

Employment Application

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status, or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring an accommodation to complete the application and/or interview process should contact a management representative.

APPLICANT INFORMATION

| | | | |
|---|---|------------------|------|
| Name (Last, First) | | M.I. | Date |
| Street Address | | Apartment/Unit # | |
| City, State & Zip | | Date of Birth | |
| Cell Phone | () | E-mail Address | |
| Date Available | Able to work over time if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Position Applied for | Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If hired, can you present evidence of your identity and legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Have you previously worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No. | | If so, when? | |
| Have you ever been convicted of, pled guilty or no contest to, or been given deferred adjudication for a misdemeanor or felony crime (excluding minor traffic offenses but including DWI)?" <input type="checkbox"/> Yes <input type="checkbox"/> No. | | If yes, explain | |
| Are you currently on parole or probation? <input type="checkbox"/> Yes <input type="checkbox"/> No. | | | |

LIST ALL ADDRESSES FOR THE PAST THREE YEARS

| | |
|------------------|--|
| Street Address | |
| City, State, Zip | |

| | |
|------------------|--|
| Street Address | |
| City, State, Zip | |

| | |
|------------------|--|
| Street Address | |
| City, State, Zip | |



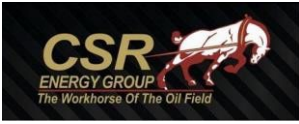
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PROVIDE DRIVER'S LICENSE INFORMATION FOR ALL LICENSE HELD IN THE PAST THREE YEARS

| | | | | | |
|-------|--|--------|--|-----------------|--|
| State | | Number | | Expiration Date | |
| State | | Number | | Expiration Date | |
| State | | Number | | Expiration Date | |

CMV DRIVERS LICENSE INFORMATION

| | | | | | |
|--|--|--------------|--|---------------|--|
| Driver's License Number | | State | | Date of Birth | |
| License Type | | Endorsements | | | |
| Have you had any accidents in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If yes, give dates and details: | | | | | |
| | | | | | |
| Have you had any tickets or citations in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If yes, give dates and details: | | | | | |
| | | | | | |
| Have you ever had your driver's license denied, suspended, revoked or cancelled by an issuing agency? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If yes, list state of issuance and explanation | | | | | |
| | | | | | |
| What type of trucks and equipment have you operated? List all: | | | | | |
| | | | | | |



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EMPLOYMENT HISTORY FOR LAST 10 YEARS

For driver applicants of commercial motor vehicles that require a Commercial Driver's License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of Federal DOT.

| | | | | | |
|---|--|----|--|--------------------|-----|
| Employer | | | | Phone | () |
| Job Title | | | | Supervisor | |
| Address | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Were you subject to FMCSA Regulations during this period? | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Were you subject to 49 CFR Part 40, controlled substance/alcohol testing during this period? | | | | |
| From | | To | | Reason for Leaving | |
| May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Employer | | | | Phone | () |
| Job Title | | | | Supervisor | |
| Address | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Were you subject to FMCSA Regulations during this period? | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Were you subject to 49 CFR Part 40, controlled substance/alcohol testing during this period? | | | | |
| From | | To | | Reason for Leaving | |
| May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Employer | | | | Phone | () |
| Job Title | | | | Supervisor | |
| Address | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Were you subject to FMCSA Regulations during this period? | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Were you subject to 49 CFR Part 40, controlled substance/alcohol testing during this period? | | | | |
| From | | To | | Reason for Leaving | |
| May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |



Employment Application

EMPLOYMENT HISTORY FOR LAST 10 YEARS

| | | | | | |
|---|--|----|--|--------------------|-----|
| Employer | | | | Phone | () |
| Job Title | | | | Supervisor | |
| Address | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Were you subject to FMCSA Regulations during this period? | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Were you subject to 49 CFR Part 40, controlled substance/alcohol testing during this period? | | | | |
| From | | To | | Reason for Leaving | |
| May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Employer | | | | Phone | () |
| Job Title | | | | Supervisor | |
| Address | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Were you subject to FMCSA Regulations during this period? | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Were you subject to 49 CFR Part 40, controlled substance/alcohol testing during this period? | | | | |
| From | | To | | Reason for Leaving | |
| May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Employer | | | | Phone | () |
| Job Title | | | | Supervisor | |
| Address | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Were you subject to FMCSA Regulations during this period? | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Were you subject to 49 CFR Part 40, controlled substance/alcohol testing during this period? | | | | |
| From | | To | | Reason for Leaving | |
| May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |



Employment Application

Controlled Substance and Alcohol Questionnaire

For driver applicants of commercial motor vehicles that require a Commercial Driver License, the applicant must disclose their controlled substance and alcohol status per 49 CFR 40.25

Employers, regulated by the Department of Transportation, must ask all prospective employees if they have tested positive or refused to test, on any pre-employment drug or alcohol test within the past three years. Please respond "yes" or "no" to the following questions.

| In the last three years: | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. Have you tested positive on any pre-employment drug or alcohol test administered by a DOT-regulated employer to which you applied for, but did not obtain, safety-sensitive transportation work? | _____ | _____ |
| 2. Have you refused to test (including adulterated or substituted test results) on any pre-employment drug or alcohol test administered by a DOT-regulated employer to which you applied for, but did not obtain, safety-sensitive transportation work? | _____ | _____ |
| 3. If you responded "Yes" to either Question 1 or 2 above, have you successfully completed the DOT-required return-to-duty process? Documentation must be provided before performing safety sensitive Transportations functions. | _____ | _____ |

I certify that the information set forth above is true and complete to the best of my knowledge. I understand that failure to provide this information is grounds for withdrawal of the conditional job offer. I further understand that if I am subsequently employed, any false statements I provide on this form may result in my dismissal.

Date: _____

Applicant's Signature: _____



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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 Reform Act of 1996 (Title II, Subtitle D, Chapter 1, 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.

Prior employers will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations.

I, _____, authorize CSR Energy Group to request and obtain my motor vehicle records for considering my application of employment.

I, _____, understand a pre-employment drug and alcohol test and DOT physical examination will be required by, 391.103.

Certification

I certify this application was complete by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicants Signature

Date



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CSR Energy Group

DOT DRUG AND ALCOHOL TESTING PROCEDURES

SCOPE

CSR Energy Group believes in and is committed to adhering to federal regulations and providing a safe work environment that is free from the safety hazards created by substance abuse.

In accordance with Federal Regulation 49 CFR Part 40 (§382) requirements, CSR Energy Group will perform DOT random drug testing for Commercial Driver's License holders who operate commercial vehicles, 26,001 lbs. GVWR or greater and or transporting hazardous materials requiring a placard.

TEST

All persons covered by this policy shall, as a condition of employment, submit to a drug and/or alcohol test in each of the following circumstances:

1. Pre-employment Testing

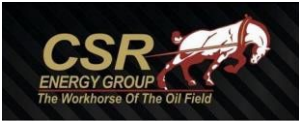
Every job applicant whom CSR Energy Group intends to hire will be required to take a preemployment test of his/her hair to screen for the presence of drugs in the system. Applicants who refuse to consent to this test, to comply with all testing procedures or who test positive will not be hired.

Applicants are required to authorize a release of information to the company from prior employers for the prior two-year period concerning any positive results for drugs and/or alcohol tests with blood alcohol concentrations of .04 or greater.

2. Reasonable Suspicion

If CSR Energy Group has reasonable suspicion to believe that an employee covered by the policy may be under the influence of drugs and/or alcohol, he or she will be required to submit to a drug and/or alcohol test. "Reasonable suspicion" means that a supervisor or other CSR Energy Group official, who has had reasonable suspicion training, believes that an employee's actions, conduct, or appearance is indicative of drug and/or alcohol use, possession, or being under the influence of such substances, and is based upon specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the driver. CSR Energy Group decision to test the driver will be determined, when feasible, by management personnel.

Reasonable suspicion shall be based on observations made during, just preceding or just after the workday. CSR Energy Group representative shall prepare a signed statement citing his or her observations of the conduct that gave the bases for the test to be conducted within twenty-four (24) hours of the observed behavior or before the results of the test are released, whichever is earlier.



