US DOT #9850966
(318) 588-1356

TRU ENERGY SERVICES, LLC

1936 Hwy 3248
Mansfield, La. 71052

CDL DRIVER APPLICATION

Name (First, Middle, Last)				*HIRE DATE (OFFICE USE ONLY)*
List all addresses for previous 3 years.	**Address**	**City**	**State**	**Zip**
	Address	**City**	**State**	**Zip**

Phone Number	Date of Birth	Social Security Number

Are you legally authorized to work in the U.S.?	☐ YES	☐ NO

Emergency Contact	Relationship

Address	City	State	Zip	Phone Number

DRIVERS LICENSE INFORMATION

Driver's License Number	State	Type/Class	Expiration Date

Endorsement	Restrictions

DRIVING EXPERIENCE

Type of Equipment	Date From	Date To	Approximate Miles Operated

BACKGROUND

Have you ever been denied a license, permit, endorsement or privilege to operate a motor vehicle?	☐ YES	☐ NO
Has any license, permit, endorsement or privilege ever been suspended or revoked?	☐ YES	☐ NO
Have you ever been convicted of any criminal act involving the use of a CMV or while driving a CMV?	☐ YES	☐ NO
Have you ever been convicted of a serious crime? (Including any plea of "Guilty" or "No Contest" except for minor traffic violations)	☐ YES	☐ NO
If you answered "YES" to any of the BACKGROUND questions give details on the "Statement of Explanation" Form.		

ACCIDENT RECORD FOR PAST 3 YEARS

DATE	Location	Description	Number of Injuries/Fatalities

TRAFFIC CONVICTIONS & LICENSE FORFEITURES FOR PAST 3 YEARS

DATE	Location	Citation/Type of Forfeiture	Disposition

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EMPOLYMENT HISTORY

Must include last 5 years CDL employment and Non CLD Employment

Current/Most Recent Employer	From	To	Reason for Leaving

Address	City	State	Zip

Phone	Were you subject to FMCSR's while Employed?	☐ YES ☐ NO
	Was your job designated as a "Safety Sensitive" position in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?	☐ YES ☐ NO

Employer	From	To	Reason for Leaving

Address	City	State	Zip

Phone	Were you subject to FMCSR's while Employed?	☐ YES ☐ NO
	Was your job designated as a "Safety Sensitive" position in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?	☐ YES ☐ NO

Employer	From	To	Reason for Leaving

Address	City	State	Zip

Phone	Were you subject to FMCSR's while Employed?	☐ YES ☐ NO
	Was your job designated as a "Safety Sensitive" position in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?	☐ YES ☐ NO

Employer	From	To	Reason for Leaving

Address	City	State	Zip

Phone	Were you subject to FMCSR's while Employed?	☐ YES ☐ NO
	Was your job designated as a "Safety Sensitive" position in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?	☐ YES ☐ NO

Declaration of Employment Status (Gaps in History)

If you were driving a CMV, you must provide complete history for past 5 years.

Explain any gaps in employment longer than 1 month below.

Activity During Break	From		To

I was not employed by any company or individual during this time.	*(Initials)*

Activity During Break	From		To

I was not employed by any company or individual during this time.	*(Initials)*

EMPOLYMENT HISTORY

Must include last 5 years CDL employment and Non CLD Employment

Current/Most Recent Employer	From	To	Reason for Leaving

Address	City	State	Zip

Phone	Were you subject to FMCSR's while Employed?	☐ YES ☐ NO

Was your job designated as a "Safety Sensitive" position in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?	☐ YES ☐ NO

Employer	From	To	Reason for Leaving

Address	City	State	Zip

Phone	Were you subject to FMCSR's while Employed?	☐ YES ☐ NO

Was your job designated as a "Safety Sensitive" position in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?	☐ YES ☐ NO

Employer	From	To	Reason for Leaving

Address	City	State	Zip

Phone	Were you subject to FMCSR's while Employed?	☐ YES ☐ NO

Was your job designated as a "Safety Sensitive" position in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?	☐ YES ☐ NO

Employer	From	To	Reason for Leaving

Address	City	State	Zip

Phone	Were you subject to FMCSR's while Employed?	☐ YES ☐ NO

Was your job designated as a "Safety Sensitive" position in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?	☐ YES ☐ NO

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If you were driving a CMV, you must provide complete history for past 5 years.

