



Dear Applicant:

Thank you for your interest in working at Sun Coast. The following information will guide you through submitting your complete application to Sun Coast and will give you an idea what to expect during the application process.

A complete Driver Application Packet includes the following:

- A completed version of the following application forms (including all dates and signatures)
- A legible copy of your Drivers License (front and back)
- Copy of crash reports for any accidents.

Return completed Driver Application Packet in one of the following ways:

- Email to: drive@suncoastresources.com
- Fax to: (713)429-8410
- Hand deliver or mail to: Sun Coast Resources, Inc. • 6922 Cavalcade • Houston, TX 77028

This company does not and will not discriminate in employment and personnel practices on the basis of race, sex, age, handicap, religion, national origin or any other basis prohibited by applicable law.

Once your application has been processed and we find you meet the requirement of the position for which you have applied, you will be contacted to schedule a convenient time for an interview. Please dress in appropriate attire for your interview, as a road test may be conducted at that time.

With best regards,

Gabby Reaves
greaves@suncoastresources.com
(713) 429-6793

Cindy Cady
ccady@suncoastresources.com
(713) 429-6793

Margarett Mitchell
mmitchell@suncoastresources.com
(713) 429-6793

Minimum Requirements

1. Must be 23 years of age or older.
2. Must have class A or B CDL
3. Must have hazmat and tanker endorsements.
4. Must be able to pass D.O.T. physical and drug screening.
5. Fuel experience is a plus.

APPLICANT INFORMATION						
Last Name:		First:		M.I.:	Date:	
Street Address:				Apartment/Unit #		
City:		State:		ZIP:		
Phone:		E-mail Address:				
Date of Birth	Social Security Number	Driver's License Number	State	Expiration Date	Class	
Position Applied for:						
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:			
Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, where?		Date Available:	
If not, how long have you been unemployed?						

ACCIDENT RECORD			
Last Accident	Date:	Details:	
Fatalities?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Injuries? YES <input type="checkbox"/> NO <input type="checkbox"/>	Hazardous Material Spilled? YES <input type="checkbox"/> NO <input type="checkbox"/>
Next Accident	Date:	Details:	
Fatalities?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Injuries? YES <input type="checkbox"/> NO <input type="checkbox"/>	Hazardous Material Spilled? YES <input type="checkbox"/> NO <input type="checkbox"/>

TRAFFIC CONVICTIONS		
<i>And forfeitures for the past 3 years (other than parking violations)</i>		
Location:		Date:
Charge:		Penalty:
Location:		Date:
Charge:		Penalty:

ADDITIONAL AWARDS OR TRAINING	DRIVER DETAILS	
List any trucking transportation, or other experience you might have. List special equipment or technical materials you can work with. List any safe driving awards you may have received. Awards or Training:	Do you have a commercial driver's license?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Do you have a tanker endorsement?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Do you have a hazmat endorsement?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Do you have frac experience?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Do you have experience hauling fuel?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Are you a carded driver? If yes, please list terminals below.	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Terminals:	

Applicants must provide a complete 10 year work history with no gaps. This includes periods

of time during which applicants are unemployed. Please add additional sheets if necessary.

PREVIOUS EMPLOYMENT										
Company:				Phone:		()				
Address:				Supervisor:						
Job Title:		Salary:		How many Sates operated in:			Approx. Mileage:			
What type of equipment did you operate?										
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CRF Part 40?						YES <input type="checkbox"/>				NO <input type="checkbox"/>
Reason for Leaving:				From:		Month - Year		To:		Month - Year
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>						NO <input type="checkbox"/>
Company:				Phone:		()				
Address:				Supervisor:						
Job Title:		Salary:		How many Sates operated in:			Approx. Mileage:			
What type of equipment did you operate?										
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CRF Part 40?						YES <input type="checkbox"/>				NO <input type="checkbox"/>
Reason for Leaving:				From:		Month - Year		To:		Month - Year
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>						NO <input type="checkbox"/>
Company:				Phone:		()				
Address:				Supervisor:						
Job Title:		Salary:		How many States operated in:			Approx. Mileage:			
What type of equipment did you operate?										
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CRF Part 40?						YES <input type="checkbox"/>				NO <input type="checkbox"/>
Reason for Leaving:				From:		Month - Year		To:		Month - Year
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>				
Company:				Phone:		()				
Address:				Supervisor:						
Job Title:		Salary:		How many Sates operated in:			Approx. Mileage:			
What type of equipment did you operate?										
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CRF part 40?						YES <input type="checkbox"/>				NO <input type="checkbox"/>
Reason for Leaving:				From:		Month - Year		To:		Month - Year
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>				
Company:				Phone:		()				
Address:				Supervisor:						
Job Title:		Salary:		How many Sates operated in:			Approx. Mileage:			
What type of equipment did you operate?										
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CRF part 40?						YES <input type="checkbox"/>				NO <input type="checkbox"/>
Reason for Leaving:				From:		Month - Year		To:		Month - Year
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>				

Address:		Supervisor:	
Job Title:		Salary:	How many Sates operated in: Approx. Mileage:
What type of equipment did you operate?			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CRF Part 40?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving:		From: Month - Year	To: Month - Year
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Salary:	How many Sates operated in: Approx. Mileage:
What type of equipment did you operate?			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CRF Part 40?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving:		From: Month - Year	To: Month - Year
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>	

MILITARY SERVICE

Branch:		From:		To:	
Rank at Discharge:		Type of Discharge:			
If other than honorable, explain:					

EDUCATION

Driver School Attended:	From:	To:	Graduated? YES <input type="checkbox"/> NO <input type="checkbox"/>
Any additional School Attended:	From:	To:	Graduated? YES <input type="checkbox"/> NO <input type="checkbox"/>

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquires of my personal, employment financial, r medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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 employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

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 investigation 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 previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer, 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.

