

Ranger Environmental, Inc.

5001 Highway 190 E. Svc. Rd., Ste C1 Covington, LA 70433

> Phone: 1-800-264-0805 www.rangerenviro.com

## Employment Application for Truck Driver

Email Application to: Robert.bolin@rangerenviro.com

Or Mail to: Ranger Environmental, Inc. Attn: H/R Department P.O. Box 1665 Mandeville, LA 70470

| Name:  |                  |                                   |                                  | Date:                    |      |  |  |  |
|--|------------------|-----------------------------------|----------------------------------|--------------------------|------|--|--|--|
| Home Phone:  |                  | Cell Pl                           | hone:                            | Email:                   |      |  |  |  |
| Address:   |                  | •                                 | City:                            | State:                   | Zip: |  |  |  |
| Social Security No:  |                  |                                   |                                  |                          |      |  |  |  |
|  | Please provide a | ddress                            | at which you have resided within | the last three (3) years | S.   |  |  |  |
| Address:   |                  |                                   | City:                            | State:                   | Zip: |  |  |  |
| From:  | То:              |                                   |                                  |                          |      |  |  |  |
| Address:   |                  |                                   | City:                            | State:                   | Zip: |  |  |  |
| From:  | То:              |                                   |                                  |                          |      |  |  |  |
| Address:   |                  |                                   | City:                            | State:                   | Zip: |  |  |  |
| From: To:  |                  |                                   |                                  |                          |      |  |  |  |
| Address:   |                  | City:                             | State:                           | Zip:                     |      |  |  |  |
| From: To:  |                  |                                   |                                  |                          |      |  |  |  |
| Have you ever applied for employment with us?                                      |                  |                                   |                                  |                          |      |  |  |  |
| If yes, list month and year:   |                  | Positions Applied for:            |                                  |                          |      |  |  |  |
| Expected Pay:  |                  | Would you work overtime if asked? |                                  |                          |      |  |  |  |
| When would you be able to begin work?  |                  |                                   |                                  |                          |      |  |  |  |
| Are you legally eligible for work in the United States?                            |                  |                                   |                                  |                          |      |  |  |  |
| With the exception of religious observances, are you available for full-time work? |                  |                                   |                                  |                          |      |  |  |  |

List any special training or skills (languages, machine operation, etc.)

| Education   |  |                         |                      |   |  |  |  |
|---|--|-------------------------|----------------------|---|--|--|--|
| Type of School  | Name/Location of School                            | # of years<br>completed | Did you<br>graduate? | Degree/Diploma  |  |  |  |
| Elementary  |  |                         |                      |   |  |  |  |
| Highschool  |  |                         |                      |   |  |  |  |
| Tech, Trade, or<br>Business   |  |                         |                      |   |  |  |  |
| College   |  |                         |                      |   |  |  |  |
| Graduate<br>School  |  |                         |                      |   |  |  |  |
|   | Military Se  | rvice                   |                      |   |  |  |  |
| Have you ever s   | served in the armed forces?                        | If yes, what I          | branch?              |   |  |  |  |
|   | Describe any training received that is relevant to | the position            | for which you        | are applying:   |  |  |  |
|   |  |                         |                      |   |  |  |  |
|   |  |                         |                      |   |  |  |  |
| Membership in Professional or Civic Organizations<br>(Exclude those which may disclose your race, religion, or nationality) |  |                         |                      |   |  |  |  |
|   |  |                         |                      |   |  |  |  |
|   |  |                         |                      |   |  |  |  |
|   |  |                         |                      |   |  |  |  |
|   | Driver's License Information                       |                         | vehicles it i        | mployees will be driving company<br>s required that an Office of Motor<br>earch be performed for insurance<br>purposes. |  |  |  |
| Driver's License #:   |  |                         | Expiration Date:     |   |  |  |  |
| Name as Listed on   | License:   |                         | Date of Birth:       |   |  |  |  |