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Activity During Break	From		To

I was not employed by any company or individual during this time.	*(Initials)*

Activity During Break	From		To

I was not employed by any company or individual during this time.		***(Initials)***	

Background Authorization

I authorize Tru Energy Services, LLC. and/or it's agent, representative, or employee, to make such investigations of 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 released employers, schools, healthcare providers and other persons from all liability in responding to inquires and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Tru Energy Services, LLC, as well as the Federal Motor Carrier Safety Regulations.

I understand that information provided by me regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391:23(d) and (e).

I understand that I have the right to:

- Review the information provided by any previous employer
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to Tru Energy Services, LLC
- 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.

APPLICATION CERTIFICATION

This certifies that this application was completed by me and that all information contained herein are true and correct to the best of my knowledge.

_____

Applicant Signature

_____

Date

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Applicant Printed Name

DRUG and ALCOHOL CONSENT and RELEASE

Have you ever refused to be tested for drugs or alcohol?	☐ **YES** ☐ **NO**
Have you ever tested positive for drugs or alcohol?	☐ **YES** ☐ **NO**
Have you ever tested positive for any pre-employment drug or alcohol test for a job which you applied for but did not obtain?	☐ **YES** ☐ **NO**
If applicant answered "YES" to any of the above questions, attach a statement of explanation and provide proof of the Return to Duty Process.	

I understand that, as required by the Federal Motor Carrier Safety Regulations or company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Applicants for positions that require driving a commercial motor vehicle (CMV) requiring a CDL at any time will be required to undergo controlled substances and at our discretion, alcohol testing prior to employment and will be subject to further testing throughout their period of employment.

Tru Energy Services, LLC's policy is that if a person has ever been in violation of the rules in Part 40 (DOT) or 382 (FMCSA) they will NOT be considered eligible for any job which includes operation of a CMV (Greater than 10,000 GVWR) unless they have completed the return to duty process.

CDL drivers will be subject to random and reasonable suspicion drug testing each day they report for work.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:

- Pre-Employment, to determine employment eligibility
- Random
- Reasonable Suspicion
- Post-Accident
- Follow Up (see company policy)
- Return-to-duty (see company policy)

I certify that I have read, understand, and agree to abide by the condition of this consent and release form. Failure to sign will prevent this employer from using you as a CMV driver.

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Applicant Signature

Date

Applicant Printed Name

Social Security Number

Tru Energy Services LLC Representative

Title

CERTIFICATION OF COMPLIANCE WITH COMMERCIAL DRIVERS LICENSE REQUIREMENTS

Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license.

2. If you currently have more than one license, you should keep the license from your state of residence, and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

3. Sections 392.42 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 to your employing motor carrier and the state that issued your license within 30 days.

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

Applicant Initial's

The following license is the only one I will possess:

Driver's License Number	State	Expiration
Driver Printed Name		
Driver Signature		Date

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EMPLOYEE INFORMATION:

Driver Name		Social Security Number	
License Number	Class	State	Expiration Date
Evaluator (Print Name)			Date

SKILLS DEMONSTRATION:

P	F		Skill Performed/Observed
☐	☐	1.	Holds a valid Commercial License with air brake endorsement
☐	☐	2.	Performs a thorough pre-trip inspection and completes driver log properly
☐	☐	3.	Starts and idles truck properly
☐	☐	4.	Puts vehicle in motion safely and smoothly, uses all safety equipment
☐	☐	5.	Shifts transmission smoothly and efficiently
☐	☐	6.	Drives on roadway safely and properly, observing traffic laws
☐	☐	7.	Passes other vehicles safely and only when necessary
☐	☐	8.	Properly turns vehicle
☐	☐	9.	Proceeds through intersections and railroad crossings properly
☐	☐	10.	Follows safe backing procedures
☐	☐	11.	Transports and dumps material correctly
☐	☐	12.	Operates vehicle safely while towing equipment (Including PUP's) (This includes backing and securing techniques – securing hitch latch -connection of air lines – connection of electrical)
☐	☐	13.	Parks and shuts down vehicle/equipment properly
☐	☐	14.	Coupling and uncoupling of combination units.
☐	☐	15.	Uses CB radio properly and is familiar with 3-way communication
☐	☐	16.	Performs thorough post-trip inspection

