



Concord Energy Transportation LLC

PO Box 1468

Watford City, ND 58854

Phone: 701-770-7951

Fax: 701-205-3809

DRIVER APPLICATION FOR EMPLOYMENT

Applicants are considered for positions without regard to race, color, creed, age, sex, disability, or national origin

GENERAL

Please print plainly and complete all blank spaces.

NAME: _____ **APPLICATION DATE:** _____

FIRST MIDDLE LAST

PHONE: _____ **EMAIL ADDRESS:** _____

HOME MOBILE

CURRENT ADDRESS: _____

NUMBER STREET CITY STATE ZIP

PREVIOUS ADDRESS 1: _____

NUMBER STREET CITY STATE ZIP

PREVIOUS ADDRESS 2: _____

NUMBER STREET CITY STATE ZIP

ARE YOU 25 YEARS OLD? YES NO

SOCIAL SECURITY NUMBER DATE OF BIRTH

EMERGENCY CONTACT: _____

NAME ADDRESS CITY, STATE ZIP

PERSONAL REFERENCES, OTHER THAN RELATIVES:

NAME: _____ **DAYTIME PHONE:** _____

NAME: _____ **DAYTIME PHONE:** _____

NAME: _____ **DAYTIME PHONE:** _____

LIST ALL DIRVER LICENSES/PERMITS HELD CURRENTLY AND PREVIOUSLY

STATE	LICENSE NUMBER	TYPE	ENDORSEMENTS	EXPIRATION DATE

EMPLOYMENT RECORD

Begin with your present or most recent employer and work backward in order, listing all of your employers for the last three (3) years. All time must be accounted for including military service, self-employment, and periods of unemployment. FEDERAL LAW requires ALL commercial tractor-trailer driving jobs in the last ten (10) years to be listed on your application. Failure to list driving employment will be in violation of federal law. Use supplementary sheet if necessary.

CURRENT OR MOST RECENT EMPLOYER

COMPANY NAME	STREET ADDRESS	CITY, STATE ZIP	PHONE
PRESENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAY WE CONTACT THIS EMPLOYER AFTER WRITTEN OFFER ACCEPTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

SUPERVISOR	YOUR POSITION	START DATE	END DATE	RATE OF PAY
TRUCK(S) OPERATED: <input type="checkbox"/> SEMI TRACTOR <input type="checkbox"/> STRAIGHT TRUCK <input type="checkbox"/> OTHER				
TRAILER(S) OPERATED: <input type="checkbox"/> VAN <input type="checkbox"/> FLAT <input type="checkbox"/> REEFER <input type="checkbox"/> TANK				
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS AT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS THIS EMPLOYMENT DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO				

MATERIALS HAULED	MILE RADIUS	NUMBER OF STATES	REASON FOR LEAVING
NUMBER OF ACCIDENTS:	ACCIDENT DETAILS:		

SECOND LAST EMPLOYER

COMPANY NAME	STREET ADDRESS	CITY, STATE ZIP	PHONE
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SUPERVISOR	POSITION	START DATE	END DATE	RATE OF PAY
TRUCK(S) OPERATED: <input type="checkbox"/> SEMI TRACTOR <input type="checkbox"/> STRAIGHT TRUCK <input type="checkbox"/> OTHER				
TRAILER(S) OPERATED: <input type="checkbox"/> VAN <input type="checkbox"/> FLAT <input type="checkbox"/> REEFER <input type="checkbox"/> TANK				
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS AT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS THIS EMPLOYMENT DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO				

MATERIALS HAULED	MILE RADIUS	NUMBER OF STATES	REASON FOR LEAVING
NUMBER OF ACCIDENTS:	ACCIDENT DETAILS:		

THIRD LAST EMPLOYER

COMPANY NAME	STREET ADDRESS	CITY, STATE ZIP	PHONE
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SUPERVISOR	POSITION	START DATE	END DATE	RATE OF PAY
TRUCK(S) OPERATED: <input type="checkbox"/> SEMI TRACTOR <input type="checkbox"/> STRAIGHT TRUCK <input type="checkbox"/> OTHER				
TRAILER(S) OPERATED: <input type="checkbox"/> VAN <input type="checkbox"/> FLAT <input type="checkbox"/> REEFER <input type="checkbox"/> TANK				
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS AT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS THIS EMPLOYMENT DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO				

MATERIALS HAULED	MILE RADIUS	NUMBER OF STATES	REASON FOR LEAVING
NUMBER OF ACCIDENTS:	ACCIDENT DETAILS:		

FOURTH LAST EMPLOYER

COMPANY NAME	STREET ADDRESS	CITY, STATE ZIP	PHONE
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SUPERVISOR	YOUR POSITION	START DATE	END DATE	RATE OF PAY
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TRUCK(S) OPERATED: SEMI TRACTOR STRAIGHT TRUCK OTHER

TRAILER(S) OPERATED: VAN FLAT REEFER TANK

WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS AT THIS EMPLOYER? YES NO

WAS THIS EMPLOYMENT DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS? YES NO

MATERIALS HAULED	MILE RADIUS	NUMBER OF STATES	REASON FOR LEAVING
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NUMBER OF ACCIDENTS:	ACCIDENT DETAILS:
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FIFTH LAST EMPLOYER

COMPANY NAME	STREET ADDRESS	CITY, STATE ZIP	PHONE
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SUPERVISOR	POSITION	START DATE	END DATE	RATE OF PAY
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TRUCK(S) OPERATED: SEMI TRACTOR STRAIGHT TRUCK OTHER

TRAILER(S) OPERATED: VAN FLAT REEFER TANK

WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS AT THIS EMPLOYER? YES NO

WAS THIS EMPLOYMENT DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS? YES NO

MATERIALS HAULED	MILE RADIUS	NUMBER OF STATES	REASON FOR LEAVING
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NUMBER OF ACCIDENTS:	ACCIDENT DETAILS:
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SIXTH LAST EMPLOYER

COMPANY NAME	STREET ADDRESS	CITY, STATE ZIP	PHONE
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SUPERVISOR	POSITION	START DATE	END DATE	RATE OF PAY
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TRUCK(S) OPERATED: SEMI TRACTOR STRAIGHT TRUCK OTHER

TRAILER(S) OPERATED: VAN FLAT REEFER TANK

WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS AT THIS EMPLOYER? YES NO

WAS THIS EMPLOYMENT DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS? YES NO

MATERIALS HAULED	MILE RADIUS	NUMBER OF STATES	REASON FOR LEAVING
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NUMBER OF ACCIDENTS:	ACCIDENT DETAILS:
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DRIVER RECORD

List ALL traffic violations for which you have been convicted or forfeited bond or collateral in the past 3 years. (If none, write none)

DATE	LOCATION	CHARGE	PENALTY

List and describe ALL accidents and cargo claims (regardless of fault) in the past 3 years. (If none, write none)

DATE	DESCRIPTION OF ACCIDENT OR CARGO CLAIM	WERE YOU CITED?	ANY INJURIES?	ANY FATALITIES?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

List special courses or training that will help you as a driver:

List safe driving awards do you hold and from whom:

- | | | |
|--|------------------------------|-----------------------------|
| 1) Have you EVER been convicted of a felony? (Will not necessarily bar you from employment) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2) Have you EVER been convicted of a misdemeanor? (Will not necessarily bar you from employment) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3) Have you EVER had a restricted license? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4) Have you EVER been convicted of driving while intoxicated? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5) Have you EVER failed or refused a DOT alcohol or controlled substance test? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6) Have you EVER had your license suspended? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7) Have you EVER been denied a license, permit, or privilege to operate a motor vehicle? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8) Have you EVER been disqualified subject to Section 391.15 of Federal Motor Carriers Safety Regulations? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If yes to any of the above questions, please provide dates & details:

