

TO ALL APPLICANTS OF **TRANSCO LOGISTICS LLC**

THIS APPLICATION MUST BE FILLED OUT COMPLETELY PER FEDERAL REGULATIONS. IT IS A REGULATION THAT ALL INFORMATION BE COMPLETE AND VERIFIED. PLEASE FILL OUT ALL AVAILABLE INFORMATION.

ALL PAST EMPLOYMENT **MUST** INCLUDE ADDRESSES, DATES, CONTACTS, AND PHONE NUMBERS FOR VERIFICATION. WE **DO** CHECK PAST EMPLOYMENT!!!

IF YOU ARE A CDL DRIVER WE MUST HAVE 10 YEARS PAST EMPLOYMENT! PLEASE INDICATE WHICH JOBS INCLUDED CDL DRIVING. IF YOU HAVE NOT WORKED LONG ENOUGH FOR 10 YEARS HISTORY, PLEASE INDICATE THAT ON YOUR APPLICATION.

IF YOU **DID NOT** DRIVE A COMMERCIAL VEHICLE, THEN LIST ONLY 3 YEARS EMPLOYMENT HISTORY.

IF THE ANSWER IS "0" OR NO, WRITE **NONE** – N/A IS NOT AN ACCEPTABLE ANSWER FOR THE AUDITORS!

PLEASE SIGN ALL LINES THAT HAVE "APPLICANT SIGNATURE"

IF YOU HAVE ANY QUESTIONS, ASK!

"WE ARE INFORMING YOU THAT THE INFORMATION YOU PROVIDE ON THIS APPLICATION WILL BE USED AND YOUR PRIOR EMPLOYERS MAY BE CONTACTED FOR THE PURPOSE OF INVESTIGATING YOUR BACKGROUND AS REQUIRED BY FEDERAL REGULATION 391.23"

PER CFR 40.25 WE ARE REQUIRED TO ASK.....

HAVE YOU EVER 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 IN THE LAST 3 YEARS?

_____ YES

_____ NO

IF YES, PLEASE PROVIDE DOCUMENTATION OF SUCCESSFUL COMPLETION OF THE RETURN TO DUTY PROCESS.

APPLICANT SIGNATURE _____

DATE _____

DRIVER NOTIFICATION OF REBUTTAL

AS A DRIVER WITH DEPARTMENT OF TRANSPORTATION REGULATED EMPLOYMENT

WE ARE REQUIRED TO NOTIFY YOU OF THE FOLLOWING RIGHTS REGARDING THE INVESTIGATIVE INFORMATION THAT WILL BE PROVIDED TO THE PROSPECTIVE EMPLOYER PURSUANT TO 391.23 (d)(e)

YOU HAVE:

(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;

(PLEASE REFER TO 391.23(j) FOR FURTHER INFORMATION REGARDING REBUTTALS)

YOU MUST SUBMIT A WRITTEN REQUEST TO THE PROSPECTIVE EMPLOYER, WHICH MAY BE DONE AT ANY TIME, INCLUDING WHEN APPLYING OR AS LATE AS 30 DAYS AFTER BEING EMPLOYED OR BEING NOTIFIED OF DENIAL OF EMPLOYMENT.

THE EMPLOYER HAS 5 BUSINESS DAYS OF RECEIVING THE WRITTEN REQUEST OR RECEIVING THE PREVIOUS EMPLOYMENT INFORMATION. IF THE DRIVER DOES NOT ARRANGE PICK UP OR RECEIVE THE REQUESTED RECORD WITHIN 30 DAYS OF THE PROSPECTIVE EMPLOYER MAKING THEM AVAILABLE, THE PROSPECTIVE MOTOR CARRIER MAY CONSIDER THE DRIVER TO HAVE WAIVED HIS/HER REQUEST TO REVIEW THE RECORDS.

DRIVER SIGNATURE _____

DATE _____

COMPLIANCE SOLUTIONS REV. 05/04



P O BOX 1336
DURANT, OK 74702
PHONE # 580-931-8606 FAX #580-296-1662

DRIVERS APPLICATION FOR EMPLOYMENT

TO THE APPLICANT: You must fully complete this application for it to be considered. Applications are active for ninety (90) days; thereafter, you must personally renew the application to be considered for employment. We provide equal opportunities to all applicants and employees without regard to race, color, religion, sex, national origin, age, or disability, in accordance with applicable federal and state laws. Accommodation is available to applicants with a disabling condition, when applying, testing, or interviewing for a position. Please contact the Human Resource Department to request accommodation.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, age, marital status, or non-job related injury. (answer all questions – please print)

Date of Application _____ Position applied for _____

Name _____

Social Security Number _____

Home Phone Number _____ Cell Phone Number _____

Current Address _____

Previous Address _____
(if less than 3 years at current address)

If you answer "Yes" to either of the following two questions please explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense(s), the name and location of the court and the disposition of the case(s). A conviction may not disqualify you, but a false statement will.

Are there any felony charges pending against you now? _____

Have you been convicted of a felony, subject to a deferred adjudication, or entered a plea of "no contest" to a felony charge? _____

Do you have the legal right to work in the United States? _____

Date of Birth _____ Can you provide proof of age? _____
(required for Commercial Drivers)

In case of an emergency please notify _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Have you worked for this company before? _____ Where? _____

Dates: From: _____ To: _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you employed now? _____ If not, how long since last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever failed or refused any type of Drug or Alcohol Test? _____ Yes _____ No

Is there any reason you might be unable to perform the functions of the job for which you have applied?

If Yes, please explain_____

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) – IF NONE, WRITE NONE, DO NOT WRITE N/A

DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES
Last accident_____			
Next previous_____			
Next previous_____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

If none, write none, DO NOT WRITE N/A

LOCATION	DATE	CHARGE	PENALTY

attach sheet if more space is needed

EDUCATION

Circle highest grade completed 1 2 3 4 5 6 7 8 high school 1 2 3 4 college 1 2 3 4

Last school attended_____ name city/state

DRIVER EXPERIENCE AND QUALIFICATIONS

DRIVERS LICENSE STATE LICENSE # TYPE EXPIRATION

Have you ever been denied a license, permit, or privilege to operate a motor vehicle yes no
Has any license, permit, or privilege ever been suspended or revoked yes no

If yes to either, please explain_____

DRIVING EXPERIENCE - IF NONE, WRITE NONE

YES	NO	TYPE OF EQUIPMENT
		Straight truck_____
		Tractor –Trailer_____
		other_____
		List States operated in the last 5 years_____
		List any Safe Driving Awards you have received_____
		Years Experience_____

EMPLOYMENT HISTORY

All driver applicants to drive a commercial motor vehicle*in interstate or intrastate commerce must provide the following information on all employers during the preceding 10 years.
Please list complete mailing address, street number, city, state, and zip code.

**YOU MUST LIST 10 YEARS WITH DATES OF EMPLOYMENT FOR VERIFICATION
START WITH MOST RECENT EMPLOYER**

EMPLOYER CURRENT OR MOST RECENT
Name _____
Address _____
City/state/zip _____
Contact _____
Phone Number _____
Fax Number _____

DATES
from _____ to _____
position _____
salary/wage _____
reason for leaving _____

EMPLOYER
Name _____
Address _____
City/state/zip _____
Contact _____
Phone Number _____
Fax Number _____

DATE
from _____ to _____
position _____
salary/wage _____
reason for leaving _____

EMPLOYER
Name _____
Address _____
City/state/zip _____
Contact _____
Phone Number _____
Fax Number _____

DATE
from _____ to _____
position _____
salary/wage _____
reason for leaving _____

EMPLOYER
Name _____
Address _____
City/state/zip _____
Contact _____
Phone Number _____
Fax Number _____

DATE
from _____ to _____
position _____
salary/wage _____
reason for leaving _____

EMPLOYER
Name _____
Address _____
City/State/Zip _____
Contact _____
Phone Number _____
Fax Number _____

DATE
from _____ to _____
position _____
salary/wage _____
reason for leaving _____

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.

