

Employment Application

(Answer All Questions – PLEASE PRINT)

In compliance with Federal and State Equal Employment Opportunity Laws, Endeavor Tank & Transport LLC, considers qualified individuals for all positions without regard to race, color, religion, sex national origin, age, marital status or non-job-related disability.

Date of Application: _____ Position applied for: _____

Name: _____ Phone Number: _____
(Last) (First) (Middle) (Include Area Code)

Social Security Number: _____ Date of Birth: _____

Email Address: _____

Current Address: _____ City: _____

State: _____ County: _____ Zip Code: _____

List addresses of residency for the past ten years. (If more space is required, attach additional sheet.)

Previous Address	City	State	Zip	How Long?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been convicted of a felony offense? YES NO **Can you provide proof of age?** YES NO

I understand that my disclosure of prior convictions for criminal or traffic offenses will not necessarily prevent my employment with the Company; however, the omission of this requested information will be sufficient cause for cancellation of my application or immediate dismissal from the Company.

Do you have a legal right to work in the United States? YES NO **Are you employed now?** YES NO

If you are unemployed, how long have you been unemployed? _____

Position Applied For: _____ Date you can start: _____

Rate of pay expected: _____

Is there any reason you may be unable to perform the functions of the job for which you have applied?

YES NO If "YES", explain: _____

 (Signature of Applicant)

 (Date Signed)

Please review each page of the application carefully. The application must be filled out COMPLETELY. Submit a CLEAR, ENLARGED, COLOR COPY of your **driver's license (Class A CDL, front and back), **Social Security Card**, **TWIC Card**, and a copy of your **current DOT Physical**.**

This application will be processed in a confidential manner to ensure privacy.

Employment History

Please list your employment history information for the preceding five (5) employers. Gaps between employers **MUST** be explained. List all employers in reverse order beginning with most recent employer first.

Correct previous employer information must be included – i.e. complete name, address, phone and fax number and contact person’s name, etc. We must verify all employers for the previous three years.

If you were self-employed, please attach proof of this employment period – i.e. 1099, Schedule C, etc. If more space is necessary, attach an additional sheet to this application.

Failure to provide this information will cause a delay in the application process.

Employer _____ From _____ to _____

Address _____ City _____

State _____ Zip _____ Position _____ Reason for leaving _____

Contact Person _____ Area Code/Phone Number _____

Employer _____ From _____ to _____

Address _____ City _____

State _____ Zip _____ Position _____ Reason for leaving _____

Contact Person _____ Area Code/Phone Number _____

Employer _____ From _____ to _____

Address _____ City _____

State _____ Zip _____ Position _____ Reason for leaving _____

Contact Person _____ Area Code/Phone Number _____

Employer _____ From _____ to _____

Address _____ City _____

State _____ Zip _____ Position _____ Reason for leaving _____

Contact Person _____ Area Code/Phone Number _____

Employer _____ From _____ to _____

Address _____ City _____

State _____ Zip _____ Position _____ Reason for leaving _____

Contact Person _____ Area Code/Phone Number _____

Driver's License History

Driver's Licenses for the past ten (10) years.

State	License Number	Type – Endorsements	Expires

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

Q. Has any license, permit or privilege ever been suspended or revoked? YES NO

If the answer to either question is "YES", attach a statement to this application giving details.

List accident record for the past three (3) years or more. Explain accident and/or attach a copy of the report on a separate sheet attached to this application. If more space is necessary, attach an additional sheet.

Dates	Type (Head-on, Rear-end, Sideswipe, Rollover, etc.)	Injuries	Fatalities

Traffic convictions and forfeitures for the past three (3) years other than parking violations. If more space is necessary, attach an additional sheet.

Dates	Location	Violation	Penalty

Education

Circle Grade School Year Completed – 1 2 3 4 5 6 7 8 High School – 1 2 3 4 College – 1 2 3 4 GED

Experience

Equipment Classification	Equipment Type (Van, Tanker, Flatbed, Etc.)	Dates Started - Ended	Approximated Miles Driven
Semi-Tractor & Trailer			
Combination (LCV)			
Straight Truck or Tri-Axle			
Bus or Coach			
Other:			

State operated in the last five years: _____

Safe Driving Awards and from whom: _____

Special Courses of Training: _____

Tucking or transportation experience that my help in your work for Endeavor Tank & Transport LLC: _____

Statement to be read and signed by applicant:

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize Endeavor Tank & Transport, LLC to make such investigations and inquire about my personal, safety performance, employment, financial or medical history and other related matters as may be necessary in arriving at a qualification decision. 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 qualification with Endeavor Tank & Transport LLC, I understand that false or misleading information given in my application and/or interview(s) may result in disqualification. I understand also that I am required to abide by all rules and regulations of Endeavor Tank & Transport, LLC.

