

Union Gas Well Services LLC.

Driver Minimum Qualifications

Please check each qualification you meet.

All applicants must meet or exceed the following standards:

- Minimum age 24
- 2 years verifiable tractor/trailer driving experience within the past 5 years
- Must take and pass a UGWS road test
- Must have a valid Class A CDL with tanker endorsement
- Must pass DOT physical and pre-employment drug screen
- No prior felony convictions or pending criminal charges
- No DUI or DWI convictions (alcohol or drugs) within the past 10 years
- No failed or refused DOT drug or alcohol tests
- No reckless driving convictions within the past 10 years
- No more than 3 moving violations within the past 3 years
- No driver's license suspensions within the past 5 years
- No major preventable accidents within the past 5 years
- No more than 2 minor preventable accidents within the past 3 years
- No convictions for possession or use of drugs or controlled substances
- Must have good safety record and reliable employment history

I have read and understand Union Gas Well Services' minimum qualifications for commercial tractor-trailer drivers. By my signature, I am certifying that I meet or exceed these qualifications.

Applicant Name: _____

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Union Gas Well Services LLC.

Driver Application

In compliance with Federal and State Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, religion, gender, national origin, age, marital status, veteran status, disability, or any other protected group status.

To Be Read and Signed by Applicant

I authorize you to make such investigations and inquiries 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 or employment has been extended) I hereby release employers, schools, health care providers and other persons from liability in responding to inquiries 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 interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of Union Gas Well Services.

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 I have the right to: review information provided by previous employers; have errors in the information corrected by previous 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 Name: _____

Signature: _____ Date: _____

Applicant To Complete

Name: _____ Position Applied For: _____

Social Security#: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Current Address: _____

How Long: _____

Previous Addresses: _____

How Long: _____

CDL Information

State: _____ License #: _____ Type: _____ Exp. Date: _____

State: _____ License #: _____ Type: _____ Exp. Date: _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

Yes: _____ No: _____

If yes, please explain: _____

Have any licenses, permits, or privileges ever been suspended or revoked?

Yes: _____ No: _____

If yes, please explain: _____

Do you have the legal right to work in the United States? Yes: _____ No: _____

Have you ever worked for this company? Yes: _____ No: _____

Dates (if yes): From: _____ To: _____

Reason for leaving: _____

Are you employed now? Yes: _____ No: _____

May we contact your current employer? Yes: _____ No: _____

Who referred you? _____ Rate of pay expected: _____

Have you ever been bonded? Yes: _____ No: _____

Name of bonding company (if yes): _____

Have you ever been convicted of a felony? Yes: _____ No: _____

If yes, please explain: _____

Please explain any special accommodations needed or any reason you might be unable to perform any job functions for which you have applied: _____

Employment History

Applicants must provide the following information for all employment held the last 3 years.

Employer Name: _____ Position Held: _____

From (month/year): _____ To (month/year): _____

Address: _____ City/State/Zip: _____

Contact Person: _____ Phone Number: _____

Duties Performed: _____

Reason for leaving: _____

Eligible for re-hire? Yes: ____ No: ____

Were you subject to the FMCSR * while employed? Yes: ____ No: ____

Was your job designated as a safety sensitive function in any DOT regulated position, subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes: ____ No: ____

Employer Name: _____ Position Held: _____

From (month/year): _____ To (month/year): _____

Address: _____ City/State/Zip: _____

Contact Person: _____ Phone Number: _____

Duties Performed: _____

Reason for leaving: _____

Eligible for re-hire? Yes: ____ No: ____

Were you subject to the FMCSR * while employed? Yes: ____ No: ____

Was your job designated as a safety sensitive function in any DOT regulated position, subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes: ____ No: ____

Employer Name: _____ Position Held: _____

From (month/year): _____ To (month/year): _____

Address: _____ City/State/Zip: _____

Contact Person: _____ Phone Number: _____

Duties Performed: _____

Reason for leaving: _____

Eligible for re-hire? Yes: ____ No: ____

Were you subject to the FMCSR * while employed? Yes: ____ No: ____

Was your job designated as a safety sensitive function in any DOT regulated position, subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes: ____ No: ____

Employer Name: _____ Position Held: _____
From (month/year): _____ To (month/year): _____
Address: _____ City/State/Zip: _____
Contact Person: _____ Phone Number: _____
Duties Performed: _____