EVALUATION:

☐ Pass ☐ Fail Date Completed:_____

TK#_____ Make:_____ Model:_____ Year:_____

☐ (Truck Trailer Combination) ☐ Dump Truck (Bob Tail) ☐ PUP Trailer ☐ Flat Bed ☐ Pneumatic

CERTIFICATION:

☐ Check if any variation were made in the evaluation and describe on reverse of this sheet

☐ Employee certified for operation of HEAVY TRUCK/HEAVY DUMP TRUCK

☐ Employee NOT certified – needs improvement on:_____

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Miles Driven

Driver Signature	Date
Evaluator Signature	Date

ANNUAL REVIEW OF DRIVING RECORD
CERTIFICATION OF VIOLATIONS

Driver Name (Print)

Tru Energy Services, LLC is required by the DOT to perform an **annual** records check, to ensure the company is aware of any and all traffic violations committed by its drivers, including those in a private auto as well as any in a Commercial Motor Vehicle.
Please list on the following lines all violations of motor vehicle traffic laws and ordinances (other than violations for parking only) of which you have been convicted, or on account of which you have forfeited bond or collateral during the last 12 months. (Per FMCSR 391.27)
I certify that the following is a true and complete list of traffic violations required to be listed for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	City/State	Vehicle Operated
			☐ CMV ☐ Private
			☐ CMV ☐ Private

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (Other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver's License Number	State	Expiration Date

Change of Address: If you have moved in the last 12 months, provide your new address below.

Address	City	State
Driver Signature		Date

CARRIER ANNUAL REVIEW
Carrier's annual review of driving record and certification of continued qualification as required by FMCSR 391.25(c)(2)
This day I have reviewed the driving record of the above-named driver in accordance with 391.25 of the FMCSRs. I considered any evidence that the driver has violated applicable provisions of the FMCSRs and the HMRs (if applicable). I considered the driver's accident record and any evidence that he/she has violated any 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 controlled substances, that indicate the driver has exhibited a disregard for the safety of the public. Having done so, I find that:

- ☐ **The driver meets the minimum requirements for safe driving, or**
- ☐ **The driver is disqualified to drive a CMV pursuant to 391.15., or**
- ☐ **This driver is disqualified to drive a CMV pursuant to company policy**

Tru Energy Services, LLC	1936 Hwy, Mansfield, La. 71052	
Reviewed By	Title	Date

MOTOR VEHICLE RECORD AUTHORIZATION

Employee/Applicant Name (First – Middle – Last)		
Social Security Number	Date of Birth	
Driver's License Number	State	
Street Address (Include Apt. Number)		
Mailing Address (If Different than Above)		
City	State	Zip

Consumer reports may be obtained as part of Tru Energy Services, LLC evaluation of my job application/employment.

The reports may be procured by a third party service contracted by Tru Energy Services, LLC and may include my driving record as assessment of my insurability under the corporation's insurance coverage's or other consumer reports.

By signing this disclosure, I hereby authorize Tru Energy Services, LLC and/or it's designated employee(s) or agents, to procure MVR reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Employee/Applicant Name	Date

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TRU ENERGY SERVICES, LLC CELL PHONE POLICY

The Department of Transportation issued a rule effective January 3, 2012 regarding cell phone usage by CDL operators. The rule prohibits the use of hand held cell phones and imposes significant penalties on drivers and employers. A summary is below:

- Drivers who violate the restriction will face federal civil penalties of up to $2,750 for each offense and disqualification from operating a commercial motor vehicle for multiple offenses.
- Commercial truck and bus companies that allow their drivers to use hand-held cell phones while driving will face a maximum penalty of $11,000.
- Additionally, states will suspend a driver's commercial driver's license (CDL) after two or more serious traffic violations.

