CSI Acquisition Co. LLC, 505 Murry Rd SE, Albuquerque, NM 87105

APPLICATION FOR EMPLOYMENT

NAME _____ Contact Phone: _____
(First) (Middle) (Maiden Name, If any) (Last)

ADDRESS _____ # YEARS _____
(Street) (City) (State/Zip)

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

Previous Three Years Residency

_____ # YEARS _____
(Street) (City) (State/Zip)

_____ # YEARS _____
(Street) (City) (State/Zip)

_____ # YEARS _____
(Street) (City) (State/Zip)

LICENSE INFORMATION

Make corrections If needed: →	STATE	LICENSE NUMBER	TYPE/CLASS	EXPIRATION DATE

ALL OTHER CDL's HELD FOR THE PAST 3 YEARS (see 383.21)

STATE	LICENSE	EXPIRATION DATE	CLASS A,B,C,D	ENDORSEMENTS

Total amount of Commercial Vehicle Driving Experience: _____ years

DRIVING EXPERIENCE (Circle types of vehicles driven)

Tractor & Semi-Trailer	Tractor Two Trailers	Straight Truck	Van	Flat	Tank	Bus	Other

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (attach sheet if more space is needed)

DATE	Nature of Accident (Rear-end, Head-on, etc.)	Fatalities?	Injuries?

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (Other than Parking Violations)

STATE OF VIOLATION LOCATION	DATE (Month/year)	VIOLATION/PENALTY	TYPE OF MOTOR VEHICLE OPERATED

	QUESTIONS	Yes/No
A.	Have you ever been denied a license, permit or privilege to operate a motor vehicle? Explain:	
B.	Has any license, permit or privilege ever been suspended or revoked? Explain:	
C. 40.25(j)	Within the past 2 years, have you tested positive or refused a test for drugs or alcohol in a pre-employment situation to which you applied for, but did not obtain safety sensitive transportation work covered by DOT agency Drug & Alcohol testing rules?	
D.	**CSI Acquisition Co. LLC** requires all Drivers who drive Commercial Motor Vehicles (CMV) which requires a Commercial Drivers License, to be controlled substances tested with a negative result prior to driving. **Do you consent to such Testing?**	

 copyright 2013

EMPLOYMENT RECORD (Attach sheet if more space is needed)

NOTE: ALL EMPLOYERS for the past 3 (THREE) years and **ALL** Commercial Driving Experience for the past 10 (TEN) years.

LAST EMPLOYER: ______________________________ PHONE #: (______) ____________________

STREET: ______________________________ CITY: ______________________ STATE:__________

POSITION HELD: ______________________ CDL? (____) FROM: ____________ TO: ______________

REASON(S) FOR LEAVING? ____

SUBJECT TO DOT REGULATIONS? YES ☐ NO ☐ SUBJECT TO DOT DRUG & ALCOHOL TESTING? YES ☐ NO ☐

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATE (MONTH/YEAR) ___________

AND REASON: ____

~~~~~~

2nd LAST EMPLOYER: ______________________________ PHONE #: (______) ____________________

STREET: ______________________________ CITY: ______________________ STATE:__________

POSITION HELD: ______________________ CDL? (____) FROM: ____________ TO: ______________

REASON(S) FOR LEAVING? ____

SUBJECT TO DOT REGULATIONS? YES ☐ NO ☐ SUBJECT TO DOT DRUG & ALCOHOL TESTING? YES ☐ NO ☐

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATE (MONTH/YEAR) ___________

AND REASON: ____

~~~~~~

3rd LAST EMPLOYER: ______________________________ PHONE #: (______) ____________________

STREET: ______________________________ CITY: ______________________ STATE:__________

POSITION HELD: ______________________ CDL? (____) FROM: ____________ TO: ______________

REASON(S) FOR LEAVING? ____

SUBJECT TO DOT REGULATIONS? YES ☐ NO ☐ SUBJECT TO DOT DRUG & ALCOHOL TESTING? YES ☐ NO ☐

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATE (MONTH/YEAR) ___________

