



APPLICATION FOR EMPLOYMENT

CARTERENERGY CORPORATION
6000 Metcalf Ave, Overland Park, KS 66202
Revised 02/01/2012

Please answer all applicable questions.
Please Print.

CarterEnergy Corporation is an Equal Employment Employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of CarterEnergy Corporation to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, disability, or any other basis prohibited by federal or State law. In accordance with requirements of the Americans with Disabilities Act, it is the policy of CarterEnergy Corporation to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, CarterEnergy Corporation intends to comply fully with applicable federal and state employment laws and the information requested on this application will be used for purposes consistent with those laws. Applications are only accepted for positions currently available and will only be considered for ninety (90) days from today's date or the position applied for is filled whichever first occurs.

Date of Application _____

Position(s) applied for _____ Location _____

Name _____ Social Security No. _____
Last First Middle

Address _____
Street City
State Zip Phone

ADDRESS FOR PAST THREE YEARS
Street City State & Zip How Long?
Street City State & Zip How Long?

Are you legally eligible to work in the United States? _____
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

In case of emergency notify _____
Name Address Phone

Date of Birth ____/____/____ Have you filed an application here before? _____
(Required for Truck Drivers only)

Have you worked for this company before? _____ Where _____

Dates: From ____/____/____ to ____/____/____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment _____

Date available to begin employment? _____

Who referred you? _____ Rate of Pay Expected _____

Name of relatives in our employ: _____

Will you relocate if job requires it? _____

Have you ever been convicted of a criminal offense? _____ Explain _____

EMPLOYMENT HISTORY

Please provide all employment history for past **ten years**. Include any gaps in employment on page 4. Attach separate page if necessary. (NOTE: List employers starting with the most recent.)

EMPLOYER	
NAME _____	JOB TITLE _____
ADDRESS _____	CITY _____ STATE _____
ZIP _____	PHONE NO. (____) _____ SALARY _____
DATES: FROM __MO ____YR TO ____MO ____YR	
SUPERVISOR _____	PHONE NO.(If different from above) (____) _____
REASON FOR LEAVING _____	
Were you subject to USDOT and Federal Motor Carrier alcohol and controlled substance testing requirements? Circle YES or NO	

EMPLOYER	
NAME _____	JOB TITLE _____
ADDRESS _____	CITY _____ STATE _____
ZIP _____	PHONE NO. (____) _____ SALARY _____
DATES: FROM __MO ____YR TO ____MO ____YR	
SUPERVISOR _____	PHONE NO.(If different from above) (____) _____
REASON FOR LEAVING _____	
Were you subject to USDOT and Federal Motor Carrier alcohol and controlled substance testing requirements? Circle YES or NO	

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NAME _____	JOB TITLE _____
ADDRESS _____	CITY _____ STATE _____
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SUPERVISOR _____	PHONE NO.(If different from above) (____) _____
REASON FOR LEAVING _____	
Were you subject to USDOT and Federal Motor Carrier alcohol and controlled substance testing requirements? Circle YES or NO	

EMPLOYER	
NAME _____	JOB TITLE _____
ADDRESS _____	CITY _____ STATE _____
ZIP _____	PHONE NO. (____) _____ SALARY _____
DATES: FROM __MO ____YR TO ____MO ____YR	
SUPERVISOR _____	PHONE NO.(If different from above) (____) _____
REASON FOR LEAVING _____	
Were you subject to USDOT and Federal Motor Carrier alcohol and controlled substance testing requirements? Circle YES or NO	

EMPLOYER

NAME _____ JOB TITLE _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ PHONE NO. (____) _____ SALARY _____

DATES: **FROM** __MO ____YR **TO** ____MO ____YR

SUPERVISOR _____ PHONE NO.(If different from above) (____) _____

REASON FOR LEAVING _____

Were you subject to USDOT and Federal Motor Carrier alcohol and controlled substance testing requirements? Circle YES or NO

EMPLOYER

NAME _____ JOB TITLE _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ PHONE NO. (____) _____ SALARY _____

DATES: **FROM** __MO ____YR **TO** ____MO ____YR

SUPERVISOR _____ PHONE NO.(If different from above) (____) _____

REASON FOR LEAVING _____

Were you subject to USDOT and Federal Motor Carrier alcohol and controlled substance testing requirements? Circle YES or NO

