

# CDL Application

## SynEnergy Partners LLC

4<sup>th</sup> Division Sts

Equal Opportunity Employer



| APPLICANT INFORMATION  |  |                              |                             |   |                  |                              |                             |                                    |                                    |
|--|--|------------------------------|-----------------------------|---|------------------|------------------------------|-----------------------------|------------------------------------|------------------------------------|
| Last Name  |  | First                        |                             | M.I.  |                  | Date                         |                             |                                    |                                    |
| Street Address   |  |                              |                             |   | Apartment/Unit # |                              |                             |                                    |                                    |
| City   |  |                              | State                       |   |                  | ZIP                          |                             |                                    |                                    |
| Phone  |  |                              | E-mail Address              |   |                  |                              |                             |                                    |                                    |
| Social Security No   |  |                              |                             | Date Available                                |                  |                              | Position Desired            | Full-Time <input type="checkbox"/> | Part-Time <input type="checkbox"/> |
| Position Applied For   |  |                              |                             |   |                  |                              |                             |                                    |                                    |
| Are you a citizen of the United States?  |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S. |                  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |                                    |                                    |
| Have you ever worked for this company?   |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when?                                  |                  |                              |                             |                                    |                                    |
| Have you ever been convicted of a felony?  |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain?                              |                  |                              |                             |                                    |                                    |
| PREVIOUS THREE YEARS RESIDENCY   |  |                              |                             |   |                  |                              |                             |                                    |                                    |
| Street Address   |  |                              |                             |   | Apartment/Unit # |                              |                             |                                    |                                    |
| City   |  |                              | State                       |   |                  | ZIP                          |                             |                                    | # Years                            |
| Street Address   |  |                              |                             |   | Apartment/Unit # |                              |                             |                                    |                                    |
| City   |  |                              | State                       |   |                  | ZIP                          |                             |                                    | # Years                            |
| Street Address   |  |                              |                             |   | Apartment/Unit # |                              |                             |                                    |                                    |
| City   |  |                              | State                       |   |                  | ZIP                          |                             |                                    | # Years                            |
| LICENSE INFORMATION  |  |                              |                             |   |                  |                              |                             |                                    |                                    |
| Section 381.21 FMCSR state "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 which is listed below. |  |                              |                             |   |                  |                              |                             |                                    |                                    |
| STATE  |  | LICENSE NO.                  |                             | TYPE  |                  |                              | EXPIRATION DATE             |                                    |                                    |
|  |  |                              |                             |   |                  |                              |                             |                                    |                                    |

**DRIVING EXPERIENCE**

| CLASS OF EQUIPMENT      | TYPES OF EQUIPMENT (VAN, TANK, FLAT, ETC) | DATES | APPROX. NO. OF MILES (TOTAL) |
|-------------------------|---|-------|------------------------------|
| STRAIGHT TRUCK          |   |       |                              |
| TRACTOR AND SEMITRAILER |   |       |                              |
| TRACTOR-TWO TRAILERS    |   |       |                              |
| OTHER                   |   |       |                              |

**ACCIDENTS RECORD FOR PAST 3 YEARS OR MORE**

| DATES | NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC) | NUMBER FATALITIES | NUMBER INJURIES | CHEMICAL SPILLS |  |
|-------|--|-------------------|-----------------|-----------------|--|
|       |  |                   |                 |                 |  |
|       |  |                   |                 |                 |  |
|       |  |                   |                 |                 |  |
|       |  |                   |                 |                 |  |

**TRAFFIC CONVICTION AND FORFEITURES FOR THE PAST THREE YEARS (EXCLUDING PARKING VIOLATIONS)**

| DATES CONVICTED (month/year) | VIOLATION | STATE OF VIOLATION LOCATION | PENALTY (forfeited bond, collateral and/or points) |
|------------------------------|-----------|-----------------------------|--|
|                              |           |                             |  |
|                              |           |                             |  |
|                              |           |                             |  |
|                              |           |                             |  |

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES\_\_\_ NO\_\_\_\_\_

If yes, explain\_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? YES\_\_\_ NO\_\_\_\_\_

