

An Equal Opportunity Employer

It is our policy to comply with all applicable state and Federal laws prohibiting discrimination based on race, age, color, sex, religion, national origin, veteran status, disability, or other protected classifications.

APPLICATION FOR EMPLOYMENT*

NOTE: PLEASE COMPLETE ALL PARTS OF THIS APPLICATION
If completing on-line, please double click on boxes to "check" the box

* IF YOU NEED AN ACCOMMODATION TO APPLY FOR THIS POSITION, PLEASE LET US KNOW IN ADVANCE.

NAME (Please Print)			Last	First	Middle	Social Security Number		
PRESENT ADDRESS		Number & Street			City, State, & Zip Code			Phone Number ()
PERMANENT ADDRESS		Number & Street			City, State, & Zip Code			Email Address
Position/Location applied for:					Salary/Rate Expected		Date Available	
Check all that apply:	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> SUMMER ONLY	<input type="checkbox"/> Available to work OVERTIME		<input type="checkbox"/> 18 years of age or over?		SHIFT: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Overnight	
	<input type="checkbox"/> PART TIME	<input type="checkbox"/> TEMPORARY	Can you work hours other than those regularly scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No					
How were you referred to us? <input type="checkbox"/> Advertisement <input type="checkbox"/> School <input type="checkbox"/> Internet <input type="checkbox"/> Employee <input type="checkbox"/> Agency <input type="checkbox"/> Other							Name of Referral Source	
Have you previously applied to this company or any of its affiliates or subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When and Where?								
Have you previously worked for this company or any of its affiliates or subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name of the location dates of employment:								

EDUCATION AND SKILLS

NAME OF SCHOOL	CITY & STATE	AREA OF STUDY	Currently Enrolled?	DEGREE RECEIVED		GRADE AVG
				YES/NO	TYPE	
High School						
College						
Graduate School						
Other						
PROFESSIONAL CERTIFICATION or AFFILIATION	TYPE	DATE CERTIFIED	GRANTING ORGANIZATION			
ADDITIONAL SKILLS	LIST ALL THAT APPLY					
Special Skills: Hardware Applications						
Special Skills: PC programs & software?						
Foreign Languages: <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write						

MILITARY	Service Branch	Date Entered	Date Discharged	Reserve Status

REFERENCES Please provide names of previous supervisors. Students may consider instructors familiar with their academic background.

Name and Association	Occupation	Telephone
1)		
2)		
3)		

EMPLOYMENT HISTORY Please list all employment for the past 10 years starting with present or most recent employer. Use additional sheets if necessary.

Most Recent Employer	Address	City	State	Zip	Telephone Number	
Your Job Title	Immediate Supervisor		Date Hired: Mo. Yr.	Date Separated: Mo. Yr.	Initial Rate of Pay \$ Per	Final Rate of Pay \$ Per
Reason for Leaving (or considering leaving):						
Describe the nature of your duties:						

Applicant Name: _____ **Applicant SSN:** _____

Name of Employer	Address	City	State	Zip	Telephone Number
Your Job Title	Immediate Supervisor	Date Hired: Mo. Yr.	Date Separated: Mo. Yr.	Initial Rate of Pay \$ Per	Final Rate of Pay \$ Per
Reason for Leaving:					
Describe the nature of your duties:					

Name of Employer	Address	City	State	Zip	Telephone Number
Your Job Title	Immediate Supervisor	Date Hired: Mo. Yr.	Date Separated: Mo. Yr.	Initial Rate of Pay \$ Per	Final Rate of Pay \$ Per
Reason for Leaving:					
Describe the nature of your duties:					

ADDITIONAL INFORMATION Answer all of the following questions. Explain "YES" in detail below. Attach additional sheet if necessary.

1. Were you ever discharged from any of the above positions:-----	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Were you ever employed by any of the above listed employers under a different name? -----	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Would you object if we contacted your present employer? -----	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever been convicted of a crime or participated in any pretrial or post-trial diversion program, such as deferred adjudication? <i>(Do not include any conviction for which the record has been judicially ordered sealed, expunged, or statutorily eradicated. Conviction of a felony may not necessarily disqualify an applicant from employment.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have any relatives presently employed by this company or any of its affiliates or subsidiaries? -----	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you hold a current/valid TWIC card? If yes, please provide document number below. -----	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Explanation for "YES" answers to questions above</i>		
6. U.S. Law requires that if hired, you must furnish proof of your eligibility to work in the U.S. Are you legally entitled to work in the United States of America?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ATTENTION: READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION FOR EMPLOYMENT.