EMPLOYER

NAME _____ JOB TITLE _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ PHONE NO. (____) _____ SALARY _____

DATES: **FROM** __MO ____YR **TO** ____MO ____YR

SUPERVISOR _____ PHONE NO.(If different from above) (____) _____

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EMPLOYER

NAME _____ JOB TITLE _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ PHONE NO. (____) _____ SALARY _____

DATES: **FROM** __MO ____YR **TO** ____MO ____YR

SUPERVISOR _____ PHONE NO.(If different from above) (____) _____

REASON FOR LEAVING _____

Were you subject to USDOT and Federal Motor Carrier alcohol and controlled substance testing requirements? Circle YES or NO

Explain any gaps in employment below:

GENERAL

Have you received a job description? _____

Do you understand the requirements of the position? _____

Are you able to meet the requirements of the job with or without reasonable accommodations? _____

Have you served in the U.S. Armed Forces? _____ Branch _____ From ____ / ____ / ____ To ____ / ____ / ____

Rank at Discharge _____ Date of Discharge or Release _____

Have you ever been bonded? _____ Name of Bonding Company _____

Have you ever worked for this company under another name? _____

In order to drive company vehicles for CarterEnergy Corporation you must have a valid motor vehicle license. Do you currently have a valid driver's license? _____ Do you have more than 3 moving violations in 3 years? _____

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

Has any driver's license, permit or privilege ever been suspended or revoked? _____

If the answer to either above is yes, attach a statement giving details (Info to be used only if job related):

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER 'S LICENSES	_____	_____	_____	_____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4 +

LAST SCHOOL ATTENDED _____
(NAME) (CITY)

LIST DEGREE AND/OR OTHER TRAINING _____

EXPERIENCE AND QUALIFICATIONS -- DRIVING POSITIONS

Do you currently have a valid Commercial Drivers License? Yes () No ()

HazMat Endorsement? Yes () No () Tanker Endorsement? Yes () No () Air Brakes Endorsement? Yes () No ()

Do you have a current Federal DOT Medical Card? Yes () No ()

Do you have full knowledge of Federal Safety Requirements? Yes () No ()

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, REEFER, ETC)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER _____				
TRACTOR - TWO TRAILERS _____				
OTHER _____				

List states operated in for last five years _____

LIST ALL ACCIDENTS (REGARDLESS OF FAULT) FOR PAST 7 YEARS. ATTACH SHEET IF MORE SPACE IS NEEDED.

DATES	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 7 YEARS (OTHER THAN PARKING VIOLATIONS). ATTACH SHEET IF MORE SPACE IS NEEDED.

LOCATION	DATE	CHARGE	PENALTY

Has a State ever denied you a driver's license, permit or privilege to operate a motor vehicle? Yes () No ()
(If yes and you are subsequently interviewed, you will be required to provide a statement setting forth in detail the facts and circumstances.)

Has a State ever suspended or revoked your driver's license, permit or privilege to operate a motor vehicle? Yes () No ()
(If yes and you are subsequently interviewed, you will be required to provide a statement setting forth in detail the facts and circumstances.)

Have you ever been disqualified from driving for any of the following?

1. Driving a commercial motor vehicle with a blood alcohol concentration of 0.04 or more? Yes () No ()
2. Driving under the influence of alcohol, as defined by State law? Yes () No ()
3. Refusing to submit to an alcohol test at the direction of State, local or enforcement personnel? Yes () No ()
4. Driving a motor vehicle with a gross vehicle weight rating of 10,001 pounds or more while under the influence of an illegal drug (including the improper use of prescription drugs)? Yes () No ()
5. Transporting, possessing or using illegal drugs (including the improper use of the prescription drug) while on duty?
Yes () No ()
6. Leaving the scene of an accident while operating a commercial motor vehicle? Yes () No ()
7. Committing a felony involving the use of a motor vehicle with a gross vehicle weight rating of 10,001 pounds or more?
Yes () No ()
8. Testing positive or refusing to take a DOT-required drug or alcohol test in the past two years? Yes () No ()

Show special courses or training that have helped you as a driver: _____

Which safe driving awards do you hold and from whom? _____

Show any trucking, transportation or other experience that may help in your work for this company: _____