AND REASON: ____

~~~~~~

4th LAST EMPLOYER: ______________________________ PHONE #: (______) ____________________

STREET: ______________________________ CITY: ______________________ STATE:__________

POSITION HELD: ______________________ CDL? (____) FROM: ____________ TO: ______________

REASON(S) FOR LEAVING? ____

SUBJECT TO DOT REGULATIONS? YES ☐ NO ☐ SUBJECT TO DOT DRUG & ALCOHOL TESTING? YES ☐ NO ☐

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATE (MONTH/YEAR) ___________

AND REASON: ____

~~~~~~

5th LAST EMPLOYER: ______________________________ PHONE #: (______) ____________________

STREET: ______________________________ CITY: ______________________ STATE:__________

POSITION HELD: ______________________ CDL? (____) FROM: ____________ TO: ______________

REASON(S) FOR LEAVING? ____

SUBJECT TO DOT REGULATIONS? YES ☐ NO ☐ SUBJECT TO DOT DRUG & ALCOHOL TESTING? YES ☐ NO ☐

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATE (MONTH/YEAR) ___________

AND REASON: ____

TO BE READ AND SIGNED BY APPLICANT: 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's Signature**

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

 copyright 2013

CSI Acquisition Co. LLC

505 Murry Rd SE, Albuquerque, NM 87105

DISCLOSURE AND RELEASE

In connection with my application for employment or contractual services with **CSI Acquisition Co. LLC** , I understand consumer reports, which may contain public record information, may be requested from First Advantage. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents and other information which might affect job performance. I further understand such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records and other information, which might affect job performance. This material will be derived from files in the possession of the federal government, and state governments or agencies, which maintain such files. Further, these records will include information from First Advantage regarding requests made by other companies for similar information.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY First Advantage, CSI Acquisition Co. LLC OR TRC TO FURNISH THE ABOVE MENTIONED INFORMATION. I hereby explicitly consent to **CSI Acquisition Co. LLC** and TRC obtaining the above information, holding both harmless.

I have the right to make a request to First Advantage, upon proper identification, regarding the nature and substance of all information in its files on me at the time of my request, including sources of information, and recipients of any reports on me, which First Advantage has previously furnished within the two-year period preceding my request. I also agree that such information First Advantage has or obtains, and my employment or contractual history with **CSI Acquisition Co. LLC** , will be supplied by First Advantage to other companies, which subscribe to First Advantage.

I hereby authorize procurement of the above outlined consumer report(s). If hired or contracted, this authorization shall remain on file and serve as ongoing authorization for **CSI Acquisition Co. LLC** and TRC to procure similar consumer reports at any time during my employment or contractual service.

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 the information I provide on my application regarding current and/or previous employers may be used, and those employer (s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to: 1) Review information provided by current/previous employers, 2) 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 3) 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.

Date of Birth	Driver's License Number	Current Address

Social Security Number _____ Printed Name _____

Date _____ Applicant's Signature _____

MOTOR VEHICLE DRIVER'S CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

DRIVER REQUIREMENTS: Parts 383 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, as per 49 CFR 383.21 "No person who operates a commercial motor vehicle shall at any time have more than one driver's license."

2) **Notification of License suspension, revocation or cancellation**: Section 383.33 of the Federal Motor Carrier Safety Regulations states: "Each employee who has a driver's license suspended, revoked, or canceled by a State or jurisdiction, who loses the right to operate a commercial motor vehicle in a State or jurisdiction for any period, or who is disqualified from operating a commercial motor vehicle for any period, shall notify his/her current employer of such suspension, revocation, cancellation, lost privilege, or disqualification. The notification must be made before the end of the business day following the day the employee received notice of the suspension, revocation, cancellation, lost privilege, or disqualification."

The following license is the only one I will possess:

Driver's License No. _____ State _____ Expiration Date _____

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

Driver's Name _____ (Print) Driver's Signature _____

 copyright 2013

REQUEST & CONSENT for INFORMATION FROM A PREVIOUS EMPLOYER

A SEPERATE FORM MUST BE SIGNED/FILLED OUT BY THE APPLICANT FOR EACH DOT REGULATED EMPLOYER FOR WHOM THE THE APPLICANT HAS WORKED IN THE LAST (3) THREE YEARS.

