

Hire Date _____



APPLICATION FOR EMPLOYMENT

PLEASE SEE APPLICATION COVER SHEET FOR REQUIRED DOCUMENT COPIES TO ATTACH TO THIS APPLICATION

Notice to the Applicant: We appreciate your interest in Tite Water Energy, LLC. A clear understanding of your background and work history will assist us with your possible placement or future advancement in our organization. Tite Water Energy LLC is an equal opportunity employer and you will be considered for employment without regards to race, color, religion, sec, national origin, age, marital status or non-job related disabilities.

Please complete this application accurately and print legibly and answer ALL questions. If the answer to any question is NO or NONE, do not leave it blank, write NO or NONE.

TRACTOR YEAR MAKE TRAILER YEAR MAKE

POSITION APPLIED FOR | COMPANY NAME IF APPLYING FOR ANOTHER OWNER |

FULL TIME PART TIME CDL TYPE: A B # OF YEARS CDL DATE AVAILABLE TO WORK DATE OF APPLICATION

LAST NAME FIRST MI DOB-REQUIRED FOR CDL E-MAIL ADDRESS

HOME PHONE CELL PHONE SOCIAL SECURITY NUMBER

CURRENT ADDRESS & 3 YEARS PREVIOUS ADDRESSES: CITY STATE ZIP

HAVE YOU WORKED FOR TITE WATER ENERGY BEFORE? YES NO

IF YES, DESCRIBE WHEN AND WHERE:

DO YOU HAVE ANY CONDITIONS THAT COULD AFFECT YOUR PERFORMANCE IN THIS POSITION? YES NO YES, EXPLAIN:

SOME POSITIONS AT TITE WATER ENERGY ARE SAFETY SENSITIVE; EMPLOYMENT IN ONE OF THESE POSITIONS IS CONDITIONAL ON THE RESULTS OF MADATORY DRUG AND ALCOHOL TESTING AS DESCRIBED IN THE COMPANY'S DRUG AND ALCOHOL POLICY.

ARE YOU WILLING TO BE TESTED FOR DRUG AND/OR ALCOHOL BEFORE AND WHILE EMPLOYED? YES NO

DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK? YES NO

ARE YOU LEGALLY ELIGIBLE TO BE EMPLOYED IN THE USA? PLEASE PROVIDE PROOF. YES NO

EMPLOYMENT HISTORY: Give a complete record of all employment for the past three years, including any unemployment or self -employment, and all commercial driving experience for the past 10 years. List reasons for any gaps in employment over 3 months. Use separate sheet if necessary.

COMPANY		POSITION	START DATE
ADDRESS		SALARY	END DATE
DESCRIPTION OF DUTIES		REASON FOR LEAVING	
COMPANY CONTACT PERSON		COMPANY PHONE	COMPANY FAX
FMCSR EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		WAS THE JOB RATED AS SAFETY SENSITIVE & DOT REGULATED SUBJECT TO THE DRUG/ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) has a GVWR or weighs 10,001 pounds or more. (2) is designed or used to transport nine or more passengers, OR (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

Notice: Tite Water Energy, LLC reserves the right to contact previous employers to gather employment related information only. Present employers may also be contacted unless a notation of "DO NOT CONTACT" is made in the end date section of the present employer. Information collected will be used for screening, selection and employment purposes only.

If approved for hire, per D.O.T. regulations, ALL FORMER EMPLOYERS will be contacted regardless of whether you marked "do not contact" or not.

EDUCATION AND TRAINING

NAME & LOCATION OF HIGH SCHOOL	DIPLOMA RECEIVED	GED RECEIVED
TECHNICAL SCHOOL	AREA OF STUDY	CERTIFICATE RECEIVED
COLLEGE OR UNIVERSITY	AREA OF STUDY	DIPLOMA RECEIVED
CURRENT CERTIFICATIONS: CHECK ALL THAT APPLY		
WHMIS <input type="checkbox"/>	FIRST AID <input type="checkbox"/>	TDG <input type="checkbox"/>
H2S <input type="checkbox"/>	GODI <input type="checkbox"/>	PDIC <input type="checkbox"/>
OHC <input type="checkbox"/>	OTHER <input type="text"/>	

DRIVER'S LICENSE INFORMATION

NUMBER	STATE/CLASS	EXPIRATION DATE	
PREVIOUS LICENSE AND STATE	FROM:	TO:	
PREVIOUS LICENSE AND STATE	FROM:	TO:	
PREVIOUS LICENSE AND STATE	FROM:	TO:	