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME, CITY, STATE	GRADUCATED	HOW MANY YEARS ATTENDED?	MAJOR
GRADE		<input type="checkbox"/> YES <input type="checkbox"/> NO		
HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE		<input type="checkbox"/> YES <input type="checkbox"/> NO		
GRADUATE		<input type="checkbox"/> YES <input type="checkbox"/> NO		
BUSINESS OR TRADE		<input type="checkbox"/> YES <input type="checkbox"/> NO		
DRIVING SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	GRADUATION DATE:	

TANK EXPERIENCE

YEARS OF EXPERIENCE: _____

MILES: _____

MATERIALS HAULED?	YES	NO	EQUIPMENT YOU HAVE EXPERIENCE WITH?	YES	NO
CRUDE OIL	<input type="checkbox"/>	<input type="checkbox"/>	PUMPS	<input type="checkbox"/>	<input type="checkbox"/>
FUEL	<input type="checkbox"/>	<input type="checkbox"/>	OVER-FILL SYSTEMS	<input type="checkbox"/>	<input type="checkbox"/>
HAZARDOUS MATERIALS	<input type="checkbox"/>	<input type="checkbox"/>	HOSES & FITTINGS	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICALS	<input type="checkbox"/>	<input type="checkbox"/>	SAMPLING	<input type="checkbox"/>	<input type="checkbox"/>
LUBRICANTS	<input type="checkbox"/>	<input type="checkbox"/>	SHAKE-OUT BOXES	<input type="checkbox"/>	<input type="checkbox"/>
DRY BULK MATERIALS	<input type="checkbox"/>	<input type="checkbox"/>	HYDROMETERS	<input type="checkbox"/>	<input type="checkbox"/>
LP GAS	<input type="checkbox"/>	<input type="checkbox"/>	OIL THEIFS	<input type="checkbox"/>	<input type="checkbox"/>
COMPRESSED GAS	<input type="checkbox"/>	<input type="checkbox"/>	GAUGING TAPES	<input type="checkbox"/>	<input type="checkbox"/>

TERMS AND SIGNATURE

NOTICE: Title 15 of the U.S. Code, Section 1681 and following, require that we advise you that a routine inquiry may be made which will provide appropriate information regarding character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I understand that this application will be accepted by the Company subject to the following conditions:

- 1) I voluntarily give the Company the right to conduct a complete background investigation and agree to cooperate in such investigation and release from all liability or responsibility all persons, companies, or organizations supplying such information
- 2) I agree and understand that the information contained in this application will be used and that my prior employers will be contacted for purposes of investigation as required by the Federal Motor Carrier Safety Regulations - 391.11, 391.21, 391.23, 391.25, 391.27, 391.53, Title 49 Part 40 Subpart B, 40.25, and HM-232. I have the right to review such reports and the opportunity for rebuttal of any information obtained.
- 3) I agree to undergo any medical evaluation, including any blood, urine, saliva, or other drug screening test, as may be required by the Company. An offer of employment may be subject to revocation or my employment may be terminated for failure to meet any medical evaluation requirements, including drug screening, established by the Company.
- 4) I agree and understand that as a condition of employment, I am subject to Drug/Alcohol testing as required by FMCSA regulations. This will include Pre-employment, Random, Post-Accident, and Reasonable Suspicion Testing.
- 5) If employed, I agree to comply with all plant, field, and office rules and to wear or use personal protective clothing or equipment as required by the Company.
- 6) I certify that all statements made in connection with my seeking employment at Concord Energy Transportation LLC, including statements on this application or any other document submitted as part of the employment process are true and are without any material misrepresentation or omission. I further understand and agree that any material misrepresentation or omission made by me on this application or any other document submitted as part of the employment process will be grounds for my immediate discharge or of termination of the application process.
- 7) I hereby agree that, if employed, I will not divulge any information confidential to this Company or any of its subsidiaries or affiliates while employed or at any time thereafter.
- 8) I understand and agree that any employment offered to me will not be for any definite period of time and is subject to termination with or without cause by myself or the Company at any time. I further understand and agree that my employment is "at-will," that no statements have been made to the contrary and that this policy cannot be changed except in writing, signed by an authorized officer of the Company.

Applicant's Signature _____

Date _____