Signature:		Date:	
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FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provision of section 602 (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 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/contract purpose. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

De acuerdo con las provisiones de la Seccion 604 (b)(2)(A) del Acto fusto de la Cobertura del Credito,, la Ley Pilbfica 91-508, coma ernmendada pot of Credits al consurnidor que Infortna of Acto de 1996 (Titula if, Subtitulo 0, el Capitulo yo, de la Ley Pub!Ica 104-208), Listed as inforrnado que informa verificando su empleo previo, fa drags previa y los resultados de la prueba de alcohol, y su registro que maneja se pueden obtener en listed pars propositos de arrendarniento contrato. Estos inforrnnes son requeridos por Secciones 382, 413, 391.23, y 391.25, de las Regulaciones Federales de la Seguridad de Transports Automotriz.

Signature:		Date:	
Print Name:		Social Security No:	

DISCLAIMER AND SIGNATURE

I declare that the statements contained in this application are correct and understand that withholding information or making a false statement in this application and information submitted therewith or at any time during the application and employment process will be the basis for my application not to be considered and/or dismissal. I authorize all employers, educators and other firms or persons named herein to provide the company with information regarding my education, employment and medical history and release all such individuals or entities from all liability for all damages that may result from furnishing information regarding me.

I understand that this application does not obligate the company to offer me employment or to hire me. I further understand that if I am employed by the company, my employment will be on an "at will" basis and may be terminated by the company at any time with or without cause or notice. If I am employed, I understand that I will wear the prescribed personal protective equipment and will abide by all Federal, State and company procedures and regulations while working for the company.

Signature:		Date:	
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continued from page 1

- I would like to be included under the company's affirmative action program (if applicable) pertaining to Armed Forces service medal veterans, recently separated veterans and other protected veterans. (You may request this now and/or at any time in the future.)
- None of the above apply to me.

Disabled Veterans (APPLICANT: Only complete this section if the company has checked "Yes" below.) EMPLOYER: Indicate whether you are inviting applicants to participate in your company's affirmative action program benefiting disabled veterans.

- Yes.** We invite applicants to provide information (on a voluntary basis) regarding their status as a "disabled veteran" for inclusion in our affirmative action program. Check this box ONLY if your company is actually undertaking affirmative action for disabled veterans at the *application* stage (pre-offer) or is otherwise authorized to collect such data to comply with federal, state or local affirmative action obligations pertaining to disabled veterans. Otherwise, it is advisable to wait until a conditional offer of employment has been extended before inquiring about disability status.

APPLICANT:

If our company has checked "Yes" above, you are invited to provide additional information regarding your status as a "disabled veteran." This information will assist us in placing you in an appropriate position and in making accommodations for your disability. The law defines a "disabled veteran" as:

- a) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or
- b) a person who was discharged or released from active duty because of a service-connected disability.

If you are a disabled veteran, please indicate whether you would like to be included under our company's affirmative action program for disabled veterans. You may elect to be included now or at any time in the future.

- Yes.** I would like to be included under the company's affirmative action program for disabled veterans. (If a job offer is extended, you may be asked to provide more information to assist with placement and accommodation issues.)
- No.** At this time, I would not like to be included in the company's affirmative action program for disabled veterans.

If you are a disabled veteran, please tell us about any special methods, skills and procedures that qualify you for positions you otherwise might not be able to do because of your disability so you will be considered for any such positions.

Applicant's signature: _____

For Administrative Use

Position(s) applied for _____ Current opening No current opening

Other position(s) considered for _____

Hired? No Yes Hire date ____/____/____ Position hired for _____

Position classification

- | | | |
|--|---|---|
| <input type="checkbox"/> Executive/senior-level officials and managers | <input type="checkbox"/> Administrative support workers | <input type="checkbox"/> Sales workers |
| <input type="checkbox"/> First/mid-level officials and managers | <input type="checkbox"/> Professionals | <input type="checkbox"/> Service workers |
| | <input type="checkbox"/> Operatives | <input type="checkbox"/> Technicians |
| | <input type="checkbox"/> Craft workers | <input type="checkbox"/> Laborers and helpers |

Additional notes _____

Completed by _____ Date ____/____/____

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  **Done.**

For more information on E-Verify, please contact DHS at:
1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

Este Empleador Participa en E-Verify



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

IMPORTANTE: En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

A V I S O:

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa,

o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  **Done.**

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA