

DRIVER APPLICATION FORM

COMPANY NAME _____ Location: Region/District/Branch _____

COMPANY ADDRESS _____
Street City State Zip

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 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 investigating 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 current/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 _____

NAME _____
Last First Middle

Social Security Number (_____) Phone Number Date of Birth Hire Date

ADDRESS _____
Street City State Zip Number of Years

PAST 3 YEAR RESIDENCY _____
Street City State Zip Number of Years

Street City State Zip Number of Years

Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

You are required to list the complete mailing address: street number and name, city, state and zip code.

CURRENT OR LAST EMPLOYER: Name _____ Phone Number (_____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | Yes | No

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

SECOND LAST EMPLOYER: Name _____ Phone Number (_____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | Yes | No

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

THIRD LAST EMPLOYER: Name _____ Phone Number (_____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | Yes | No

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

*Any gaps in employment and/or unemployment must be explained.

**The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver) for compensation; or (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

PLEASE COMPLETE REVERSE SIDE

9653 (Rev. 7/13)

EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed

Driving Experience

If no driving experience within the last 3 years – check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT <small>(Circle all that apply)</small>	DATES		APPROXIMATE NUMBER OF MILES
		FROM	TO	
Straight Truck	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor – Two Trailers	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor – Three Trailers	Van, Reefer, Tank, Flat	_____	_____	_____
Motorcoach – School Bus <small>(Greater than 8 passengers)</small>	N/A	_____	_____	_____
Motorcoach – School Bus <small>(Greater than 15 passengers)</small>	N/A	_____	_____	_____
Other: _____	Van, Reefer, Tank, Flat, N/A	_____	_____	_____

OR

Accident History (3 years)

If no accidents within the last 3 years – check here

DATE <small>(month/year)</small>	NATURE OF ACCIDENT <small>(head-on, rear-end, upset, etc.)</small>	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL?
_____	_____	_____	_____	YES NO
_____	_____	_____	_____	YES NO
_____	_____	_____	_____	YES NO

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years – check here

DATE CONVICTED <small>(month/year)</small>	VIOLATION <small>(Other than violations involving parking only)</small>	STATE OF VIOLATION	PENALTY <small>(Forfeited bond, collateral and/or points)</small>
_____	_____	_____	_____
_____	_____	_____	_____

License Information

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”. I certify that I do not have more than one motor vehicle license, the information for which is listed below.

_____ State _____ License Number _____ Expiration Date

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? | Yes | No
 If yes, give details _____
- B. Has any license, permit, or privilege ever been suspended or revoked? | Yes | No
 If yes, give details _____

Applicant Certification

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.

_____ Applicant’s Signature _____ Date

Disclosure/Release/Authorization

Fair Credit Reporting Act Disclosure and Application Authorization 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 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 PURPOSES. THESE REPORTS ARE REQUIRED BY SECTIONS 382.413, 391.25 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS.

Arrow Midstream discloses that consumer reports from any credit reporting agency or other sources, verification of previous employment, previous drug and alcohol results may be obtained in respect to my application for employment as part of the pre-screening background check; or in connection with my employment at any time, and any number of times before, during and after my employment, if in the company's (or its designees) discretion, has a legally permissible and legitimate business need for this Information requested.

I also authorize the procurement of an investigative consumer report and understand that it may contain information about my employment and education background, criminal history, driving record, credit, workers compensation claims, mode of living, character and personal reputation. I also understand Arrow Midstream may make use of the internet including social networking sites. I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable period of time and to obtain a copy of the report upon request. This authorization in original or copy form shall be valid for this and for any future reports or updates that may be requested.

In connection with this request I Authorize all corporations, companies, former employees, supervisors, credit agencies, educational institutions, law enforcement/criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus and persons to release information they may have about me to the person or company with which this form has been filed if required, or their agent. I further authorize Arrow Midstream to secure an investigative consumer report at any time, and any number of times before, during and after my employment. If in the company's (or its designees) discretion, it has a legally permissible and legitimate business need for this Information requested.

I release and hold harmless all parties involved from any and all liability for all damages arising from requesting, procuring or furnishing the requested information except with respects to a violation of the act. I authorize the employer and its agent/credit reporting agency and all associated entities and its clients to receive any criminal history information or credit report pertaining to me in the files of any state or local criminal justice agency.

CA, MN and OK RESIDENTS ONLY: As part of a routine background investigation, we may request a consumer credit report from a consumer credit reporting agency or one of its associated companies, if we do so and you wish them to send you a free copy of this consumer report, please check here _____.

Attendance Policy: 90 Days Probationary Period. In the event that Arrow Midstream decides to offer employment, you recognize that you will be required to show up to work each day and on time. If you cannot report to work on time, you must call your supervisor or dispatch as soon as possible. If you do not call in, then it is assumed you quit your job and management reserves the right to terminate you.

All employees of Arrow Midstream are required to provide at least 7 days advance notice for days off (such as attend court, doctor visits or family medical issues). Requests for days off must be approved by your supervisor.

Consent of Disclosure and Authorization

I certify that the information on Arrow Midstream LLC's employment application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Arrow Midstream LLC ("Arrow Midstream") to investigate, without liability, all statements contained in Arrow Midstream LLC's employment application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with Arrow Midstream LLC's application for employment. If requested, I agree to submit to a physical exam, criminal, driving record, and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that employees of Arrow Midstream serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States and to comply with company policies. I understand that the first NINETY days of regular employment represent a provisional period.

I certify that my answers are true and complete to the best of my knowledge. If Arrow Midstream LLC's employment application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

x _____
Applicant Signature

____/____/____
Date