TRU ENERGY SERVICES Policy

Any employee who is assigned to the operation of a commercial motor vehicle (CMV – any vehicle which, by itself or in combination with a towed unit, has a total GVWR exceeding 10,000 pounds) is prohibited from using a cell phone (without benefit of a hands-free or similar device) while driving, whether the business conducted is personal or company-related. This prohibition is based on the Federal ban on the use of cell phones while driving CMVs implemented in 2012. The restrictions of policy include receiving or placing calls, text messaging, surfing the Internet, receiving or responding to email, checking for voice-mail messages, or any other purpose related to your employment; the business; our customers; our vendors; volunteer activities, meetings, or civic responsibilities performed for or attended in the name of the company; or any other company or personally related activities not named here while driving.

In combination with a hands-free device, a cell phone may be used while driving for receiving or placing company-related calls (those deemed necessary in the course of conducting company business) provided that:

1. The phone is within no further reaching distance than the center-dash controls (i.e. air conditioning, radio, etc.) normally found within a vehicle, and can be safely reached with the seatbelt fastened without causing the driver to become distracted.
2. The call can be dialed or made with the use of "one-button" dialing or answering.
3. The phone can be safely replaced to its resting position as soon as the "one-button" dialing or answering is enacted.

Employees are strongly urged, to the extent that it is a safe and reasonable alternative, to pull off of the roadway and bring the vehicle to a full stop (placing the vehicle in park or in neutral with the brakes set) before making or receiving any call, checking any voice or text message, or using the phone in any manner.

This policy is being implemented in order to ensure compliance with Federal and State regulations, as well as, to increase the safe operation of our commercial motor vehicles, and any violation of this policy will be subject to disciplinary action up to an including termination.

Employees are responsible for payment of civil penalties in the event a citation is issued. If an employee is cited by any enforcement agency for cell phone use violations or if an employee is observed using a hand held device and the use is confirmed by one or more supervisory or management employees of Tru Energy Services, LLC, the employee will be subject to discipline up to and including termination. Correspondingly, any supervisor or management personnel found to allow, encourage, pressure, or threaten adverse action against an employee for complying with this policy shall be subject to discipline up to and including termination.

I, the undersigned, acknowledge that I have been advised of this policy, have read and fully understand the terms of the policy, as well as, the potential consequences of violating the policy, and that I agree to fully support and abide by the terms of the policy as a part of my commitment to the safe operation of commercial motor vehicles while in the employment of the company.

Employee Signature	Date

STATEMENT OF EXPLANATION

Driver Employment Application

Required Questions if answered “Yes”

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Applicant Printed Name	Time	Date
Applicant Signature		

HOURS OF SERVICE RECORD

For first time or intermittent drivers

On the first day you drive, you must fill out this form to record all work from the previous week done for direct or indirect compensation.

Name	Driver's License Number

Date	Total Time On Duty	Time Relieved From Duty
(7 Days ago)		☐ N/A
(6 Days Ago)		☐ N/A
(5 Days Ago)		☐ N/A
(4 Days Ago)		☐ N/A
(3 Days Ago)		☐ N/A
(2 Days Ago)		☐ N/A
(1 Day Ago)		☐ N/A

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(Today's Date)		☐ N/A

I hereby certify that the information contained hereon is true and to the best of my knowledge and belief and that my last period of release from duty was:

From (Date)	To (Date)	
Signature	Date	Time

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to Tru Energy Services, LLC and/or it's designated employee(s) or agents, to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I understand that this consent will remain active during my employment with Tru Energy Services, LLC and that my information will be queried annually as required by FMCSA.

I understand that if the limited query conducted by Tru Energy Services, LLC indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Tru Energy Services, LLC without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Tru Energy Services, LLC to conduct a limited query of the Clearinghouse, Tru Energy Services, LLC. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Driver's License Number	State	Class
Driver Signature		Date

Supervisor/Compliance/Safety	Date

ANNUAL REVIEW

Date Quired	Results	COMPLIANCE/DOT Manager
	☐ Positive ☐ Negative	
	☐ Positive ☐ Negative	
	☐ Positive ☐ Negative	
	☐ Positive ☐ Negative	
	☐ Positive ☐ Negative	
	☐ Positive ☐ Negative	