| List the nature and extent of your experience with the operation of motor vehicles,<br>including types of equipment:<br>(Example: 3 years experience driving tractor/trailer rigs, 2 years tandem dump trucks, 5 years dozer, 4 years excavator.)      List all motor vehicle accidents in which you have been involved during the three (3) years.      Date Nature of the Accident Fatalities or Personal Injuries      Date     Driver's Certification  List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you have been     convicted or forfeited bond or collateral during the true (3) years.  List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you have been     convicted or forfeited bond or collateral during the three (3) years.  Let the the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or     torteleted bond or collateral during the past three (3) years.  Date of Conviction Offense Location Type of Vehicle Operated  If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral ouring the past tweive (12) months.  Date of Certification:  | License Class:                |          |                   | Any Additional Endorsements: |                       |                                 |                                       |  |
|---|-------------------------------|----------|-------------------|------------------------------|-----------------------|---------------------------------|---------------------------------------|--|
| Date       Nature of the Accident       Fatalities or Personal Injuries         Image: Construction of the Accident   | including types of equipment: |          |                   |                              |                       |                                 |                                       |  |
| Date       Nature of the Accident       Fatalities or Personal Injuries         Image: Construction of the Accident   |                               |          |                   |                              |                       |                                 |                                       |  |
| Date       Nature of the Accident       Fatalities or Personal Injuries         Image: Construction of the Accident   |                               |          |                   |                              |                       |                                 |                                       |  |
| Date       Nature of the Accident       Fatalities or Personal Injuries         Image: Construction of the Accident   |                               |          |                   |                              |                       |                                 |                                       |  |
| Driver's Certification         List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you have been convicted or forfeited bond or collateral during the three (3) years preceding the date of this application.         I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past three (3) years.         Date of Conviction       Offense       Location       Type of Vehicle Operated         I       I       I       I       I         If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past twelve (12) months.       Driver's Signature:         Date of Certification:       Driver's Signature:       I   |                               | Lis      | t all motor vehic | le accidents in which ye     | ou have been involved | during th                       | ne three (3) years.                   |  |
| List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you have been convicted or forfeited bond or collateral during the three (3) years preceding the date of this application.         I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past three (3) years.         Date of Conviction       Offense       Location       Type of Vehicle Operated         I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past three (3) years.       Type of Vehicle Operated         Date of Conviction       Offense       Location       Type of Vehicle Operated         I contain       I contain       I contain       I contain       I contain         I contain       I contain       I contain       I contain       I contain         I contain       I contain       I contain       I contain       I contain         I contain       I contain       I contain       I contain       I contain         I contain       I contain       I contain       I contain       I contain         I contain       I contain       I contain       I contain       I contain         I contain       I contain       I contain       I c   | Date                          |          |                   | Nature of the Accident       |                       | Fatalities or Personal Injuries |                                       |  |
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| convicted or forfeited bond or collateral during the three (3) years preceding the date of this application.         I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past three (3) years.         Date of Conviction       Offense       Location       Type of Vehicle Operated   |                               |          |                   | Driver's                     | Certification         |                                 |                                       |  |
| Date of Conviction       Offense       Location       Type of Vehicle Operated         Image: Stress of Conviction       Offense       Location       Type of Vehicle Operated         Image: Stress of Conviction       Offense       Image: Stress of Conviction       Type of Vehicle Operated         Image: Stress of Conviction       Image: Stress of Conviction       Image: Stress of Conviction       Type of Vehicle Operated         Image: Stress of Conviction       Image: Stress of Conviction       Image: Stress of Conviction       Image: Stress of Conviction         Image: Stress of Conviction       Image: Stress of Conviction       Image: Stress of Conviction       Image: Stress of Conviction       Image: Stress of Conviction         Image: Stress of Conviction       Image: Stress of Conviction       Image: Stress of Conviction       Image: Stress of Conviction       Image: Stress of Conviction         Image: Stress of Conviction       Image: Stress of Conviction       Image: Stress of Conviction       Image: Stress of Conviction       Image: Stress of Conviction       Image: Stress of Conviction       Image: Stress of Conviction       Image: Stress of Conviction       Image: Stress of Conviction       Image: Stress of Conviction       Image: Stress of Conviction       Image: Stress of Conviction       Image: Stress of Conviction       Image: Stress of Conviction       Image: Stress of Conviction       Image: Stress of Convicion       Image: Stress of Convict  |                               |          |                   |                              |                       |                                 |                                       |  |
| Image: Constraint of the second se | I certify that the            | e follow |                   |                              |                       |                                 | s) for which I have been convicted or |  |
| to be listed during the past twelve (12) months.         Date of Certification:            Driver's Signature:  | Date of Conviction C          |          |                   | ffense                       | Location              |                                 | Type of Vehicle Operated              |  |
| to be listed during the past twelve (12) months.         Date of Certification:            Driver's Signature:  |                               |          |                   |                              |                       |                                 |                                       |  |
| to be listed during the past twelve (12) months.         Date of Certification:            Driver's Signature:  |                               |          |                   |                              |                       |                                 |                                       |  |
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| to be listed during the past twelve (12) months.         Date of Certification:            Driver's Signature:  |                               |          |                   |                              |                       |                                 |                                       |  |
|   | If no violations              |          |                   |                              |                       |                                 |                                       |  |
|   |                               |          |                   |                              |                       |                                 |                                       |  |

