



Attention Driver Applicant,

Thank you for your interest in Eastex Crude Trucking. We offer highly competitive employee benefit plans and we are always on the lookout for great people to join our team. Applications are accepted by fax, email, hand delivery and online.

If an area does not apply to you "N/A" that section. Periods of 30-days or more between jobs in your employment history must include a description of what you were doing while unemployed. We will need photocopies of the following items faxed or contact us to make other arrangements to send your documents securely:

- Driver's License (Front & Back)
- Social Security Card, Work Permit and/or Passport
- DOT Physical wallet card

Please don't hesitate to contact us with questions. Eastex Crude Trucking is an Equal Opportunity Employer and we look forward to hearing from you!

Thank you,

Administration/Safety Department
employment@etctrucking.com

Mailing address:
10851 State Hwy 11 West
Leesburg, Texas, 75451

Hiring Dept - (903) 946-9023
24-hr line - (800) 443-8580
(903) 856-5228

www.eastexcrudetrucking.com/apply

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

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

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

¹
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

²
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

³
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

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

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

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)

Certification Of Self-Employment (if applicable)

I here certify as true that during the period beginning _____ and
continuing until _____ I was self-employed as follows:

Type of business: _____ If motor carrier, DOT Number _____

Name of business: _____

Address of Business: _____

City: _____ State: _____ Zip Code: _____

Applicant's Signature: _____ Date: _____

Notary: _____ Date: _____ State: _____

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: _____

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
------	-------------	----------------	-------------	---------------------

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: _____

**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)