

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name: _____ Date of Application: _____

Company: **CREST OILFIELD LOGISTICS**

Address: **15370 Park Row, Suite 300**

City: **Houston** State: **Texas** Zip: **77084**


In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigation my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.



Signature:  _____ Date: _____

FOR COMPANY USE PROCESS RECORD

Applicant Hired: _____ Rejected: _____

Date Employed: _____ Point Employed: _____

Department: _____ Classification: _____

(If rejected, summary report of reasons should be placed in file)

Signature of Interviewing Officer: _____

TERMINATION OF EMPLOYMENT

Date of Termination: _____ Department Released From: _____

Dismissed: _____ Voluntarily Quit: _____ Other: _____

Termination Report Placed In File: _____ Supervisor: _____

APPLICANT TO COMPLETE
(ANSWER ALL QUESTIONS – PLEASE PRINT)

Positions Applied for: _____

Your Last Name Your First Name Your Middle Name Social Security Number:

List your addresses of residency for the past 3 years.

Current Address

Street: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ How Long? : _____
yr/mo

Previous Addresses

Street: _____ City: _____ State & Zip Code: _____ How Long? : _____
yr/mo

Street: _____ City: _____ State & Zip Code: _____ How Long? : _____
yr/mo

Street: _____ City: _____ State & Zip Code: _____ How Long? : _____
yr/mo

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

Date of Birth: _____ / _____ / _____ Can you provide proof of age? : _____
(Required for Commercial Driver's License)

Have you worked for this company before? : _____ If so, where? : _____

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

Reason for Leaving: _____

Are you now employed? : _____ If not, how long since leaving last employer? : _____

Who referred you? : _____ Rate of pay expected? : _____

Have you ever been bonded? : _____ Name of bonding company: _____
(Answer only if a job requirement)

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]: _____

If yes, explain of you wish: _____

Employer		Dates	
Name:		From:	To:
Address:		Position Held:	
City:	State: Zip:	Salary / Wage:	
Contact Person:	Phone Nbr:	Reason for Leaving?	
Were you subject to the FMCSRs while employed?		Yes:	No:
Was your job designated as a Safety-Sensitive function in any DOT-regulated mode subject to the drug and testing requirements of 49 CFR Part 40?		Yes:	No;

Employer		Dates	
Name:		From:	To:
Address:		Position Held:	
City:	State: Zip:	Salary / Wage:	
Contact Person:	Phone Nbr:	Reason for Leaving?	
Were you subject to the FMCSRs while employed?		Yes:	No:
Was your job designated as a Safety-Sensitive function in any DOT-regulated mode subject to the drug and testing requirements of 49 CFR Part 40?		Yes:	No;

Employer		Dates	
Name:		From:	To:
Address:		Position Held:	
City:	State: Zip:	Salary / Wage:	
Contact Person:	Phone Nbr:	Reason for Leaving?	
Were you subject to the FMCSRs while employed?		Yes:	No:
Was your job designated as a Safety-Sensitive function in any DOT-regulated mode subject to the drug and testing requirements of 49 CFR Part 40?		Yes:	No;

Employer		Dates	
Name:		From:	To:
Address:		Position Held:	
City:	State: Zip:	Salary / Wage:	
Contact Person:	Phone Nbr:	Reason for Leaving?	
Were you subject to the FMCSRs while employed?		Yes:	No:
Was your job designated as a Safety-Sensitive function in any DOT-regulated mode subject to the drug and testing requirements of 49 CFR Part 40?		Yes:	No;

Employer		Dates	
Name:		From:	To:
Address:		Position Held:	
City:	State: Zip:	Salary / Wage:	
Contact Person:	Phone Nbr:	Reason for Leaving?	
Were you subject to the FMCSRs while employed?		Yes:	No:
Was your job designated as a Safety-Sensitive function in any DOT-regulated mode subject to the drug and testing requirements of 49 CFR Part 40?		Yes:	No;

[*] Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

[!] The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weights or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Experience and Qualification