| If yes, please describe the facts and Circumstances in detail:   |                                |                                |               |            |  |  |  |  |  |
|--|--------------------------------|--------------------------------|---------------|------------|--|--|--|--|--|
|  |                                |                                |               |            |  |  |  |  |  |
|  |                                |                                |               |            |  |  |  |  |  |
|  |                                |                                |               |            |  |  |  |  |  |
| If no, I certify that my license, permit, or privilege to operate a motor vehicle has never been revoked, denied, or suspended for any reason. |                                |                                |               |            |  |  |  |  |  |
|  |                                |                                |               |            |  |  |  |  |  |
| Date:  | Date:      Driver's Signature: |                                |               |            |  |  |  |  |  |
|  |                                | Environmental Expe<br>(if any) | erience       |            |  |  |  |  |  |
|  |                                |                                |               |            |  |  |  |  |  |
|  |                                |                                |               |            |  |  |  |  |  |
|  |                                |                                |               |            |  |  |  |  |  |
|  |                                |                                |               |            |  |  |  |  |  |
|  |                                | Employment His                 |               |            |  |  |  |  |  |
| Company Name:  |                                |                                | Phone Number: |            |  |  |  |  |  |
| Address:   |                                | City:                          |               | State/Zip: |  |  |  |  |  |
| Job Title and Brief Description:   |                                |                                |               |            |  |  |  |  |  |
|  | 1                              |                                |               |            |  |  |  |  |  |
| Hourly Pay:  | Employed                       | I From:                        | To:           |            |  |  |  |  |  |
| Reason for Leaving:  |                                |                                |               |            |  |  |  |  |  |
|  |                                |                                |               |            |  |  |  |  |  |
| Company Name:  | 1                              | Phone Number:                  |               | 1          |  |  |  |  |  |
| Address:   | City:                          |                                | State/Zip:    |            |  |  |  |  |  |
| Job Title and Brief Description:   |                                |                                |               |            |  |  |  |  |  |
|  |                                |                                |               |            |  |  |  |  |  |
| Hourly Pay:  | Employed From:                 |                                |               | To:        |  |  |  |  |  |
| Reason for Leaving:  |                                |                                |               |            |  |  |  |  |  |
|  |                                |                                |               |            |  |  |  |  |  |
| Company Name:  |                                | Phone Number:                  |               |            |  |  |  |  |  |
| Address:   | City:                          |                                |               | State/Zip: |  |  |  |  |  |

| Job Title and Brief Description:  |   |                 |  |      |              |    |  |  |
|---|---|-----------------|--|------|--------------|----|--|--|
| Hourly Pay:   | Employed From: To:  |                 |  |      |              |    |  |  |
| Reason for Leaving:   |   |                 |  |      |              |    |  |  |
| to Federal  | While employed by any of these companies were you subject<br>to Federal Motor Carrier Safety Regulations?<br>(Please circle one)  |                 |  |      |              |    |  |  |
| Was that job designated as a strength of the second strength of the subject to alcohology and the second strength of the second strength |   |                 |  |      | Yes          | No |  |  |
|   | Refere  | ences           |  |      |              |    |  |  |
| Name  | Compar  | ny/Organization |  | Phor | Phone Number |    |  |  |
|   |   |                 |  |      |              |    |  |  |
|   |   |                 |  |      |              |    |  |  |
|   |   |                 |  |      |              |    |  |  |
|   |   |                 |  |      |              |    |  |  |
|   | NOTE: Information provided may be used, and the previous employers will be contacted, for the purpose of investigating the applicant's safety performance history information as required by paragraphs (d) and (e) of the Federal Motor Carrier Safety Regulation (FMCSR) of 49 CFR §391.23. |                 |  |      |              |    |  |  |
| In accordance with FMCSR 49 CFR §391.23 paragraph (i):  |   |                 |  |      |              |    |  |  |
| You have the right to review information provided by previous employers.<br>You have the right to have errors in information corrected by the previous employer and for that previous employer to re-send<br>the corrected information to Ranger Environmental, Inc.<br>You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you<br>cannot agree on the accuracy of the information.   |   |                 |  |      |              |    |  |  |
| Additional information regarding your rights can be found at FMCSR 49 CFR §391.23 paragraphs (i), (j), (k), and (I).  |   |                 |  |      |              |    |  |  |
| In accordance with FMCSR 49 CFR §391.23 paragraphs (a) through (g), successful completion of a road test is required prior to employment.   |   |                 |  |      |              |    |  |  |
| By signing below I certify 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.   |   |                 |  |      |              |    |  |  |
| Date: Applicant's Signature:  |   |                 |  |      |              |    |  |  |