

**EASTEX CRUDE TRUCKING, LLC**  
10851 State Highway 11 West  
Leesburg, Texas 75451  
Phone: (800) 443-8580 Fax: (903) 856-5228

TERMINAL: \_\_\_\_\_

APPLICATION DATE: \_\_\_\_\_  
MM / DD / YY

**APPLICANT PLEASE PRINT**

EMAIL: \_\_\_\_\_

CELL PH: \_\_\_\_\_

NAME \_\_\_\_\_ HOME PH: \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
STREET CITY STATE ZIP

PREVIOUS ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(IF LESS THAN 3 YEARS) STREET CITY STATE ZIP

HT. \_\_\_\_\_ WT \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ (NOT DISCRIMINATED AGAINST DUE TO AGE)  
MM/DD/YYYY

SOCIAL SECURITY # \_\_\_\_\_ DL# \_\_\_\_\_ STATE \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
MM / DD / YY

**IN CASE OF EMERGENCY NOTIFY**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1-2-3-4-5-6-7-8 HIGH SCHOOL: 9-10-11-12 COLLEGE: 1-2-3-4 \_\_\_\_\_

LAST SCHOOL ATTENDED:

\_\_\_\_\_  
NAME CITY STATE

LIST ANY SPECIAL COURSES, DRIVING AWARDS OR TRAINING THAT WILL HELP YOU AS A DRIVER:

**GENERAL**

HAVE YOU EVER BEEN GRANTED A WAIVER UNDER SECTION 391.49 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS PERTAINING TO THE LOSS OF A: FOOT, LEG, HAND OR ARM?

\_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, PLEASE EXPLAIN \_\_\_\_\_

ABLE TO LIFT 50 POUNDS OVER YOUR HEAD SAFELY?

\_\_\_\_\_ YES \_\_\_\_\_ NO IF NO, PLEASE EXPLAIN \_\_\_\_\_

ARE YOU AN AMERICAN CITIZEN? \_\_\_\_\_ IF NOT, WHAT NATIONALITY? \_\_\_\_\_

DO YOU POSSESS A VALID WORK PERMIT? \_\_\_\_\_ VISA NUMBER: \_\_\_\_\_

LIST ANY OTHER NAMES YOU HAVE BEEN KNOWN BY OTHER THAN BY THE ONE ON THIS FORM:

HAVE YOU WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_ IF SO WHEN? \_\_\_\_\_

WHAT NAME WERE YOU EMPLOYED UNDER? \_\_\_\_\_

NAME OF RELATIVES IN OUR COMPANY: \_\_\_\_\_

ARE YOU PRESENTLY EMPLOYED? \_\_\_\_\_ IF NOT, HOW LONG SINCE LAST EMPLOYMENT? \_\_\_\_\_

POSITION APPLIED FOR? \_\_\_\_\_

HOW DID YOU HEAR ABOUT EASTEX, OR WHO REFERRED YOU? \_\_\_\_\_

DO YOU POSSESS A VALID DRIVERS LICENSE? \_\_\_\_\_ YES \_\_\_\_\_ NO

HAS YOUR DRIVERS LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN SUSPENDED, REVOKED OR DENIED? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN DISQUALIFIED SUBJECT TO SECTION 391 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF ANY FELONY? \_\_\_\_\_ YES \_\_\_\_\_ NO

LIST ALL DRIVERS LICENSE YOU HAVE HELD WITHIN THE PAST 3 YEARS	STATE	LICENSE NO.	TYPE A B C	ENDORSEMENTS	EXPIRATION DATE

**VEHICLE ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE**

DATE	NATURE OF ACCIDENT (HEAD ON, REAR END, SIDE SWIPE, ETC.)	FATALITIES	INJURIES

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS OR MORE**

DATE	LOCATIONS	CHARGES	PENALTY

**EMPLOYMENT RECORD FOR PAST 10 YEARS  
BEGIN WITH YOUR CURRENT OR MOST RECENT HELD JOB**

NOTE: THIS HISTORY TIMELINE MUST BE ACCURATE AND CONSECUTIVE FOR THE PREVIOUS 10 YEARS OF YOUR LIFE. IT MUST INCLUDE ALL PERIODS OF UNEMPLOYMENT OR OUT OF THE COUNTRY FOR MORE THAN ONE MONTH