Attach separate sheet if more space is needed

Driving Experience

If no driving experience within the last 3 years – check here _____

Class of Equipment	Type of Equipment (Circle all that apply)	Dates		OR	Approximate Number of Miles	
		From	To			
Straight Truck	Van, Reefer, Tank, Flat					
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat					
Tractor - Two Trailers	Van, Reefer, Tank, Flat					
Tractor - Three Trailers	Van, Reefer, Tank, Flat					
Motorcoach – School Bus (Greater than 8 passengers)	N/A					
Motorcoach – School Bus (Greater than 15 passengers)	N/A					
Other:	Van, Reefer, Tank, Flat, N/A					

Accident History (3 years)

If no driving experience within the last 3 years – check here _____

Date (mth/yr)	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Nbr of Fatalities	Nbr of Injuries	Hazardous Materials Spills?	
				Yes:	No:
				Yes:	No:
				Yes:	No:
				Yes:	No:

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures within the last 3 years – check here _____

Date Convicted (Month / Year)	Violation (Other than violations involving parking only)	State of Violation	Penalty (Forfeited bond, collateral and/or points)

License Information

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license. I certify that I do not have more than one motor vehicle license, the information of which is listed below.

State:	License Nbr:	Expires:
Have you ever been denied a license, permit, or privilege to operate a motor vehicle?		Yes: No:
If Yes, give details:		
Has any license, permit, or privilege ever been suspended or revoked?		Yes: No:
If Yes, give details:		

Applicant Certification

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:  _____ Date: _____



Company Name: CREST OILFIELD LOGISTICS

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 I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.



Applicant's Signature: X Date: _____

Printed Name: _____ ID Number: _____

FMCSA – Applicant Authorization to Release Safety Performance History

(As required by 49 CFR Parts 40.25 and 391.23)

Name of Applicant: _____ Division: _____
(Print Clearly)

Social Security #: _____ Date of Birth: _____

Position applied for: _____

I, _____, do hereby authorize you to release the following information to CREST Oilfield Logistics, for the purpose of investigation as required by Section 391.23 and 49 CFR Part 4025 of the Federal Motor Carrier Safety.



Signature of Applicant: ~~X~~ _____ Date: _____

If you have NOT performed DOT functions in the past 3 years, check here _____

List all employment for the past 3 years.

Previous Employer Name	Address	Phone Number	FAX Number	Dates of Employment

In accordance with Section 391.23 and 49 CFR Part 4025, we are obliged 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 the date above. Please complete the information following section pertaining to the applicant's driver safety performance and past DOT drug and alcohol test results within the last 3 years, including refusal to test. Please return to CREST Oilfield Logistics within 30 days, as required by Section 391.23(g) to:

CREST Oilfield Logistics
Attn: Human Resources
15370 Park Row, Suite 300
Houston, TX 77084
Phone: 281.945.4325 / FAX: 281.579.1975

The Following Section Should Be Completed By Previous Employer

Safety Performance History:

Did he/she drive a commercial motor vehicle for you? Yes _____ No: _____

If yes, what type?

Straight Truck:	Tractor-Semi Trailer:	Bus:
Cargo Truck:	Double Triples:	
Other (specify):		

Reasons for leaving your company?

Discharged:	Resignation:	Lay Off:	Military Duty:
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	<= Check if there is no safety performance history to report, sign below and return.
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Accidents: Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown previously.

Date	Location	Nbr of injuries	Nbr of fatalities	Hazmat Spill

	Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information (391.23(d)(2)(ii)).
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Check if applicable.

Yes	No	
		1. Any DOT alcohol test results of 0.04 or greater during the previous 3 years?
		2. Any DOT positive drug results during the previous 3 years?
		3. Refusal to submit to a DOT required drug/alcohol test?
		4. Other violations of DOT drug and alcohol rule violation to you within the past 3 years?
		5. Did a previous employer report a drug/alcohol rule violation to you within the past 3 years?
		6. If "Yes" for any of the above items, did the employee complete the return-to-duty process?

	<= Check here if your company and/or applicant was not subject to DOT regulations.
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Note: If "Yes" for item #5 above, you must provide the previous employer's report. If "Yes" for item #6 above, you must also transmit the appropriate return-to-duty documentation (e.g. Sap report(s), follow-up testing record).