APPLICANTS SIGNATURE: _____ DATE: _____

SS#: _____

PREVIOUS EMPLOYERS NAME: _____

ATTENTION: _____

DATES EMPLOYED: FROM _____ TO _____

EMPLOYED AS A: _____

ADDRESS/CITY/STATE: _____

VOICE#: _____

FAX#: _____

I, (FIRST/LAST NAME) _____, authorize the release of the following information pertaining to my employment records as required by 49 CFR PARTS 40, 382, & 391 to the below mentioned company. You are released from any and all liability that may result from releasing such information.

Prospective Employer CSI Acquisition Co. LLC

Address, City, State, Zip Code 505 Murry Rd SE Albuquerque, NM 87105

APPLICANT: DO NOT COMPLETE ANYTHING BELOW THIS LINE

---

1. This applicant shows working for you. Employment dates FROM_____ TO_____
2. ACCIDENT HISTORY
   a. Did the applicant have any DOT reportable accidents? YES_____ NO_____
   b. If yes, please list the information:

DATE	CITY, STATE	# INJURIES	# FATALTIES	HAZMAT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Information pertaining to this employee in the past 3 years:
   1. Had an alcohol test with a result of 0.04 or higher alcohol concentration? NO YES-Date:_____
   2. Had a verified positive drug test? NO YES-Date:_____
   3. Refusal to be tested (including verified adulterated or substituted drug test results)? NO YES-Date:_____
   4. Had other violations of DOT agency drug & alcohol testing regulations? NO YES-Date:_____
   5. Did a previous employer report a drug & alcohol rule violation to you? NO YES-Date:_____
   6. If you answered yes to any of the above items, did this employee complete the Return-to-Duty Process? NO YES N/A

NOTE: If you answered "YES" to item 5, you must provide the previous employer's report. If you answered "YES" to item 6 you must also transmit the appropriate return-to-duty documentation (i.e. SAP report(s), follow-up-testing record).

4. Type of equipment driven: ____Straight Truck ____Tractor Trailer ____Bus ____Other
5. Was the applicant safe and efficient? ___Yes ___No
6. Reason for leaving: ____Discharged ____Laid off ____Resigned ____Other

_____/_____ _____

Information provided by Title Date

This form was (check one) to Previous Employer: ____Faxed ____Mailed ____Phone

1st Attempt _____

2nd Attempt _____

3rd Attempt _____

 copyright 2013

CSI Acquisition Co. LLC, 505 Murry Rd SE, Albuquerque, NM 87105

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

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 required to be listed during the past 12 months.

(Date of Certification) **(Driver's Signature)**

CSI Acquisition Co. LLC
(Motor Carrier's Name)

505 Murry Rd SE Albuquerque, NM 87105
(Motor Carrier's Address)

(Reviewed by: Signature)

(Title)

U.S. DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SAFETY PROGRAM ANNUAL REVIEW OF DRIVING RECORD
391.25

Name Last First Middle Initial Social Security Number

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the FMCSA Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving, and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that:

[ ] the driver meets the minimum requirements for safe driving, or

[ ] the driver is disqualified to drive a motor vehicle pursuant to 391.15

Date of review

Reviewed by: Signature and title

CSI Acquisition Co. LLC
Motor carrier's name

505 Murry Rd SE
Motor carrier's address - Street

Albuquerque, NM 87105
City State Zip

DRIVER NAME:
ADDRESS:
DATE of BIRTH:
CDL INFORMATION:

 copyright 2013

EMPLOYEE'S RECEIPT

I acknowledge the receipt of the D & A policy entitled "Alcohol & Controlled Substance Testing Policy" covering the following employee awareness topics:

- Introduction
- Abbreviations
- Definitions
- Who is covered by the Alcohol & Drug rule
- What is a safety-sensitive function
- What are Alcohol & Drug prohibitions
- What tests are required and when will I be tested
- Pre-employment
- Post-accident
- Random
- Reasonable suspicion
- Return-to-duty and follow-up
- What happens if I refuse to be tested
- How is Alcohol testing done
- How is Drug testing done
- What are the consequences of violating the Alcohol or Drug prohibitions
- Where can I go for help
- What are the effects of Alcohol and Drugs on the body

Drivers Signature: _____ Date: _____

DRIVER'S RECEIPT

I acknowledge that I have received a copy of the Federal Motor Carrier Safety Regulations, 49 parts 40 and 382, 383 and 390-397 of the Department of Transportation. In addition, I agree to familiarize myself with these regulations and to comply with all the provisions of these regulations. I will also follow all company procedures as required by the Motor Carrier.