<sup>1</sup>  
EMPLOYER: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

FROM: \_\_\_\_\_ TO \_\_\_\_\_ SALARY: \_\_\_\_\_  
MM/DD/YY MM/DD/YY

EQUIPMENT OPERATED: \_\_\_\_\_ STRAIGHT TRUCK \_\_\_\_\_ TRACTOR AND SEMI TRAILER \_\_\_\_\_ BUS

CHECK APPROPRIATE CLASS AND TYPE \_\_\_\_\_ DUMP \_\_\_\_\_ VAN \_\_\_\_\_ FLAT BED \_\_\_\_\_ TANKER

\_\_\_\_\_ OTHER \_\_\_\_\_

APPROX. NO. OF MILES \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? \_\_\_\_\_ YES \_\_\_\_\_ NO

Was the job a "SAFETY SENSITIVE FUNCTION" In any DOT related mode subject to Alcohol and Controlled Substances Testing requirements as required by 49 CFR part 40? \_\_\_\_\_ YES \_\_\_\_\_ NO

<sup>2</sup>  
EMPLOYER: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

FROM: \_\_\_\_\_ TO \_\_\_\_\_ SALARY: \_\_\_\_\_  
MM/DD/YY MM/DD/YY

EQUIPMENT OPERATED: \_\_\_\_\_ STRAIGHT TRUCK \_\_\_\_\_ TRACTOR AND SEMI TRAILER \_\_\_\_\_ BUS

CHECK APPROPRIATE CLASS AND TYPE \_\_\_\_\_ DUMP \_\_\_\_\_ VAN \_\_\_\_\_ FLAT BED \_\_\_\_\_ TANKER

\_\_\_\_\_ OTHER \_\_\_\_\_

APPROX. NO. OF MILES \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? \_\_\_\_\_ YES \_\_\_\_\_ NO

Was the job a "SAFETY SENSITIVE FUNCTION" In any DOT related mode subject to Alcohol and Controlled Substances Testing requirements as required by 49 CFR part 40? \_\_\_\_\_ YES \_\_\_\_\_ NO

<sup>3</sup>  
EMPLOYER: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

FROM: \_\_\_\_\_ TO \_\_\_\_\_ SALARY: \_\_\_\_\_  
MM/DD/YY MM/DD/YY

EQUIPMENT OPERATED: \_\_\_\_\_ STRAIGHT TRUCK \_\_\_\_\_ TRACTOR AND SEMI TRAILER \_\_\_\_\_ BUS

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\_\_\_\_\_ OTHER \_\_\_\_\_

APPROX. NO. OF MILES \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? \_\_\_\_\_ YES \_\_\_\_\_ NO

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4

EMPLOYER: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

FROM: \_\_\_\_\_ TO \_\_\_\_\_ SALARY: \_\_\_\_\_  
MM/YY MM/YY

EQUIPMENT OPERATED: \_\_\_\_\_ STRAIGHT TRUCK \_\_\_\_\_ TRACTOR AND SEMI TRAILER \_\_\_\_\_ BUS

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\_\_\_\_\_ OTHER \_\_\_\_\_

APPROX. NO. OF MILES \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

**Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? \_\_\_\_\_ YES \_\_\_\_\_ NO**

**Was the job a "SAFETY SENSITIVE FUNCTION" In any DOT related mode subject to Alcohol and Controlled Substances Testing requirements as required by 49 CFR part 40? \_\_\_\_\_ YES \_\_\_\_\_ NO**

5

EMPLOYER: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

FROM: \_\_\_\_\_ TO \_\_\_\_\_ SALARY: \_\_\_\_\_  
MM/YY MM/YY

EQUIPMENT OPERATED: \_\_\_\_\_ STRAIGHT TRUCK \_\_\_\_\_ TRACTOR AND SEMI TRAILER \_\_\_\_\_ BUS

CHECK APPROPRIATE CLASS AND TYPE \_\_\_\_\_ DUMP \_\_\_\_\_ VAN \_\_\_\_\_ FLAT BED \_\_\_\_\_ TANKER

\_\_\_\_\_ OTHER \_\_\_\_\_

APPROX. NO. OF MILES \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

**Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? \_\_\_\_\_ YES \_\_\_\_\_ NO**

**Was the job a "SAFETY SENSITIVE FUNCTION" In any DOT related mode subject to Alcohol and Controlled Substances Testing requirements as required by 49 CFR part 40? \_\_\_\_\_ YES \_\_\_\_\_ NO**