Signature:  _____ Title: _____ Date: _____

Company Name: _____

Previous Pre-employment Employee Alcohol and Drug Test Statement

Section 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 function for you, until and unless the employee documents successful completion of the return-to-duty process. (see Section 40.25(b)(5) and (3))

Prospective Employee Name: _____ ID Number: _____
(print)

The prospective employee is required by Section 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: ~~X~~ _____  Date: _____

Witnessed By (Signature): _____  Date: _____

ORIGINAL - EMPLOYER

Motor Vehicle Drivers

Certification of Compliance with Driver License Requirements

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

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

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:


1)	POSSESS ONLY ONE LICENSE: You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
2)	NOTIFICATION OF LICENSE SUSPENSION, REVOCATION, or CANCELLATION: Sections 391.15(b)(2) 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 are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.
3)	CDL DOMICILE REQUIREMENTS: Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

Driver's License Nbr.: _____ State: _____ Exp. Date: _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature:  _____  Date: _____

Notes:

ORIGINAL – MAY BE RETAINED IN PERMANENT FILE

Request for Check of Driving Record

I hereby authorize you to release the following information to: CREST Oilfield Logistics
(Prospective Employer)

for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Applicant's Signature: X  Date: _____

In accordance with the provisions of Sections 604 and 607 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), I hereby certify the following:

1.	The consumer (applicant) has authorized in writing the procurement of this report;
2.	The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3.	The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4.	The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5.	Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that the report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

Signature of Requester: _____ Date: _____

TO:

Dear Sir/Madam:

The following named person has made application with our company for the position of _____, in accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past 3 years.

The following named person is employed with our company in the position of _____, in accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past year.

Name of applicant/driver: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Former Address: _____ City: _____ State: _____ Zip Code: _____
Date of Birth: _____ SSN: _____ License Nbr: _____

REQUESTED BY

Name of Company: CREST Oilfield Logistics Typed Name: _____

Address: 15370 Park Row, Suite 300 Title: _____

City: Houston State: Texas Signature: _____

Motor Vehicle Driver's Certification of Violations / Annual Review of Driving Record

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

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).

To Be Completed by Driver – Certification of Violations

Name of Driver (please print): _____

ID Number: _____ Date of Employment: _____

Driver's License Number: _____ State: _____ Expiration Date: _____

Home Terminal (city & state): **15370 Park Row, Suite 300, Houston, TX 77084**

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had no violations, check this box - None)

Date	Offense	Location	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver's Signature:  _____  Date: _____

To Be Completed by Motor Carrier – Annual Review of Driving Record

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 named driver in accordance with Section 391.25 and find that he/she:

Meets minimum requirements for safe driving is disqualified to drive a motor vehicle pursuant to Section 391.15

Does not adequately meet satisfactory safe driving performance.

Action taken with driver: _____

Reviewed by Signature: _____ Date: _____

Printed Name: _____ Date: _____

Motor Carrier Name: **CREST Oilfield Logistics** Address: **15370 Park Row, Suite 300, Houston, TX 77084**

Driver Statement of On-Duty Hours

(For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers, when using a driver for the first time, must obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the carrier, as required by Section 395.8(j)(2) of the Federal Motor Carrier Safety Regulations. **NOTE:** Hours for any work during the preceding 7 days, including any compensated work for a non-motor carrier, must be recorded on this form.

This form should be completed on the day the driver is scheduled to begin driving a commercial motor vehicle and must be kept on file for at least 6 months.

Drivers Name (printed): _____

Employee ID Number: _____

Day	1 (yesterday)	2	3	4	5	6	7	Total Hours
Date								
Hours Worked								

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from the work at:

Time: _____ AM/PM ON: _____
Day Month Year

Driver's Signature: _____ Date: _____

Driver Certification for Other Compensated Work

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, and performing any compensated work for any non-motor carrier entity.

Are you currently working for another company? (Check one)
 Yes No

At this time do you intend to work for another employer while still employed by this company? Yes No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature: _____ Date: _____

Witness Signature: _____ Date: _____
Company Representative

Original – May be Retained in Permanent File

MANDATORY USE FOR ALL ACCOUNT HOLDERS

IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE PSP *Online Service*

1. In accordance with your application for employment with Crest Oilfield Logistics ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification, that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken, and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below.

2. I authorize CREST Oilfield Logistics ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.
3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.
4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Signature:  _____ Date:  _____

Name (printed): _____

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective Applicant's consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**