DATE _____ APPLICANT SIGNATURE _____

References: give names, addresses and telephone numbers of three references (not relatives or former employers).

1. _____

2. _____

3. _____

I certify that all of the information provided by me in connection with my application is true and complete, without evasion, and I further understand and agree that such statements may be investigated and misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information that they might have, personal or otherwise, with regard to any other subject covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

I have read and understand Transco Logistics, LLC's Substance Abuse Policy. I understand that upon a conditional offer of employment, I may be required to submit to a physical exam, including alcohol and drug testing as set forth in the Policy. I understand that decisions concerning my employment will be made as a result of this test.

If employed, I understand that I will be an employee "at will" and that either Transco Logistics, LLC or I may terminate my employment relationship at any time, with or without cause or notice, for any reason which does not violate the law.

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.

DATE _____ APPLICANT SIGNATURE _____

TO: _____ ATTN: _____

_____ SS# _____

has made application to this company for a position as _____
and states that he/she was employed by you from _____ to _____

- Is employment record with your company correct as stated above? yes no
if not, please show correct dates _____
- What kind of work did he/she do? _____
- Reason for leaving your employment? Dismissed? Laid Off? Resigned?
other _____
- Was his/her general conduct satisfactory? yes no other?
- Is he/she competent for this position? yes no
- Would you re-employ? yes no review
- If employed as a driver, specify equipment driven. _____
- Did the driver have any reportable accidents? yes no
Number of accidents _____ number preventable _____
(please attach any additional information)
- Was his/her driver's license ever suspended or revoked? yes no
- Did he/she have any safety violations while in your employment? yes no
- Were there any safety violations or accidents reported to you by any previous employers? yes no

BY: _____ FOR: _____
signature of person supplying information company name

PRINT
NAME: _____ DATE: _____

-----EMPLOYEE AUTHORIZATION-----

I hereby authorize any representative or investigator of TRANSCO LOGISTICS LLC to obtain all information regarding my service, character, and conduct while in your employ, including performance, attendance, and personal history, disciplinary and conviction records. I hereby direct you to release such information upon request to the bearer of this AUTHORIZATION. I understand that the information released is for official use by this prospective employer and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities. I hereby release any individual or entity from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance or attempts to comply, with this request for information and authorization.

APPLICANT _____ DATE _____
former employee

Please return information to:
TRANSCO LOGISTICS
P O BOX 1336, DURANT, OK 74702
PHONE # 580-931-8606 FAX #580-296-1662

REQUEST FOR DRUG & ALCOHOL TESTING INFORMATION

TO: _____ ATTN: _____
ADDRESS _____
PHONE _____ FAX _____
APPLICANT _____ SS# _____

REQUEST FOR CONTROLLED SUBSTANCE & ALCOHOL TESTING RECORDS

This is only required from previous employers where applicant drove a CDL vehicle within the past 3 years
I hereby authorize my previous employers listed above to release and forward all information on my Controlled Substance & Alcohol Testing & Training records to my prospective employer listed above. This request is required and authorized by Federal Motor Carrier Safety Regulations 382.405 (access to facilities and records) and 382.413 (inquiries for controlled substance & alcohol testing information from previous employers).

APPLICANT SIGNATURE _____ DATE _____

Previous employers must supply the following information regarding the above named individual during the past 3 years while employed to perform DOT covered safety sensitive functions:

1. Has this person ever tested positive for a controlled substance in the past 3 years? yes no
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the past 3 years? yes no
3. Has this person ever refused a required test for Controlled Substance or Alcohol in the past 3 years?(including verified substituted or adulterated drug test results) yes no
4. Have there been any other violations of DOT agency drug and alcohol testing regulations? yes no
5. Did a previous employer report a drug and alcohol rule violation to you? yes no
if yes, you must provide previous employer's report
6. If you answered yes to any of the above questions, did the employee complete the return to duty process prescribed by a Substance Abuse Professional(SAP)? yes no
if yes, you must provide appropriate return to duty documentation
e.g. Sap report(s) follow up testing records
7. After employee successfully completed the return to duty process, did employee have any...
alcohol tests with a result of 0.04 or higher alcohol concentration? yes no
verified positive drug results? yes no
refusals, verified adulterated or substituted results? yes no

PREVIOUS EMPLOYER SIGNATURE _____ DATE _____

1ST ATTEMPT _____ DATE _____ 2ND ATTEMPT _____ DATE _____ (REQUIRED IF NO RESPONSE WITHIN 14 DAYS)

PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulation Part 382.301 pre-employment testing requirements apply to driver-applicants of this company.