6

EMPLOYER: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

FROM: \_\_\_\_\_ TO \_\_\_\_\_ SALARY: \_\_\_\_\_  
MM/YY MM/YY

EQUIPMENT OPERATED: \_\_\_\_\_ STRAIGHT TRUCK \_\_\_\_\_ TRACTOR AND SEMI TRAILER \_\_\_\_\_ BUS

CHECK APPROPRIATE CLASS AND TYPE \_\_\_\_\_ DUMP \_\_\_\_\_ VAN \_\_\_\_\_ FLAT BED \_\_\_\_\_ TANKER

\_\_\_\_\_ OTHER \_\_\_\_\_

APPROX. NO. OF MILES \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

**Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? \_\_\_\_\_ YES \_\_\_\_\_ NO**

**Was the job a "SAFETY SENSITIVE FUNCTION" In any DOT related mode subject to Alcohol and Controlled Substances Testing requirements as required by 49 CFR part 40? \_\_\_\_\_ YES \_\_\_\_\_ NO**

7

EMPLOYER: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

FROM: \_\_\_\_\_ TO \_\_\_\_\_ SALARY: \_\_\_\_\_  
MM/YY MM/YY

EQUIPMENT OPERATED: \_\_\_\_\_ STRAIGHT TRUCK \_\_\_\_\_ TRACTOR AND SEMI TRAILER \_\_\_\_\_ BUS

CHECK APPROPRIATE CLASS AND TYPE \_\_\_\_\_ DUMP \_\_\_\_\_ VAN \_\_\_\_\_ FLAT BED \_\_\_\_\_ TANKER

\_\_\_\_\_ OTHER \_\_\_\_\_

APPROX. NO. OF MILES \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

**Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?** \_\_\_\_\_ YES \_\_\_\_\_ NO

**Was the job a "SAFETY SENSITIVE FUNCTION" In any DOT related mode subject to Alcohol and Controlled Substances Testing requirements as required by 49 CFR part 40?** \_\_\_\_\_ YES \_\_\_\_\_ NO

8

EMPLOYER: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

FROM: \_\_\_\_\_ TO \_\_\_\_\_ SALARY: \_\_\_\_\_  
MM/YY MM/YY

EQUIPMENT OPERATED: \_\_\_\_\_ STRAIGHT TRUCK \_\_\_\_\_ TRACTOR AND SEMI TRAILER \_\_\_\_\_ BUS

CHECK APPROPRIATE CLASS AND TYPE \_\_\_\_\_ DUMP \_\_\_\_\_ VAN \_\_\_\_\_ FLAT BED \_\_\_\_\_ TANKER

\_\_\_\_\_ OTHER \_\_\_\_\_

APPROX. NO. OF MILES \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

**Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?** \_\_\_\_\_ YES \_\_\_\_\_ NO

**Was the job a "SAFETY SENSITIVE FUNCTION" In any DOT related mode subject to Alcohol and Controlled Substances Testing requirements as required by 49 CFR part 40?** \_\_\_\_\_ YES \_\_\_\_\_ NO

9

EMPLOYER: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

FROM: \_\_\_\_\_ TO \_\_\_\_\_ SALARY: \_\_\_\_\_  
MM/YY MM/YY

EQUIPMENT OPERATED: \_\_\_\_\_ STRAIGHT TRUCK \_\_\_\_\_ TRACTOR AND SEMI TRAILER \_\_\_\_\_ BUS

CHECK APPROPRIATE CLASS AND TYPE \_\_\_\_\_ DUMP \_\_\_\_\_ VAN \_\_\_\_\_ FLAT BED \_\_\_\_\_ TANKER

\_\_\_\_\_ OTHER \_\_\_\_\_

APPROX. NO. OF MILES \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

**Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?** \_\_\_\_\_ YES \_\_\_\_\_ NO

**Was the job a "SAFETY SENSITIVE FUNCTION" In any DOT related mode subject to Alcohol and Controlled Substances Testing requirements as required by 49 CFR part 40?** \_\_\_\_\_ YES \_\_\_\_\_ NO

# EASTEX CRUDE TRUCKING, LLC

## TO BE READ AND SIGNED BY APPLICANT

Information in this application will be used and prior employers will be contacted for purposes of Investigation as required by the FMCSR.

