



## Attention Driver Applicant

As part of your application process with Eastex Crude Trucking, LLC we are requesting a **legible** photocopy of your current **Driver's License (Front & Back)**, **Social Security Card and/or a Passport**, and a copy of your current **DOT Physical wallet card**.

Your application will not be complete if these items do not accompany your application.

Also you are required to list a **10 year previous employment history beginning with the most recent employer/job held. Any periods between jobs of more than 30 days must be accounted for.** If you were unemployed for more than 30 days in this 10 year period, please list your unemployed time in sequence with your past employers in the employment history section (with the dates of unemployment), and provide a brief description of what you were doing while you were unemployed.

Please make sure that all the information is complete before turning in application (if an area does not apply to you please N/A that section so we know that you read the question), if not complete it will delay the process.

To expedite processing, please scan completed application and E-mail to: [employment@etctrucking.com](mailto:employment@etctrucking.com). If this is not an option, you may Fax to 903-856-5228, or use United States Postal Service.

If you have any questions please feel free to contact us at the (800) number below.

Thank you in advance,

Administration/Safety Department

**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:

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

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

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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

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

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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

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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

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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

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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)

## 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 \_\_\_\_\_  
MM / DD / YY

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. \_\_\_\_\_



# 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: \_\_\_\_\_

**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



**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



**PREVIOUS PRE-EMPLOYMENT EMPLOYEE  
ALCOHOL AND DRUG TEST STATEMENT**

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) 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 drug and alcohol testing rules during the past two years?

Check one:  Yes  No

- 2) If you answered yes, can you provide / obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one:  Yes  No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Rep: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)