My signature on this receipt indicates I realize that the Department of Transportation demands my understanding and compliance with its rules and regulations. Further, I realize my employer demands full compliance and that my employment depends upon such compliance.

_____ _____
DRIVER NAME DRIVER SIGNATURE

CSI Acquisition Co. LLC	Albuquerque	NM	87105
COMPANY NAME	COMPANY CITY	CUSTOMER'S STATE	ZIP CODE

COMPANY REPRESENTATIVE'S SIGNATURE: _____

NOTE: This receipt shall be read and signed by the driver. Questions regarding these regulations should be directed to the Driver Supervisor.

 copyright 2013

CSI Acquisition Co. LLC, 505 Murry Rd SE, Albuquerque, NM 87105

DRIVER'S ROAD TEST EXAMINATION

DRIVER'S NAME _____

STATE		EXPIRATION DATE		LICENSE #	

RATING OF PERFORMANCE

1._____ The pre-trip inspection. as required by §392.7 **2.**_____ Placing the CMV in operation. **3.**_____ Backing and parking the CMV

4._____ Coupling and uncoupling of combination units, if the equipment driven includes combination units.

5._____ Use of CMV's controls and emergency equipment. **6.**_____ Turning the CMV, maneuvering tunnels, bridges, and railroad crossings.

7._____ Operating the CMV in traffic and while passing other commercial motor vehicles

8._____ Braking and slowing the CMV vehicle by means other than braking.

9._____ Other, explain: _____

Type of equipment used in giving test: _____

Date _____ 20 ____ Examiner's Signature _____

********** **FOR HAZMAT CARRIERS ONLY** **********

Driver _____ has completed the items below in a performance and observed orientated training.

DATE	LOCATION	UNIT	TIME

	INSPECTION ITEM	YES	NO	N/A
1	Vehicle Pre-Trip inspection: (Include emergency control features of the cargo or portable tank)			
2	Inspect Tank			
3	Terminal Gate locked after departure			
4	Proceed to loading rack assigned			
5	Followed loading facilities rules and regulations			
6	Loaded on correct account numbers			
7	Placards correct for product			
8	Entered destination correctly			
9	Orange traffic cones deployed around delivery area			
10	Tank locks opened by driver			
11	Stick readings taken before delivery			
12	Hose flushed to correct product			
13	Delivery connections secured			
14	Vapor recovery connected			
15	Off loading valves attended			
16	Ending stick readings taken			
17	Tanks relocked by driver			
18	Paperwork completed			
19	Customer signatures (If Required)			
20	Equipment returned to truck and secured			
21	Any product spilled during loading			
22	Any product spilled during offloading			
23	Driver smoking during any part of delivery			
24	Any accidents or incidents during delivery (with reporting procedures)			
25	Post-Trip inspection			

NUMBER CORRECT _____ out of 25: PASS _____ FAIL_____ If more than 6 (SIX) items are missed, the driver fails the test.

(1)Smoking during any part of delivery where prohibited or (2) not using vapor recovery where required or (3) not relocking the tanks constitutes an automatic failure and the driver will be subject to disciplinary actions up to and including termination.

_____ _____ _____

Signature of Examiner / Title Driver Signature DATE

****

CSI Acquisition Co. LLC, 505 Murry Rd SE, Albuquerque, NM 87105

Certification of Road Test

Driver's Name: _____ Social Security Number: _____

License No.: _____ CDL State: _____

Type of Power Unit or Bus: _____ Trailer Type: _____

_____ **DRIVER'S LICENSE ACCEPTED IN LIEU OF ROAD TEST**

This is to certify 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 this driver possesses sufficient driving skill to operate safely the type of motor vehicle listed above.

 copyright 2013