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

Is there any reason you might be unable to perform the functions of the job for which you applied? YES NO

Have you ever been convicted of a felony? YES NO

If you answered 'yes' to any of the above, give details: YES NO

DETAILS:

DRIVING EXPERIENCE

EQUIPMENT TYPE	SIZE & DESCRIPTION	DESCRIPTION OF EXPERIENCE
WINCH TRACTOR		
WATER TANKER		
VACUUM PUMP		
OTHER		
OTHER		
OTHER		

LIST STATES OPERATED IN, FOR THE PAST 5 YEARS:

ACCIDENT RECORD List all vehicle accidents you have had for the last 3 years. Use the back page if necessary.

DATE OF ACCIDENT	DESCRIPTION (HEAD ON, REAR END, UPSET, ETC.)	LOCATION OF ACCIDENT	# OF FATALITIES	# OF PEOPLE INJURED

TRAFFIC CONVICTIONS AND FORFEITURES For the last 3 years, other than parking violations

DATE	LOCATION	CHARGE	PENALTY

PERSONAL REFERENCES

NAME	RELATIONSHIP	PHONE NUMBER
NAME	RELATIONSHIP	PHONE NUMBER
NAME	RELATIONSHIP	PHONE NUMBER

NOTICE: FOR DRIVING POSITIONS, A RECENT COPY OF YOUR 3 YEAR MOTOR VEHICLE RECORD MUST ACCOMPANY THIS APPLICATION. EMPLOYMENT IS CONDITIONAL UPON HAVING AND MAINTAINING AN ACCEPTABLE DRIVING RECORD AND LICENSE.

I hereby certify that the best of my knowledge and belief that all of the answers given by me to the foregoing questions and all statements made by me in this application are true and correct. I further certify that I have read and understand fully all of the Notice to Applicants contained in this application. I hereby authorize **Tite Water Energy, LLC** to make an investigation of me as deemed necessary so far as such investigations are conducted within the legal limits established by the law. If employed, I agree to comply with the policies, rules and regulations of **Tite Water Energy, LLC**.

APPLICANT SIGNATURE	DATE
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Motor Vehicle Driver's

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 some requirements that you as a driver must comply with. They are as follows:

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 violate 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 you license). The notification to both the employer and state must be in writing.

The following license is the only one I possess:

DRIVER'S LICENSE NUMBER	ISSUE STATE	EXPIRATION DATE

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

DRIVER'S PRINTED NAME

DRIVER'S SIGNATURE & DATE

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.

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I will be on a probationary period during which time I may be disqualified without recourse.

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.

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 investigating my safety performance 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

APPLICANT'S PRINTED NAME

SOCIAL SECURITY NUMBER

DATE

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

CFR Part 40.25 (j) requires the employer to ask any applicant whether he/she has tested positive, or refused to test, on any pre-employment drug and 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 rules during the past two years. If the potential employee admits that he/she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process. See section 40.25 (b)(5) and (e).

As an applicant, applying to perform safety-sensitive functions for **Tite Water Energy, LLC**, you are required by CFR Part 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? YES NO
- 2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements? YES NO

CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT & CONSENT FORM

As a condition of employment with Tite Water Energy, LLC, Commercial Motor Vehicle Driver Applicants must submit to a pre-employment controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative results for the applicant driver for the applicant to be eligible for employment. If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to, the following:

Post Accident – Section 382.303	Random – Section 382.305	Reasonable Suspicion – Section 382.307
Return to Duty – Section 382-309		Follow-up – Section 382.311

A driver who tests positive for a controlled substance(s) and/or alcohol test, will be immediately removed from a safety-sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a driver from returning to a safety-sensitive position for any motor carrier until and unless the driver completes the Substance Abuse Professionals (SAP) evaluation, referral and educational/treatment process, as described in FMCSR Part 40, Subpart O.

For a referral to the nearest Substance Abuse Professional nearest you contact:
National Substance Abuse Professionals: 800-879-6428

All controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR.

I _____ have read the above controlled substances and Alcohol testing requirements and understand them. I acknowledge receipt of the referral contact information for Substance Abuse Professionals. My signature below also certifies that the information provided in the Driver Applicant Drug and Alcohol Pre-employment Statement is true and correct.

APPLICANT'S SIGNATURE	DATE	EMPLOYER REPRESENTATIVE <i>Tite Water Energy, LLC - William Davis</i>
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