: _____ HOW LONG: _____
(STREET) (CITY) (STATE/ZIP)

IF YOU WERE AT ABOVE ADDRESS LESS THAN THREE (3) YEARS, LIST YOUR PREVIOUS ADDRESS, USE BACK SIDE OF THIS APPLICATION FOR ADDITIONAL ADDRESSES:

ADDRESS: _____ HOW LONG: _____
(STREET) (CITY) (STATE/ZIP)

PHONE NUMBER: _____ PHONE (CELL PREFERRED) _____

ARE YOU PREVENTED FROM BEING LAWFULLY EMPLOYED IN THE U.S. DUE TO YOUR VISA OR IMMIGRATION STATUS? (PLEASE CHECK ONE) ☐ YES ☐ NO

HAVE YOU WORKED FOR THIS COMPANY BEFORE? ☐ YES ☐ NO IF SO, WHEN? _____

ARE YOU CURRENTLY EMPLOYED? ☐ YES ☐ NO IF NO, HOW LONG SINCE LEAVING LAST EMPLOYEMENT? _____

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN BY AN EMPLOYER? ☐ YES ☐ NO

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? ☐ YES ☐ NO (Answering this question in an affirmative answer does not necessarily preclude a hiring decision.) IF YES, TO THE ABOVE QUESTION, PLEASE PROVIDE DETAILS:

WHO REFERRED YOU? _____ RATE OF PAY EXPECTED? _____

APPLICANT SIGNATURE _____ DATE: _____

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

DATE: _____

Personal Information

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY # _____

NEAREST RELATIVE : _____

NEAREST RELATIVE PHONE#: _____

YOUR EMAIL ADDRESS _____

DRIVER'S LICENSE INFORMATION

DRIVER'S LICENSE #: _____ ISSUING STATE: _____

CLASS: _____ EXPIRATION DATE: _____ HAZMAT ☐ YES ☐ NO

ENDORSEMENTS (CIRCLE ALL THAT APPLY): TANKER DOUBLES TRIPLES

HIRE DATE: _____ JOB TITLE: _____

PRINTED DRIVER NAME: _____

SIGNATURE OF DRIVER: _____ DATE: _____

Spinnaker Oilfield Services Company LLC EMPLOYMENT HISTORY

§391.21 (b)(10) A list of the names and addresses of the applicant's employers during the 3 years preceding the date of the application is submitted together with the dates he/she was employed by, and his/her reason for leaving the employ of, each employer; (b)(11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7 year period preceding the 3 years contained in paragraph (b)(10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment. (Attach another sheet if more space is needed).

A total of 10 years work history is required. All gaps in time must be shown.

Current or most recent employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position: _____ Salary: _____
City/State/Zip	Were you ever employed in safety sensitive subject DOT drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone No.	Were you subject to Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor	Reason for Leaving

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
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Name of Supervisor	Reason for Leaving

Spinnaker Oilfield Services Company LLC **DRIVING HISTORY**

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR - TWO TRAILERS			
OTHER			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES NO
				YES NO
				YES NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES ____ NO ____

If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? YES ____ NO ____

If yes, explain _____