It is agreed and understood that the employer or its agents may investigate the applicant's background to obtain any and all information of concern to an applicant whether it is of record or not, and applicant releases employers and persons named herein from any and all liability for any damages as a result of furnishing such information.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his/her employment file. It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant. It is agreed and understood that if hired the employee may be on a probationary period during which time he/she may be discharged without recourse. I also understand that misrepresentation or omission of information or facts shall be considered an act of dishonesty and be sufficient cause for rejection or dismissal.

I understand that as an applicant, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. It is further agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report including information regarding my character, general reputation, personal characteristics, and mode of living.

It is understood that a job offer to an individual for paying to drive a CMV is contingent upon the person successfully passing the required DOT physical examination and drug test, and completing the Company's orientation program and hiring process. Applicants successfully completing the hiring process will be hired on the date he or she is dispatched on the first shipment or trip.

## MY RIGHTS

391.23(I)(1) I understand that I have the following rights:

- i. The right to review information provided by previous employers:
- ii. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
- iii. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

391.21B12 This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date (MM/DD/YY)

**EASTEX CRUDE TRUCKING, LLC**  
**MOTOR VEHICLE DRIVER'S**  
**Certification of Violations/Annual Review of Driving Record**

\_\_\_\_\_  
**Print Driver Name**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Driver License # / State**

**DRIVER REQUIREMENTS:** Each Driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past **3 Years**.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_ Please check here if there have been no violations/convictions to report. By checking this box I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past **3 Years**.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date of Certification (today's date)**

\_\_\_\_\_  
**Driver's Signature**

**EASTEX CRUDE TRUCKING, LLC**  
**Motor Carrier's Name**

**10851 State Hwy 11W Leesburg, TX 75451**  
**Motor Carrier's Address**

**MOTOR CARRIER INSTRUCTIONS:** Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above name driver in accordance with Section 391.25 and find that he/she (check one):

- \_\_\_\_\_ Meets minimum requirements for safe driving      \_\_\_\_\_ Is disqualified to drive a motor vehicle pursuant to Section 391.25
- \_\_\_\_\_ Does not adequately meet satisfactory safe driving performance

**Action taken with diver** \_\_\_\_\_

Reviewed by: \_\_\_\_\_  
 Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

# REQUEST FOR INFORMATION – From Previous Employer

I hereby authorize you to release the following information to Prospective Employer: Eastex Crude Trucking, LLC

Attention: John Rau / Kathy Harris Street: 10851 State Hwy 11 W City, State, Zip: Leesburg, TX 75451

jrau@etctrucking.com or

Telephone: (800)443-8580 Fax: (903)856-5228 E-mail: kharris@etctrucking.com

for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations, and in compliance with 40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## ATTENTION APPLICANT: DO NOT WRITE BELOW THIS LINE

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding (date of application) \_\_\_\_\_. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax, mail, or e-mail.

Applicant Name \_\_\_\_\_ SS # \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. Dates employed – from: \_\_\_/\_\_\_/\_\_\_ to: \_\_\_/\_\_\_/\_\_\_ and \_\_\_/\_\_\_/\_\_\_ to: \_\_\_/\_\_\_/\_\_\_

2. Reason for leaving: \_\_\_ Voluntary \_\_\_ Discharged/Termination \_\_\_ Laid Off \_\_\_ Other

3. Eligible for rehire? \_\_\_ Yes \_\_\_ No \_\_\_ Upon Review

4. Job Title: \_\_\_\_\_

\_\_\_ Company Driver \_\_\_ OTR \_\_\_ Single \_\_\_ Tractor Trailer \_\_\_ Van/Reefer

\_\_\_ Owner \_\_\_ OTR Regional \_\_\_ Team \_\_\_ Straight Truck \_\_\_ Flatbed

\_\_\_ Other \_\_\_ Local \_\_\_ Student \_\_\_ Other \_\_\_ Tanker

5. Commodities: \_\_\_\_\_

6. Total Number of accidents/incidents? \_\_\_\_\_ (Verify as much detailed information as possible.)

Date	Description	DOT Recordable	Preventable	Injuries/Fatalities
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## Section 40.25 (g)

If driver **was not** subject to Department of Transportation testing requirements while employed by this employer, please check here \_\_\_\_, complete bottom of Section 2, sign, and return.

