

EPCO

Carbon Dioxide Products, Inc.

Dear Applicant,

Thank you for your interest in EPCO Carbon Dioxide Products, Inc. At EPCO we feel that we are more than just a carrier; we are a team-oriented company with an emphasis on customer satisfaction. And thanks to *your* interest, hopefully you too can be part of that team.

Enclosed is the application you requested. Make sure you sign and date by all x' s. Include current phone numbers for previous employment. A complete and accurate application will speed the processing and in turn increase your chances for employment.

For faster processing of your application, you can fax it to us @ **318-324-9176**. If you have any questions, feel free to give us a call. Thank you again for your interest in EPCO and we hope to be speaking to you soon.

Please send a legible copy of your driver's license along with your application.

Candie Rowton
Transportation Dept.
EPCO Carbon Dioxide
800-259-3726

DRIVER'S APPLICATION FOR EMPLOYMENT

Company: EPCO Carbon Dioxide Products, Inc.

Address: _____

City: _____-State _____ Zip: _____

(Answer all questions - please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of application _____

Position(s) Applied for _____

Name	Last	First	Middle	SS#
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List your addresses of residency for the past 3 years.

Current Address

Street	City	Phone	How Long?
State	Zip Code		

Previous Addresses

Street	City	State & Zip Code	How Long?
Street	City	State & Zip Code	How Long?
Street	City	State & Zip Code	How Long?

Do you have the legal right to work in the United States? _____

Date of Birth _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

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? _____

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall provide 10 years' employment history on those employers for whom the applicant worked. Every employee during the last 3 years **MUST HAVE** full name of company, address, and a telephone number (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Any application not completed with the above information will be returned & not processed until completed in full.

There should be no gaps in employment

EMPLOYER			DATE			
NAME			FROM		TO	
ADDRESS			MO.	YR.	MO.	YR.
CITY			POSITION HELD			
STATE			SALARY/WAGE			
ZIP			REASON FOR LEAVING			
CONTACT PERSON			Ph.#			
EMPLOYER			DATE			
NAME			FROM		TO	
ADDRESS			MO.	YR.	MO.	YR.
CITY			POSITION HELD			
STATE			SALARY/WAGE			
ZIP			REASON FOR LEAVING			
CONTACT PERSON			Ph. #			
EMPLOYER			DATE			
NAME			FROM		TO	
ADDRESS			MO.	YR.	MO.	YR.
CITY			POSITION HELD			
STATE			SALARY/WAGE			
ZIP			REASON FOR LEAVING			
CONTACT PERSON			Ph. #			
EMPLOYER			DATE			
NAME			FROM		TO	
ADDRESS			MO.	YR.	MO.	YR.
CITY			POSITION HELD			
STATE			SALARY/WAGE			
ZIP			REASON FOR LEAVING			
CONTACT PERSON			Ph. #			
EMPLOYER			DATE			
NAME			FROM		TO	
ADDRESS			MO.	YR.	MO.	YR.
CITY			POSITION HELD			
STATE			SALARY/WAGE			
ZIP			REASON FOR LEAVING			
CONTACT PERSON			Ph. #			
EMPLOYER			DATE			
NAME			FROM		TO	
ADDRESS			MO.	YR.	MO.	YR.
CITY			POSITION HELD			
STATE			SALARY/WAGE			
ZIP			REASON FOR LEAVING			
CONTACT PERSON			Ph. #			
EMPLOYER			DATE			
NAME			FROM		TO	
ADDRESS			MO.	YR.	MO.	YR.
CITY			POSITION HELD			
STATE			SALARY/WAGE			
ZIP			REASON FOR LEAVING			
CONTACT PERSON			Ph. #			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

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 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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)

EXPERIENCE AND QUALIFICATIONS — DRIVER

Driver Licenses	State	License #	Type	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
- B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
- C. Have you ever been convicted of a felony? YES _____ NO _____

IF THE ANSWER TO EITHER A, B OR C IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE IF NONE, WRITE NONE

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

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT

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

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 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.

Date

Applicant's Signature

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTNS.						

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM: _____ TO: _____ FROM: _____ TO: _____

DATE: _____ DATE: _____

REASON FOR TRANSFER _____ REASON FOR TRANSFER _____

FROM: _____ TO: _____ FROM: _____ TO: _____

DATE: _____ DATE: _____

REASON FOR TRANSFER _____ REASON FOR TRANSFER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

JOB DESCRIPTION & PHYSICAL REQUIREMENTS OF AN EPCO TRUCK DRIVER

A truck driver is required to operate his vehicle for up to 14 hours a day under all types of weather, traffic and highway conditions.

Because of their poor suspension the ride in a truck is very rough therefore subjecting the driver to bouncing and jarring not found in an automobile. This bouncing creates substantial compression and stress in the spinal column and back muscles of the driver.

A secondary requirement of truck driver is the loading & unloading of the truck. This may require the driver to do heavy lifting and carrying. Loading and unloading CO2 requires lifting hoses up to 60 lbs. Such loads require excessive stooping, bending and lifting by the driver.

Dropping trailers requires upper body strength to crank the dollies down and lift the trailer out of the fifth wheel plate. Upper body strength is also required of drivers when hooking up and unhooking loading hoses.

Sufficient agility is required for the driver to climb up into the truck and onto docks and tanks. The driver is also required to crawl under the unit when doing a thorough pre or post trip inspection.

A driver should be able to meet the physical criteria set forth by the Federal Government in CFG49, Part 391. A portion of these requirements are listed below:

1. Binocular vision with 70' peripheral vision in both eyes. Vision to be not less than 20/40 in either eye.
2. Unrestricted use of both hands, feet, arms and legs unless the driver can prove his ability to safely operate the vehicle assigned and has a waiver from the DOT,
3. Have no history of epilepsy or diabetes that requires intravenous injections of insulin.
4. Have a sound cardiovascular system and blood pressure of 160/90 or less.

With the above listed conditions set forth, I feel I can successfully handle the job of an EPCO Carbon Dioxide Products, Inc. truck driver.



Driver Signature

Date

Company Name: EPCO Carbon Dioxide Products, Inc.

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 Act of 1996 (Title II, Subtitle D, Chapter I, 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.

Applicant's signature

Date

Print name

Social Security number