



APPLICATION FOR EMPLOYMENT

Date _____

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____

Date of Birth _____

Address _____

City, State, Zip _____

E-Mail _____

Phone Number _____

Are you at least 18 years or older? Yes No

If no, you may be required to provide authorization to work

Are you eligible to work in the U.S.? Yes No

Proof of eligibility will be required

Referred By: _____

ALL Applicants

Do you have a valid drivers license? Yes No

If yes, License Number _____

State of Issuance / Expiration _____ / _____

Date you can start? _____

Hourly Rate/Salary Desired? _____

Position Desired? _____

Have you ever worked for Warrior? Yes No

Do you have valid Safeland Training? Yes No

Do you have a valid FIT Test? Yes No

Can you work any shift? Yes No

Can you work overtime? Yes No

Can you work weekends? Yes No

Can you work nights? Yes No

CDL Applicants ONLY

Do you have a valid CDL? Yes No

If yes, License Number _____

State of Issuance / Expiration _____ / _____

Do you have a valid Medical Card Yes No

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 and alcohol testing rules during the past two years (or three years if a CDL driver)? Yes No

1. Are you able to perform the essential functions of the job for which you are applying, with or without, a reasonable accommodation? Yes No

2. Have you ever been convicted of a felony? Yes No

(Please note this question is not required in CA, CO, CT, HI, IL, MA, MN, NJ, NM, OR, RI, VT, or WA)

Please note that checking yes could exclude you from employment based on customer required safety and background regulations.

3. Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? Yes No

If yes, please explain



EDUCATION

	Name and Location of School	Number of years attended	Degree Received?	Subjects studied/Major
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES Give the names of three persons not related to you, whom you have known at least three (3) years.

	Name	Relationship	Phone No	Years Acquainted
1				
2				
3				

Please read carefully before signing.

Warrior Technologies is an equal opportunity employer. Warrior does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status, or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Warrior to hire me. If I am hired, I understand that either Warrior or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Warrior has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Warrior true and complete information on this application. No requested information has been concealed. I authorize Warrior to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signed

Date

Warrior Technologies is an E-Verify employer.

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.



EMPLOYMENT HISTORY

Include your last ten (10) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Additional pages can be requested if necessary

Employer Name _____	Phone No _____
Employer Address _____	City, State, Zip _____
Job Title _____	Dates Employed _____ To _____
Summarize scope of work _____	

Were you subject to Drug & Alcohol Testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reason for leaving:
Were you subject to FMCSR's?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Fired <input type="checkbox"/> Other
Can we contact this employer for reference	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Employer Name _____	Phone No _____
Employer Address _____	City, State, Zip _____
Job Title _____	Dates Employed _____ To _____
Summarize scope of work _____	

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Can we contact this employer for reference	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

By initialing, I agree all information above is complete and accurate **Applicant Initials** _____



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By initialing, I agree all information above is complete and accurate Applicant Initials _____



ONLY COMPLETE the following if you are applying for a CDL position

LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21), I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 2 years, attach additional pages if necessary.

CURRENT LICENSE

State	License Number	Type/Class	Endorsements	Expiration
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PREVIOUSLY HELD LICENSE

State	License Number	Type/Class	Endorsements	Expiration
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State	License Number	Type/Class	Endorsements	Expiration
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Have you ever been denied a license, permit, or privilege to operate a motor vehicle? If yes, please explain	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any license, permit, or privilege ever been suspended or revoked? If yes, please explain	<input type="checkbox"/> Yes <input type="checkbox"/> No

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	Date From	Date To	Approx # of Miles (Total)
Straight Truck				
Tractor & Semi-Trailer				
Tractor & 2 Trailers				
Tractor & Tanker				
Other				

By initialing, I agree all information above is complete and accurate Applicant Initials _____



ONLY COMPLETE the following if you are applying for a CDL position – CONT'D

ACCIDENT RECORD PREVIOUS 3 YEARS ACCIDENT RECORDS	<input type="checkbox"/> Check this box if none and move to next section
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Date	Nature of Accident (Head On, rear-end, etc)	# of Fatalities	# of Injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No Chemical Spill
Date	Nature of Accident (Head On, rear-end, etc)	# of Fatalities	# of Injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No Chemical Spill
Date	Nature of Accident (Head On, rear-end, etc)	# of Fatalities	# of Injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No Chemical Spill

