ASAP Energy Inc. 1501 Airport Road P.O. Box 685 Weatherford, Oklahoma 73096 (580) 772-6076

		COMMERCIAL in <u>all</u> blanks & provide <u>a</u>	LL INFORMATIO	ON REQUESTEDP	RINT OR TYPE	

Name:		Middle_		Last		
Address						
		State Zip		Cellular tele	phone:	
Date of	Birth:		Social Se	curity Number:		
If your s	rbove address is le	ess than 3 years continue list	ting them belov	v to cover the pro	evious 3 year p	eriod:
1	Street			Date	es: From	То
	City	State	Zip			
*****			*************		********	
2				5 54 500,000	s: From	To
17447		State			**************	
3	Street			Date	s: From	To
	City	State	Zip			
		<u>Use backside of sl</u>	neet for additio	nal addresses		
Driver's	License Informat	ion: all licenses held, last 3	years:			
State	Nu	mber	10	Ex	cpiration Date	
State	NuNu	mber		E2	piration Date	
State	Nu	mber		Ех	piration Date	
Experien	ce:					
	Type of vehicle driven		to		Approximate	i mileage driven
	Type of vehicle driven	- Programme of the second seco	to		Approximate	e mileage driven
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All Accid	ents, last 3 years:	(If none, write NONE)	V. W. Estivado			
Date	De	scribe	····	Fatalities	Injur	ies
Date	De	scribe		Fatalities	Injur	ies
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	Violation					
	Violation					
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Date	Violation		State	Commer	cial Vehic	de: <u>Ye</u>
	Violation					
	Violation					
Date	Violation		State	Commer	cial Vehic	le; <u>Y</u> e
Have you eve	er had any driver license denied	l, suspended, revoked or ca	nceled by an	y issuing state	agency?	
		e; explanation:				
	22,500	,				
	r:					
1) Employe		S	upervisor: _			
1) Employe Address: City, Stat	te, Zip code:	s	upervisor: _ elephone:			
Employe Address: City, Stat Were you sub	te, Zîp code: oject to the Federal Motor Carr	Trier Safety Regulations duri	upervisor: _ 'elephone: ing this perio	d?	□Yes	
Employe Address: City, Stat Were you sub Were you sub	te, Zip code: oject to the Federal Motor Cara oject to 49 CFR part 40 control	Trier Safety Regulations duri	dupervisor:	d? this period?	□Yes	
Employe Address: City, Stat Were you sub Were you sub	te, Zîp code: oject to the Federal Motor Carr	Trier Safety Regulations duri	dupervisor:	d? this period?	□Yes	
Employe Address: City, Stat Were you sub Were you sub	te, Zip code: oject to the Federal Motor Cara oject to 49 CFR part 40 control	Trier Safety Regulations duri	dupervisor:	d? this period?	□Yes	
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Address: City, Stat Were you sub Were you for Le	te, Zip code: oject to the Federal Motor Cara oject to 49 CFR part 40 control eaving:	rier Safety Regulations duri	tupervisor: 'elephone: ing this perio esting during ates:	d? this period?	□Yes □Yes	
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	Dates:	to	
Address;	Supervisor:		
City, State, Zip code:	Telephone:		
Were you subject to the Federal Motor Carrier		-	□No
Were you subject to 49 CFR part 40 controlled	substance and alcohol testing during this perio	d? □Yes	\square No
Reason for Leaving:			
	***************************************		*********
4) Employer:	Dates:	_to	
Address:	Supervisor:		
City, State, Zip code	Telephone:		
Were you subject to the Federal Motor Carrier	Safety Regulations during this period?	☐ Yes	□No
Were you subject to 49 CFR part 40 controlled s	substance and alcohol testing during this period	d? □Yes	□No
Reason for Leaving:			
Address:	Dates: Supervisor:		
City, State, Zip code:	Telephone:	□Yes	
	safeth Wednismons manne mas berron:		1 1100
		12 Vac	□No
Were you subject to the react at Motor Carries to Were you subject to 49 CFR part 40 controlled s	•		□No
Were you subject to 49 CFR part 40 controlled s	·		□No
Were you subject to 49 CFR part 40 controlled s Reason for Leaving:	·		□No
Were you subject to 49 CFR part 40 controlled s Reason for Leaving:			□No
Were you subject to 49 CFR part 40 controlled s Reason for Leaving:	Dates:		□No
Were you subject to 49 CFR part 40 controlled s Reason for Leaving:	Dates: Supervisor: Telephone:		□No

		Dates:	to	
Address:		Supervisor;		V-11
City, State, Zip code	91	Telephone:	······································	
Were you subject to the	Federal Motor Carrier Safety Re	gulations during this period?	□Yes	□No
Were you subject to 49 C	CFR part 40 controlled substance	and alcohol testing during this pe	eriod? 🗆 Yes	□No
Reason for Leaving:	,		-y-11-ap-	
	Use backside of sheet	for additional employers		
Driver License (licants of commercial m (CDL) the applicant mu ol status per the require	st disclose their controll	led substanc	
Driver employees who have years, and wish to review prospective employer, which	s employer and the driver cannot ag ve previous Department of Transp v previous employer provided inv sh may be done at anytime, include	ortation regulated employment his estigative information, must subm	story in the prece	uest to th
applicant within five (5) burequested information from prospective employer receiver receiver the requested receive the requested receive the requested receiver.	ed of denial of employment. The usiness days of receiving the written the previous employer(s), then wes the requested safety performant cords within thirty (30) days of the the driver to have waived their requested.	prospective employer must prove a request. If the prospective employer the five (5) business day deadling the history information. If the driver prospective employer making them	vide this informately er has not yet reines will begin or has not arranged	tion to the eceived the when the d to pick u
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