Driver **was** subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

- |   |     |    |     |
|---|-----|----|-----|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?   | Yes | No |     |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?   | Yes | No |     |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?   | Yes | No |     |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40?   | Yes | No |     |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. | Yes | No | N/A |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested?            | Yes | No | N/A |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Completed By

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



**Criminal Background Check  
Authorization Form  
Eastex Crude Trucking, LLC**

**TO BE COMPLETED BY POTENTIAL APPLICANT**

**PLEASE PRINT ALL REQUIRED INFORMATION** (print legibly using **BLACK** ink only)

**Name:** \_\_\_\_\_  
**Last First Middle**

**Other Names Used:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**Social Security #** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Eastex Crude Trucking, LLC is requesting your social security number (SSN) in order to expedite this check with the iiX company. Your SSN will not be disclosed to anyone outside Eastex Crude Trucking, LLC except as mandated by law.

**Driver's License #** \_\_\_\_\_ **State of Issue:** \_\_\_\_\_

In connection with my employment at Eastex Crude Trucking, LLC, I hereby authorize the iiX Company to conduct a security background check on me. I understand that this security check will cover information such as criminal history, education, employment, and professional licensee/certifications. I understand that this background check may include information from previous employers relating to my work experience. I hereby release Eastex Crude Trucking, LLC and its employees, as well as iiX company and its employees, from all liability resulting from furnishing of this information to Eastex Crude Trucking, LLC. I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and made in good faith. I understand that any false statements made herein could void my consideration for employment, or could result in disciplinary action up to, and including termination.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

With few exceptions, you are entitled (at your request) to be informed about the information Eastex Crude Trucking, LLC collects about you. Under Section 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have Eastex Crude Trucking, LLC correct information about you that is held by us and is incorrect. The information that Eastex Crude Trucking, LLC collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. Of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

**This Section to be completed by Eastex Crude Trucking, LLC Human Resource Department**

**Terminal Location:** \_\_\_\_\_ **Posted Job Title:** \_\_\_\_\_ **Request Date:** \_\_\_\_\_

**Results Date:** \_\_\_\_\_ **H R Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Certification Of Self-Employment

I here certify as true that during the period beginning \_\_\_\_\_ and  
continuing until \_\_\_\_\_ I was self-employed as follows:  
MM / DD / YY

Type of business: \_\_\_\_\_ If motor carrier, DOT Number \_\_\_\_\_  
Name of business: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM / DD / YY

Notary: \_\_\_\_\_ Date: \_\_\_\_\_ State: \_\_\_\_\_  
MM / DD / YY

Business References: 1. \_\_\_\_\_ Phone No. \_\_\_\_\_  
2. \_\_\_\_\_ Phone No. \_\_\_\_\_

## Insurance Information

My Business / Public Liability Insurance was provided by:

Name of Company: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Agent Name, Address: \_\_\_\_\_  
\_\_\_\_\_  
Policy Number(s): \_\_\_\_\_ Limits of Coverage: \_\_\_\_\_

The information provided is true and correct, and may be used to secure information regarding my performance, accident and claim history, including copies of loss runs and claim information from insurers.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
MM / DD / YY

Signature: \_\_\_\_\_ Social Security No. \_\_\_\_\_

**COMMERCIAL MOTOR VEHICLE  
DRIVER'S CERTIFICATION  
WITH DRIVER LICENSE REQUIREMENTS**

**MOTOR CARRIER INSTUCTIONS:** The requirements in Part 383 applies to every driver who operates a commercial motor vehicle in intrastate, interstate, or foreign commerce. Commercial motor vehicle means a motor vehicle or combination of motor vehicles used to transport passengers or property that has a gross combination weight rating of 26,001 pounds or more inclusive of a towed unit with a gross vehicle weight rating of more than 10,001 pounds; or has a gross vehicle weight rating of 26,001 or more pounds; or is designed to transport 16 or more passengers, including the driver; or is of any size and is used in the transportation of hazardous material that require placarding as defined under Part 383.

The requirements in Part 391 applies to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, including the driver, or transport hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations Contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial motor vehicle driver, may not possess more than one license.
2. Sections 383.31 and 383.33 of the Federal Motor Carrier Safety Regulations require that you *notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and that state that issued your license within 30 days.*

**DRIVER CERTIFICATION**

I certify that I have read and understand the above requirements.

The following license is the only one I will and do possess:

Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
MM / DD / YY

Driver's Printed Name: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM / DD / YY