(Signature of Applicant)

(Date Signed)

**AUTHORIZATION TO REQUEST AND OBTAIN INFORMATION
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.

(Please LEGIBLY PRINT FULL NAME Here)

Authorize Endeavor Tank & Transport LLC, to obtain a report containing information of my prior work-related injuries, claims and lawsuits, driving history, criminal history, credit history and work history in connection with evaluating me for employment as a driver, a contract driver, promotion, reassignment, or retention as an employee, including an annual review of my driving performance as required by the FMCSR.

(Employee Signature)

(Social Security Number)

(Date)

(Date of Birth)

(Driver's License Number & STATE)

(Expiration Date of License)

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

ONLY FILL OUT LINES IN THIS BOX. Leave the rest of the page blank.

TO THE FORMER EMPLOYER: Federal Motor Carrier Regulations, part 382.413, require a motor carrier to obtain previous employment information. Therefore, you are hereby authorized to release to Endeavor Tank & Transport, LLC, any and all information regarding my duties, character, conduct, positive drug and/or alcohol test, or any refusal to submit to any drug/alcohol test pursuant to CFR 49, part 382.405 (F) and (H). You are released from any and all liability which may result from furnishing such information.

Applicant: _____
(Print) (Signature)

Date: _____

Name and Address of Previous Employer:

This Form was (check appropriate box):

E-Mailed, Date _____

By Phone _____

Received by Phone, Date _____

Name of person contacted

Dear Sir/Madam:

The above individual has made application to this company as a commercial driver and states that he worked for your company from _____ to _____. We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience. Thank you for your courtesy.

Sincerely,

(Signature of Human Resources Representative)

Name of Applicant: _____ Social Security No.: _____

1. Employed from _____ to _____ as a _____ at a wage/salary of _____

2. Equipment driven: Straight Truck Tractor/Semi-Trailer Bus Other _____

Type of trailer: Tank Flat Bed Reefer/Van Doubles Triples

Hazardous Material? Yes No

3. Was he/she a safe and efficient driver? _____

Any Accidents? _____ Number preventable? _____

4. Any job-related injuries? Yes No

5. Was this employee dependable/reliable? Yes No

Was his/her general conduct satisfactory? _____

Why did this employee leave your company? _____

Where did he go when he left? _____

Eligible for re-hire? Yes No

6. History of past driving record. If available, for the past three years _____

Please **ONLY** fill out the lines in red. Your **Name, SS #, and DOB**, then **Sign & Date** line in middle of page.

REQUEST FOR DRUG AND ALCOHOL TESTING AND SAFETY PERFORMANCE HISTORY

This Section To Be Completed By Driver Applicant

(LEGIBLY PRINT NAME – First, M.I., Last)

(Social Security Number)

(Date of Birth)

Hereby authorize that:

Previous Employer: _____ Email: _____

Street: _____ Phone: _____

City, State, Zip: _____ Fax: _____

may release and forward information requested below concerning my Alcohol and Controlled Substances Testing records within the previous three years to Endeavor Tank & Transport LLC. In compliance with § 40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail or letter.

Endeavor Tank & Transport LLC, address: P.O. Box 219027, Houston, TX 77218; 281-599-8338

Endeavor Tank & Transport LLC, e-mail address Mike Grunder at endeavortt@teleshare.net

(Applicant's Signature)

(Date)

This Section to Be Completed By Previous Employer

Drug and Alcohol History

If the driver was not subject to Department of Transportation testing requirements while employed by this employer, please check herePlease complete the Accident History Section, sign and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? YES NO
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES NO
3. Has this person refused a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test (including adulterated drug test results)? YES NO
4. Has this person committed other violations of Subpart B or Part 382 or Part 40? YES NO
5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ? YES NO
6. For a driver who has successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test or refuse to be tested? YES NO

In answering these questions, include any drug and alcohol testing information obtained from previous employers under § 40.25 or other applicable DOT agency regulations in the previous three years prior to the date of the application shown above.

Please complete this form and send it back to the email address endeavortt@teleshare.net.