Reason for leaving: _____
Eligible for re-hire? Yes: ____ No: ____
Were you subject to the FMCSR * while employed? Yes: ____ No: ____
Was your job designated as a safety sensitive function in any DOT regulated position, subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes: ____ No: ____

Employer Name: _____ Position Held: _____
From (month/year): _____ To (month/year): _____
Address: _____ City/State/Zip: _____
Contact Person: _____ Phone Number: _____
Duties Performed: _____

Reason for leaving: _____
Eligible for re-hire? Yes: ____ No: ____
Were you subject to the FMCSR * while employed? Yes: ____ No: ____
Was your job designated as a safety sensitive function in any DOT regulated position, subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes: ____ No: ____

Employer Name: _____ Position Held: _____
From (month/year): _____ To (month/year): _____
Address: _____ City/State/Zip: _____
Contact Person: _____ Phone Number: _____
Duties Performed: _____

Reason for leaving: _____
Eligible for re-hire? Yes: ____ No: ____
Were you subject to the FMCSR * while employed? Yes: ____ No: ____
Was your job designated as a safety sensitive function in any DOT regulated position, subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes: ____ No: ____

** The Federal Motor Carrier Safety Regulations (FMCSR) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when a vehicle: weighs or has a GVWR of 10,000 pounds or more; is designed or used to transport 9 or more passengers; or is of any size and is used to transport hazardous materials in a quantity requiring placarding.*

Accident Record

List any accidents in which you were involved as a driver for the past 3 years.

Most Recent Accident Date: _____ At Fault? _____

Nature of Accident: _____

Fatalities? _____ Injuries? _____ Hazardous Spill? _____

Prior Accident Date(s): _____ At Fault? _____

Nature of Accident(s): _____

Fatalities? _____ Injuries? _____ Hazardous Spill? _____

Traffic Convictions

List any convictions and/or forfeitures received in past 3 years.

Location: _____ Date: _____ Charge: _____

Location: _____ Date: _____ Charge: _____

Location: _____ Date: _____ Charge: _____

Equipment Operated

Tractors/Trailers (straight truck, dump truck, winch, van, tanker, pneumatic, flatbed, reefer, etc.) and years operated: _____

Commodities hauled: _____

Other Equipment Operated: _____

General Information

List all states operated in for the last 5 years:

List special courses/training:

Safe driving awards:

Other job-related skills:

Education

Highest Level of Education Completed: _____

College: _____ Location: _____

Dates Attended: _____ Degree: _____

Vocational School: _____ Location: _____

Dates Attended: _____ Certificate: _____

High School Diploma or GED: _____ Location: _____

Dates Attended: _____

Personal References

List 3 Professional References (not related to you).

Name: _____ Professional Title: _____

Years Known: _____ Phone: _____

Address: _____

Name: _____ Professional Title: _____

Years Known: _____ Phone: _____

Address: _____

Name: _____ Professional Title: _____

Years Known: _____ Phone: _____

Address: _____

My signature certifies that this application was completed by me, and that all information I provided is true and complete to the best of my knowledge.

Applicant's Signature: _____ Date: _____

MANDATORY USE FOR ALL ACCOUNT HOLDERS
IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

1. In connection with your application for employment with Union Gas Well Services, LLC ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize Union Gas Well Services, LLC ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____ Signature: _____

Name (Please Print) _____

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain an Applicant's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.

LAST UPDATED 10/29/2012

Authorization for Disclosure of Information

I hereby authorize all of the following, without limitation, to disclose information about me to a consumer reporting agency such as HireRight, Inc. ("HireRight"), and its agents in connection with its preparation of background reports on me for _____ (the "Company"):

- law enforcement and all other federal, state and local agencies;
- learning institutions (including public and private schools, colleges and universities);
- testing agencies;
- information service bureaus;
- credit bureaus;
- record/data repositories;
- courts (federal, state and local);
- motor vehicle records agencies;
- my past or present employers;
- the military; and
- all other individuals and sources with any information about or concerning me.

The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

Applicant Last Name: _____ First: _____ Middle: _____

Applicant Signature: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name: _____ First Name: _____ Middle: _____

Other Names Used: _____ Years Used: _____

Current Address: _____
Street/P.O. Box City State Zip Code County Dates

Former Address: _____
Street/P.O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Phone Number: _____

E-mail Address: _____

Driver's License Number: _____ State of Issuance: _____

Date of Birth: _____ *Gender: _____

**This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.*