List any special certifications, courses and/or training other than shown elsewhere in this application:

List special equipment or technical materials you can work with (other than those already shown): _____

List membership in job related professional, trade, business, or civic associations and any offices held: _____

Additional information you would like us to consider: _____

EMPLOYMENT REFERENCES

Please name three:

NAME _____ PHONE NO.(_____) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME _____ PHONE NO.(_____) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME _____ PHONE NO.(_____) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PERSONAL REFERENCES

Please name three:

NAME _____ PHONE NO.(_____) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME _____ PHONE NO.(_____) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME _____ PHONE NO.(_____) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

APPLICANT MUST READ, SIGN AND DATE

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete. I hereby certify that I have read and fully understand this application. Prior to signing below, I had the opportunity to ask CarterEnergy Corporation about and clarify any questions I might have had concerning this application form. _____(Initial)

I affirm that I have a genuine intent and no other purpose in applying for a job with this company. I hereby certify that the answers given by me on this application form are all true and correct. I understand and agree that any misrepresentations or intentional omissions made by me on this application, on other documents used by CarterEnergy Corporation in support of this application, and/or made during any interviews conducted in conjunction with my application for a position, will be sufficient reason to render me ineligible or result in my subsequent termination by CarterEnergy Corporation at any time, and I understand and agree that the denial of position or my termination for such grounds shall be without liability to CarterEnergy Corporation. _____(Initial)

I authorize CarterEnergy Corporation to make such investigations and inquiries of my personal references, past employment, driving record (when job related), education, criminal record, including character and general reputation and/or other job related matters as may be necessary in arriving at an employment decision. I hereby release employers, supervisors, educational institutions, or other persons from all liability in responding to inquiries in connection with my application. I authorize a copy or facsimile of this form to be valid as the original. _____(Initial)

I understand and agree that, if I am offered a position, CarterEnergy Corporation will condition the offer upon the results of a physical examination and a drug test and that the taking or passing of either or both does not guarantee that I will be offered a position. I understand that individuals who engage in illegal use of drugs and/or alcohol are not qualified with CarterEnergy Corporation. In the event I am hired, I agree to be tested for illegal drugs and/or alcohol used illegally whenever testing is required by law or company policy. Results of all medical tests will be kept confidential. I understand that job-related skills tests may also be given during pre-employment. _____(Initial)

I agree to pay or reimburse the company for pre-employment, post-offer medical and drug test costs, except as otherwise prohibited by applicable state or local law, and authorize the company to withhold amount due from my paycheck. _____(Initial)

I understand that CarterEnergy Corporation does not enter into employment contracts with employees and that this application does not constitute a job offer either express or implied. I understand and agree that CarterEnergy Corporation does not guarantee a position, and that an employment contract is not created in the event I may be eventually offered a position with CarterEnergy Corporation. Further, I understand and agree that no representative of CarterEnergy Corporation has the authority to enter into any agreement, either express or implied, or commit to the utilization of my services for any specified period of time. _____(Initial)

I understand and agree that this application is limited to the specific position for which I am applying. I understand and agree that applications will remain in an active status for a period of ninety (90) days from the application date, and that if I am not offered the position for which I am applying within the ninety (90) day period of this application I will not be considered for other positions or openings. I understand that I may reapply to CarterEnergy Corporation, under the same conditions, by completing and submitting a new application. _____(Initial)

I understand, also, that I will be expected to and agree to abide by all work and safety rules of the Company as required or permitted by Law. I understand and agree that my failure to abide by any rule will be sufficient reason for my termination by CarterEnergy Corporation at any time, and I understand and agree that my termination for such grounds shall be without liability to CarterEnergy Corporation. _____(Initial)

I understand and fully agree that this application is limited to the specific position for which I am applying. I understand and agree that in order to be offered a position I must be able to perform the essential functions of the job (without, or with reasonable accommodation as may be required). _____(Initial)

I authorize CarterEnergy Corporation to obtain my driving records from the Federal Motor Carrier Safety Administration's (FMCSA) Motor Carrier Management Information System (MCMIS) using the Pre-Employment Screening Program (PSP). _____(Initial)

Date

Applicant's Signature