382-301 Pre-employment testing requirements

- (a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substance as a pre-qualification condition.
- (b) A driver –applicant shall submit to controlled substance testing as a pre-qualification condition.
- (c) Prior to collection of a urine sample under 382.113 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing. I understand a positive test for controlled substances based on the Urinalysis test will medically disqualify me from the operation of a commercial motor vehicle for this company. The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties. I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

Applicant Name (print)

Applicant Signature

Date

Company Representative’s Signature

Date

POLICY ACKNOWLEDGEMENT

TRANSCO LOGISTICS LLC does not approve of or allow the use of illegal drugs and/or the use of alcohol while performing the duties of DRIVER.

In an effort to provide a safe and healthful work environment, **TRANSCO LOGISTICS LLC** has implemented a Drug and Alcohol Program.

This program will include, but is not limited to

- Supervisor Training
- Employee Education
- Pre-Employment Drug Testing
- Random Drug and Alcohol Testing
- Post Accident Drug and Alcohol Testing
- Reasonable Suspicion Drug and /or Alcohol Testing

A copy of the complete policy and procedures for this program is made available to all employees covered by this policy.

These employees include all persons employed by **TRANSCO LOGISTICS LLC**

BY SIGNING THIS DOCUMENT I AM STATING THAT I HAVE BEEN GIVEN AND UNDERSTAND THE DRUG AND ALCOHOL POLICY OF

TRANSCO LOGISTICS LLC

Employee name – print

date

Employee signature

date

Company Name **TRANSCO LOGISTICS LLC**

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol testing results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number

Driver License Number

Date of Birth

DRIVERS ROAD TEST EXAMINATION

Name _____

Address _____

Driver's License Number _____ State _____ Exp date _____

Type of Truck _____ Type of Trailer _____

The Road test shall be given by the motor carrier or a person designated by the motor carrier. However, a driver who is a motor carrier must be tested by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he/she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance

_____ The Pre-trip inspection

_____ Coupling and uncoupling units, if the equipment is a combination unit

_____ Placing the equipment in operation

_____ Use of the vehicles controls and emergency equipment

_____ Operating in traffic, passing, and turning

_____ Braking, and slowing the vehicle by means other than braking

_____ Backing and parking the vehicle

_____ Other, explain _____

Examiner's Signature _____ Title _____

=====
CERTIFICATE OF ROAD TEST

Driver's Name _____ Date _____

CDL# _____ State _____ SS# _____

This is to certify that the above named driver was given a road test under my supervision on _____, 20_____, consisting of approximately _____ miles of driving It is my considered opinion that the driver possesses sufficient driving skills to operate safely the type of commercial motor vehicle listed above.

Examiner's Signature _____ Title _____

DRIVER QUALIFICATION FILE – **TRANSCO LOGISTICS LLC**

NAME _____ HIRE DATE _____

DRIVE DATE _____

DRIVER APPLICATION FOR EMPLOYMENT

Must list all previous employers for the past 3 years (make sure all time is covered)
Must list all previous employers for the past 10 years, if applicant operated a CMV
Must sign the request/consent form for previous employers regarding alcohol and controlled substance result (s)

BEFORE DRIVING A COMMERCIAL MOTOR VEHICLE

DRIVER ROAD TEST OR COPY OF CDL

A copy of the driver’s current CDL (with proper endorsements) counts as a road test, or
A copy of the road test examination and certification is required. (for tank trucks a road test and certification is required)

PRE EMPLOYMENT CONTROLLED SUBSTANCES TEST RESULTS!