RESIDENCY Previous 3 years Residency – Attach Additional pages if necessary

Current Address	City, State, Zip	Years at Address
Previous Address	City, State, Zip	Years at Address
Previous Address	City, State, Zip	Years at Address
Previous Address	City, State, Zip	Years at Address
Previous Address	City, State, Zip	Years at Address

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PREVIOUS 3 YEARS (OTHER THAN PARKING VIOLATIONS)	<input type="checkbox"/> Check this box if none and move to next section
--	--

Date	Violation	State of Violation	Penalty (Forfeited bond, collateral and/or points)
Date	Violation	State of Violation	Penalty (Forfeited bond, collateral and/or points)
Date	Violation	State of Violation	Penalty (Forfeited bond, collateral and/or points)
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By initialing, I agree all information above is complete and accurate Applicant Initials _____

MVR AUTHORIZATION FORM

Date _____

First Name _____

Date of Birth _____

Middle Name _____

Check this box if none

Social Security Number _____

Last Name _____

Do you have a valid drivers license?

Yes No

If yes, License Number _____

State of Issuance / Expiration _____ / _____

Driving Records (Motor Vehicle Reports) will be obtained as part of the employee insurability evaluation process. MVR's will be checked prior to hiring and periodically thereafter. The MVR will be produced by DISA on behalf of Warrior Technologies. The report will be used to assess your insurability as defined by our insurance carrier.

I hereby authorize Warrior Technologies and/or DISA to procure a Motor Vehicle Report as deemed appropriate to evaluate my insurability for purposes concerning the driving and/or operation of company vehicles. I understand that this form shall remain in place and be valid for the period of my employment with Warrior Technologies.

I understand that if my MVR returns a suspended or invalid license that I am ineligible to drive a company vehicle for any reason and doing so would be considered a terminable offense.

Printed Name

Date

Signed

Date

ATTACHMENT 1

Acknowledgement of drug and alcohol contraband policy receipt

I hereby acknowledge that I have been provided a copy of the WARRIOR TECHNOLOGIES, LLC drug/alcohol policy requirements. I understand that disciplinary action up to and including termination, will result if I violate this policy.

I also hereby authorize and consent to disclosure by WARRIOR TECHNOLOGIES, LLC and its agents, including, but not limited to, any collecting and testing agencies, of the drug and alcohol test results and any related information to customers of WARRIOR TECHNOLOGIES, LLC and its authorized agents, assigns, or representatives.

Employee Signature

Date

Employee Printed Name

***** This consent form is for release of NON-DOT tests. Please follow DOT regulations if you choose to submit DOT test results in place of non-dot in order to meet the requirements of a specific client*****

General Consent Form for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to Warrior Technologies, LLC to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted by Warrior Technologies, LLC indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Warrior Technologies, LLC without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Warrior Technologies, LLC to conduct a limited query of the Clearinghouse, Warrior Technologies, LLC must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

I also agree that this General Consent Form in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me, "throughout the duration of my employment," by or on behalf of Warrior Technologies, LLC.

Printed Name

Signature

CDL Number

Date



Warrior Technologies, LLC

400 W Illinois, Ste 1120

Midland, TX 79701

Phone: 432-818-0498 Fax: 432-818-0426

Return Email _____

Disclosure and Release for Previous Employment Verifications

In accordance with DOT Regulation Part 391.23 of the Federal Motor Carrier Safety Regulations I authorize the carriers (company/school) listed above to release information including information about names and dates of previous employers, reasons for termination of employment, work experience, accidents, academic history, professional credentials and other information to Warrior Technologies, LLC.

Also, as a Part 391.23 of the Federal Motor Carrier Safety Regulations, I authorize the release of information that falls under subpart B of part 382 or 49 CFR part 40 from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed above to Warrior Technologies, LLC, including the following information concerning DOT drug and alcohol testing violations (including pre-employment tests) during the past three years:

1. Alcohol tests with a result of 0.04 or higher
2. Verified positive drug tests
3. Refusals to be tested (including verified adulterated or substituted results)
4. Other violations of DOT drug and alcohol testing regulations
5. Information obtained from previous employers of a drug and alcohol rule violation(s)
6. Documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized Warrior Technologies, LLC to review involves tests required by DOT. If any carrier (company/school) listed above furnishes Warrior Technologies, LLC with information concerning items 1-6 above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the 3 year period and the name and phone number of any substance abuse professional who evaluated me during the past 3 years.

Signature

Date

Printed Name

Social Security Number