In this application, "Employer" means Central Crude, Inc., South C&C Trucking, LLC, Louisiana Tank, Inc., Central Crude Trucking, and any other Division, affiliate or subsidiary thereof.

This application does not create any employment agreement (either express or implied), a guarantee of employment, nor is it intended to create any enforceable obligations on the part of Employer or its employees except as specified in this application.

I certify that all of the information I provided in this application is true and complete. I understand that misrepresentation or omission of facts in this application, in any supplement to it, or in any other corporate record will be sufficient grounds for not employing me, or, if I am hired, will result in my dismissal without further notice at any time during my employment.

I understand that part of the processing of my application may involve routine inquiry pertaining to my background and qualifications and that information on the nature and scope of such inquiry, if one is made, is available to me upon request. I authorize the schools and prior employers listed in this employment application (except where specifically withheld in this application) to provide information regarding my employment record, reason for leaving, and all other information they may have concerning me, and I release all parties from any and all liability or claims for damage whatsoever that may result from the inquiry and release of information.

I further understand that any employment would be contingent upon my satisfactory completion of a full background check, a physical (if applicable), drug and alcohol screen, and, if applicable, the ability to obtain a Transportation Worker Identification Credential ("TWIC") as applicable.

If employed, I agree to follow all of Employer's policies and procedures. I understand that Employer is a drug-free workplace and that if employed by Employer, I will abide by the provisions of the Employer's Substance Abuse policy. Under the circumstances described in such policy, I agree to: the collection of specimens of my urine/breath, saliva, and/or hair to detect the presence of drugs and/or alcohol; the submission of such specimens to a laboratory designated by Employer; the analysis of such specimens for drugs and/or alcohol; searches of my person, Employer storage areas provided to me, and my personal effects including my vehicle if it is on Employer property; and the release of test results from the analysis to Employer's authorized representatives.

If employed, I understand that Employment is an employment-at-will relationship, which means my employment may be terminated, with or without cause, and with or without notice, at any time, by either Employer or me. I understand that at-will employment does not guarantee employment in general or any specific job in particular for any specified period of time. I understand that no supervisor, manager, or representative of the Employer has authority to make an agreement contrary to the foregoing except the Division President of the Employer and then only in writing.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application.

NOTE: A photocopy of this statement shall be as valid as the original

I HAVE READ THE ABOVE PARAGRAPHS, UNDERSTAND THEIR IMPORTANCE AND EFFECT UPON MY EMPLOYMENT, AND ACCEPT THE SAME AS CONDITIONS OF MY EMPLOYMENT WITH EMPLOYER. By typing in my name and date, I hereby certify that this is my signature and is the same as hand signing for legal purposes.

Signature of Applicant

Date of Application

Applicant Name: _____ **Applicant SSN:** _____

Name of Employer	Address	City	State	Zip	Telephone Number
Your Job Title	Immediate Supervisor	Date Hired: Mo. Yr.	Date Separated: Mo. Yr.	Initial Rate of Pay \$ Per	Final Rate of Pay \$ Per
Reason for Leaving:					
Describe the nature of your duties:					

Name of Employer	Address	City	State	Zip	Telephone Number
Your Job Title	Immediate Supervisor	Date Hired: Mo. Yr.	Date Separated: Mo. Yr.	Initial Rate of Pay \$ Per	Final Rate of Pay \$ Per
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Reason for Leaving:					
Describe the nature of your duties:					

Applicants for DOT related positions MUST complete this page

Please give us your Date of Birth (MM/DAY/YEAR) _____

Were you subject to FMCSA or DOT regulations with any of the aforementioned companies? Yes No

If yes, please list the companies and indicate whether you were subject to FMCSA and/or DOT regulations:

Company Names	FMCSA	DOT
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Do you hold a current, valid CDL? Yes No (If yes, provide the document number, state of issue, and expiration date)

Document Number	State of Issue	Expiration Date

Please complete the following tables (attach additional sheet/s if more space is needed):

Accident Record for the past 3 years

Date of Accident	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Number of Fatalities	Number of Injuries

Traffic Convictions

Location	Date	Charge (violation)	Penalty

Driving Experience (if none, please write none)

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Number of Miles
		From	To	
Straight Truck <input type="checkbox"/>				
Tractor and Semi-Trailer <input type="checkbox"/>				
Tractor – Two Trailers <input type="checkbox"/>				
Motor coach – School Bus <input type="checkbox"/>				
Other _____				

List any states in which you have operated for the past 5 years _____

List any courses, training, or experience you have that may be helpful as a Driver (incl. Safe Driving Awards)