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3. Post-Accident/Near-Miss

DOT covered drivers are required to undergo drug and/or alcohol testing whenever there is an accident involving a commercial motor vehicle that results in (1) the loss of human life; (2) a citation for a moving traffic violation arising from the accident; (3) bodily injury requiring medical treatment away from the accident scene; or (4) one or more motor vehicles incurs disabling damage that requires the vehicle to be transported away from the scene. Any testing for alcohol consumption should be conducted as soon as possible (generally within two (2) hours) but in any event not later than eight (8) hours following the accident. Any testing for drug use shall be conducted as soon as possible but in any event not later than twenty-four (24) hours following the accident.

In addition to the above, all employees may be required to submit to testing after any accident or "near miss" incident.

The employee is responsible for immediately notifying the company of any accident and for being readily available for a drug and alcohol test. Failure to so notify the company or be readily available shall subject the employee to disciplinary action up to and including discharge.

5. Random

CSR Energy Group will conduct random testing. No less than twenty five percent of all DOT regulated employees at least once per year.

PROCEDURES

1. Once an employee is randomly selected, he/she will be accompanied by a supervisor to a predetermined testing facility in that respected region.
2. CSR Energy Group and all medical/laboratory personnel will maintain strict chain-of-custody procedures. All results will be reviewed by CSR Energy Group Safety Director.
4. All information obtained relative to drug testing, will be maintained in a secure file accessible only by the office manager and or designated personal. This information will be kept separate from all other personnel data and will be released only as authorized by law, or authorized by the employee, or in the event of a proceeding initiated by or on behalf of the employee.
5. Upon written request of the employee, CSR Energy Group will provide at no cost to the employee, copies of any records pertaining to his/her alcohol or drug tests.

These procedures may be amended by CSR Energy Group as required to meet its objectives as well as changes in federal regulations.



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Acknowledgement of Receipt of Policy

I hereby acknowledge that I have received, read, and understand my Company's Drug-Free Workplace Program Policy required by Department of Transportation (DOT) regulations. I understand that I am subject to and must adhere to the DOT regulations, and must abide by the terms of the Company's Policy as a condition of employment.

I understand that during my employment I may be required to submit to drug and/or alcohol tests based on Department of Transportation regulations as directed by the Company. I agree to comply with the Company's Policy on drugs and/or alcohol and understand failure to comply is grounds for disciplinary action, up to and including termination, in addition to any action required by DOT regulations.

I also understand that refusal to submit to a controlled substances or alcohol test is a violation of DOT regulations, as well as the Company's Policy, and may result in disciplinary action, including but not limited to suspension (with or without pay) or termination of employment, in addition to action required by DOT regulations. I further understand the consequences related to controlled substances use or alcohol misuse as prohibited by Company's Policy.

I understand the laboratory test results will be released in accordance with the Company Policy to the selected Medical Review Officer (MRO). In doing so, I understand that I will be given an opportunity to discuss a positive drug test result with the MRO before the result is reported to the Company as a verified positive test result. Furthermore, I authorize the release of the results of saliva or a breath alcohol test by a certified technician to the Company.

I acknowledge that the provisions of Company's Drug-Free Workplace Program Policy are part of the terms and conditions of my employment, and that I agree to abide by them.

**THE UNDERSIGNED STATES THAT HE OR SHE HAS READ THE FOREGOING
ACKNOWLEDGEMENT AND UNDERSTANDS THE CONTENTS THEREOF.**

Employee Name: _____ Date: _____

Employee Signature: _____



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Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____ In the event of my employment with the company, I understand that I am required to comply with all rules and regulations of the company.

_____ If hired, I understand and agree that my employment with the company is at will and that neither I nor the company is required to continue the employment relationship for any specific term. I further understand that the company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ I understand that the safety of employees is extremely important to the company and that the company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

_____ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration law requires me to complete an I-9 Form in this regard.

_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed, and the remainder of this Agreement shall be enforceable.

My signature attests to the fact that I have read, understand, and agree to all of the above terms.

Signature: _____

Name (print): _____

Date: _____



Employment Application

CSR Employee: _____

Application Reviewed By: _____

Title: _____

Signature: _____

Date: _____