



Remuda Energy Transportation, LLC

Mailing Address: c/o Human Resources, P.O. Box 97, Artesia, NM 88211

Physical Address: 276 W. Kincaid Ranch Road, Artesia, NM 88210

Phone: 575-746-0336

Fax: 575-746-0337

| | |
|---|--|
| Application Date: _____ | |
| Applicant name: (Last, First, Middle initial) _____ | |
| Maiden: (if applicable) _____ | |
| Mailing Address: (Address, City, State & Zip Code) _____ | |
| How long have you lived at this address: _____ If less than three years, list other addresses held in spaces below. | |
| Address: _____ | City & State: _____ Zip code: _____ |
| Address: _____ | City & State: _____ Zip code: _____ |
| Address: _____ | City & State: _____ Zip code: _____ |
| Address: _____ | City & State: _____ Zip code: _____ |
| Telephone number: _____ | Cell: _____ Other: _____ |
| () _____ | () _____ () _____ |
| Date of Birth: _____ | Social Security Number: _____ |
| CDL Number: _____ | Issuing State: _____ Expiration: _____ |

| Desired Position | |
|---|--|
| What position are you applying for? _____ | Salary expected: _____ |
| | <input type="checkbox"/> Full Time |
| | <input type="checkbox"/> Part Time |
| Have you ever applied here before: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have you ever worked here before: <input type="checkbox"/> Yes <input type="checkbox"/> No | When: _____ |
| Date Available: _____ | Will you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Referred by:

Advertisement Friend Relative Other _____

Have you ever been convicted of a felony, or released from prison in the past 10 years? Note: Answering yes does not automatically disqualify you from employment. If yes, please explain:

Yes No

| Education: | | | | | | |
|--|-----------|----------------|-----|-------|---------|-----|
| School: | Location: | Dates attended | | Major | Degree | GPA |
| | | From: | To: | | Awarded | |
| | | | | | Y N | |
| High School | | | | | | |
| College | | | | | | |
| Graduate School | | | | | | |
| Other (include special training, technical school or military courses) | | | | | | |

Activities: List any extra-curricular activities or honors received which might be helpful in considering your application.

PLEASE SUBMIT A COPY OF YOUR DRIVER'S LICENSE AND MEDICAL CERTIFICATE

LIST THE STATES AND LICENSE NUMBERS OF ALL LICENSES HELD FOR THE PAST THREE (3) YEARS

| State | CDL # | Expiration Date | Class | Endorsements |
|-------|-------|-----------------|-------|--------------|
| | | | | |
| | | | | |
| | | | | |

| Driving Experience | | | | |
|----------------------|--|-------|-----|-------------------|
| Equipment Class | Type of Equipment (Van, Flat, Tank, etc.) | Dates | | Approx # of miles |
| | | From: | To: | |
| Straight Truck | | | | |
| Tractor Semi Trailer | | | | |
| Tractor with Doubles | | | | |
| Tractor with Triples | | | | |
| Tractor with Tank | | | | |
| Other | | | | |

| Accidents in the past three (3) years, or more | | | |
|--|---|------------|----------|
| Date: | Nature of Accident: (backing, head-on, rollover, turning, etc.) | Fatalities | Injuries |
| | | | |
| | | | |
| | | | |

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
 Has any license, permit or privilege ever been revoked? Yes No
If you answered "yes" to either of the above questions, please attach a sheet explaining the situation.

Employment History:
 ALL employment for the past 3 years and commercial driving experience for an additional seven (7) years (10 years total)
All of the information requested below is REQUIRED
 Please list in order beginning with the most current employer and working backwards.

Last employer: _____ Ending Salary: _____

Address: _____ City/State: _____ Zip: _____

Telephone: _____ Fax: _____

Position held: _____ From: _____ To: _____

Supervisor's name: _____ Type of vehicle driven: _____

Reason for leaving: _____

Were you subject to the Federal Motor Carriers Safety Regulations during the employment: Yes No
 Was this job designated as a safety sensitive function subject to alcohol and controlled substance testing as required by CFR Part 40? Yes No

Last employer: _____ Ending Salary: _____

Address: _____ City/State: _____ Zip: _____

Telephone: _____ Fax: _____

Position held: _____ From: _____ To: _____

Supervisor's name: _____ Type of vehicle driven: _____

Reason for leaving: _____

Were you subject to the Federal Motor Carriers Safety Regulations during the employment: Yes No
 Was this job designated as a safety sensitive function subject to alcohol and controlled substance testing as required by CFR Part 40? Yes No