The driver must take a DOT controlled substance test (drug) and have a **VERIFIED NEGATIVE TEST RESULT** before driving a commercial motor vehicle

MEDICAL EXAMINER’S CERTIFICATE (DOT PHYSICAL)

Pass a DOT physical (if required) before driving a commercial motor vehicle

DRUG POLICY

You must give applicant a copy of your company drug policy and have them sign the drug policy certification/declaration form

DRIVER DATA SHEET (OR LOG BOOK)

Applicant must complete a driver data sheet or a log for the 7 days worked prior to driving

WITHIN 14 DAYS OF DRIVING

EMPLOYER MUST VERIFY PAST ALCOHOL AND CONTROLLED SUBSTANCE

RESULT(S) from previous employers where applicant drove a commercial vehicle for the previous 3 years. This is to be completed within 14 days after starting to drive. A second attempt to obtain information is **REQUIRED**, if needed.

WITHIN 30 DAYS OF DRIVING

DRIVER MVR CHECK

A copy of the applicants driving record for the preceding 3 years is **REQUIRED** within 30 days

INQUIRY TO PREVIOUS EMPLOYERS

You are required to check all previous employment for the past 3 years.

AFTER 12 MONTHS AND ANNUALLY THEREAFTER – you must obtain a copy of the drivers

MVR (driving record) yearly for the annual review of driving record and drivers annual certification of violation.

Payroll Withholding Agreement

I hereby authorize Transco Logistics, L.L.C. to deduct the following items from my pay under the circumstances described in the Oklahoma Company Driver Pay Plan and as set forth above:

- 1. Equipment:** I understand that I am responsible for the truck and the equipment assigned to me. I understand and agree that I will be charged for all damages to the truck and or equipment (with the exception of normal wear and tear), including missing equipment, while assigned to me. I understand and agree that these charges will be deducted from my pay.
- 2. Cargo Claims:** I understand that I am responsible for all cargo assigned to me. I understand and agree that I will be charged for the first \$1,000.00 of each cargo claim, including but not limited to delay, shortages, misdelivery, and/or any direct damage claim for which I am at fault. I understand and agree that if these charges are not paid, they will be deducted from my pay.
- 3. Cleaning:** I understand and agree that I am responsible for keeping my assigned truck neat and clean. I understand that if the truck assigned to me fails a periodic inspection for cleanliness, a \$100.00 cleaning fee will be deducted from my paycheck. If the assigned truck is not clean and neat upon final inspection, an additional \$100.00 will be deducted from my final paycheck upon termination of my employment.
- 4. Out of Route Miles:** I understand that out of route miles are absolutely prohibited and if I take my truck out of route, I will be charged \$1.00 per mile for each out of route mile, which will be deducted from my next paycheck.
- 5. Fleet One Card:** I understand that the company Fleet One card issued to me is to be used for authorized business charges only, such as truck repair, fuel, and other approved expenses (e.g., oil, tolls, truck wash, weigh tickets, wiper blades, etc.). Personal items will not be approved as authorized business expenses. I agree to use common sense and good judgment in determining whether a specific charge is an authorized business expense. I understand that unauthorized business expenses are absolutely prohibited. I understand that I must provide the Company a receipt for each charge. I further understand and agree that all unauthorized charges, and charges without a signed receipt, will not be approved and will be deducted from my pay.
- 6. Fleet One Advances:** I understand that all weekly Fleet One cash advances will be deducted from my paycheck for that corresponding week.
- 7. Fines:** I agree to pay all fines, including but not limited to parking and traffic fines and penalties, imposed for violation of any law or regulation by the state or any locality in which I operate, the DOT, or the Surface Transportation Board, where such violation results, at least partially, from the acts or omissions of myself. I understand and agree that should any of these costs be charged back to Transco Logistics, the costs will then be deducted from my pay.
- 8. Duty Status Report:** I understand and agree that my Duty Status Report book must be returned immediately upon termination of my employment. Furthermore, the Duty Status Report book must be in good condition, and all entries must be current and totally up-to-date.

Employee Signature

Witness:

Employee Printed Name

Company Representative Signature

Date: _____

Date: _____