If yes, explain\_\_\_\_\_

| <b>EMPLOYEMENT RECORD</b>   |  |       |  |                              |  |                             |  |
|---|--|-------|--|------------------------------|--|-----------------------------|--|
| Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years <b>(TOTAL OF TEN YEARS EMPLOYMENT RECORD)</b> . |  |       |  |                              |  |                             |  |
| LAST EMPLOYER NAME  |  |       |  |                              |  |                             |  |
| ADDRESS   |  | PHONE |  |                              |  |                             |  |
| POSITION HELD   |  | FROM  |  | TO                           |  | SALARY                      |  |
| REASONS FOR LEAVING   |  |       |  |                              |  |                             |  |
| Any gaps in employment and/or unemployment must be explained. Include dates (MONTH/YEAR) and reason.  |  |       |  |                              |  |                             |  |
|   |  |       |  |                              |  |                             |  |
| Were you subject to the FMCSRs while employed by the previous employer?   |  |       |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |  |
| Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?   |  |       |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |  |
| SECOND EMPLOYER NAME  |  |       |  |                              |  |                             |  |
| ADDRESS   |  | PHONE |  |                              |  |                             |  |
| POSITION HELD   |  | FROM  |  | TO                           |  | SALARY                      |  |
| REASONS FOR LEAVING   |  |       |  |                              |  |                             |  |
| Any gaps in employment and/or unemployment must be explained. Include dates (MONTH/YEAR) and reason.  |  |       |  |                              |  |                             |  |
|   |  |       |  |                              |  |                             |  |
| Were you subject to the FMCSRs while employed by the previous employer?   |  |       |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |  |
| Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?   |  |       |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |  |

|   |  |  |       |  |                              |                             |        |
|---|--|--|-------|--|------------------------------|-----------------------------|--------|
| THIRD EMPLOYER NAME   |  |  |       |  |                              |                             |        |
| ADDRESS   |  |  | PHONE |  |                              |                             |        |
| POSITION HELD   |  |  | FROM  |  | TO                           |                             | SALARY |
| REASONS FOR LEAVING   |  |  |       |  |                              |                             |        |
| Any gaps in employment and/or unemployment must be explained. Include dates (MONTH/YEAR) and reason.  |  |  |       |  |                              |                             |        |
|   |  |  |       |  |                              |                             |        |
| Were you subject to the FMCSRs while employed by the previous employer?   |  |  |       |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |        |
| Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? |  |  |       |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |        |

**TO BE READ AND SIGNED BY APPLICANT**

**I authorize you to make sure investigations and inquiries to 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.**

**DISCLAIMER AND SIGNATURE I,**  
the undersigned, certify

- (1) That I am the person described and duly qualified to work except as otherwise stated; and that if employed by the above named corporation, I agree that such employment is made with the full right of the employer to terminate such employment at any time and for any reason, with or without notice.
- (2) I understand and agree that prior to employment, and from time to time during my employment, I may be required to take and pass a drug or alcohol screen as a condition of hiring or continued employment.
- (3) Upon an offer of employment as a condition of actually beginning employment, I hereby agree to submit myself, on request, to a thorough examination by physician of said company's selection. I further understand and agree that the results of such examination may serve to disqualify me for a particular job or physician furring the period of my employment. I will in no way hold the doctor or doctors who perform the examination, the clinic where the examination performed, or said company responsible in any way.
- (4) I understand that part of the procedure for processing an employment application may be inquiry concerning previous employment. I give the company unconditional authorization to make such inquiry and release the company from any and all liability or damages for compiling such information. I similarly release my past and present employers from any and all liability in connection with furnishing such information.
- (5) I understand that this application will be considered active for a period of six months only, and that I will not be considered for employment after six months from the date of this application unless I complete a new application.
- (6) "While performing duties for Posey County Coop, you may be required to work at a facility that is regulated by OSHA for Process Safety Management.

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 provided 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 DFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/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 this information

DATE: \_\_\_\_\_

Signature: \_\_\_\_\_