Last employer: _____ Ending Salary: _____

Address: _____ City/State: _____ Zip: _____

Telephone: _____ Fax: _____

Position held: _____ From: _____ To: _____

Supervisor's name: _____ Type of vehicle driven: _____

Reason for leaving: _____

Were you subject to the Federal Motor Carriers Safety Regulations during the employment: Yes No
 Was this job designated as a safety sensitive function subject to alcohol and controlled substance testing as required by CFR Part 40? Yes No

| | | | |
|---|-------------------------|------------------------------|-----------------------------|
| Last employer: | | Ending Salary: | |
| Address: | City/State: | Zip: | |
| Telephone: | Fax: | | |
| Position held: | From: | To: | |
| Supervisor's name: | Type of vehicle driven: | | |
| Reason for leaving: | | | |
| Were you subject to the Federal Motor Carriers Safety Regulations during the employment: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was this job designated as a safety sensitive function subject to alcohol and controlled substance testing as required by CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | |
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| Supervisor's name: | Type of vehicle driven: | | |
| Reason for leaving: | | | |
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| Was this job designated as a safety sensitive function subject to alcohol and controlled substance testing as required by CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

If you require more space for previous employer information, please attach a separate page. Be sure to include all the required information on the additional page (s).

Physical:

After an employment offer is made, a medical examination, DOT physical and alcohol/controlled substance test must be completed. If the physical exam discloses conditions that prevent you from successfully performing the essential functions of the job, the company will attempt to make accommodations to allow you to work. If no reasonable accommodation can be found, or they cause an undue hardship on the company, the tentative offer of employment will be withdrawn.

Further, I understand that I must successfully pass the drug screening as well as the DOT medical exam in order to be considered for employment with Remuda Energy Transportation, LLC.

Initials: _____

Insurability: As a requirement for employment with Remuda Energy Transportation, LLC in a crude oil transportation position, you must maintain insurability as deemed by our insurance providers. If at any time you are deemed uninsurable by our insurance providers, your employment with Remuda Energy Transportation, LLC will be terminated.

Initials: _____

Employment Agreement:

I understand that if employment is offered it is not for any definite period of time and is subject to termination with or without cause by the company or at my own election at any time. I further understand that my employment would be at-will, and that no statements have been made indicating otherwise, and that this policy cannot be changed except in a written document signed by an authorized officer of the company.

If accepted, I must conform to all Company rules and regulations as made known at the time of employment or any other time thereafter; to perform all duties assigned to me to the best of my ability; and to be responsible to the Company for any loss or damage of any tools, keys, or any other property entrusted to my care.

The compensation paid to employees for services covers inventions and improvements pertaining to the business of the Company and that, as a further condition of employment in certain classes of work, it will be necessary to sign an agreement relating to the assignment of inventions to the company.

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE SUFFICIENT REASON FOR DISCHARGE FROM THE SERVICES OF THE COMPANY.

Initials: _____

Emergency notification: Please indicate person to be contacted in case of an emergency

Name: _____ Relationship: _____

Address: (include City, State and Zip) _____

Telephone: () _____ Cell: () _____

Authority to Release Information. To Whom It May Concern:

I hereby authorize The Company or his representative bearing this release, or copy thereof, to obtain any information in your file pertaining to my employment, credit or education records, including, but not limited to academic achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for The Company's official use.

I hereby release you, as a custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency or related business establishment from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates, because of compliance with the authorization and request to release information or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name _____ Current Address _____
(Signature)

Full Name _____ Phone _____
(Print or Type)

Date _____

"I understand that information I provide 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:

- Review information provided by current/previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send corrected information to the prospective employers; and
- 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."

Applicant Signature _____ Date _____

Notice to Disabled Veterans, Vietnam Era Veterans, and persons with Physical or Mental Disabilities:

Government contractors are subject to the Vietnam Era Veterans Reconstruction Act of 1974, and The Rehabilitation Act of 1973, as amended, which require that they take affirmative action to employ and advance in employment qualified disabled individuals and disabled Vietnam Era Veterans.

If you are a disabled veteran, or have a physical disability, you may volunteer this information, confidentially, in the event the employer is now, or may become, a contractor to the U.S. Government. Failure to provide this information will not harm you

- Disabled Individual Disabled Veteran Vietnam Era Veteran

Applicant signature: _____ Date: _____