



**APPLICATION
FOR
EMPLOYMENT**

Corporate Headquarters

2740 Indiana Avenue
Kenner, LA 70062
Main: (504) 469-0500
Fax: (504) 469-9669

Operational Headquarters

1512 S. Houston Rd.
Pasadena, TX 77502
Main: (866) 473-8100
Fax: (713) 473-7300

"Protecting Our Customers' Interests"

AccuTrans provides world class services to our customers and respect to our employees. We are committed to being respected in our industry, valued as an employer and responsible to our stakeholders.



Employment Application

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veterans status, sexual orientation, genetic information or any other legally protected statuses.

Please send completed application to fax number: (504) 469-9669 or jobs@accutransinc.com

PLEASE PRINT

NAME: Last			First	Middle
ADDRESS: Street		City	State	Zip Code
Driver's License#		Expiration Date	State Issued	
Home Phone #	Cell Phone #		Alternate Contact #	

Position & Location Applying For	Date of Application
How Did You Learn of AccuTrans? Or AccuShip?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____ Referred By _____	

REFERENCES

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

PERSONAL INFORMATION

	YES	NO
Are you at least 18 years old?		
Have you ever filed an application with us before?		
If Yes, give date		
Have you ever been employed with us before?		
If Yes, give date		
Do you have a valid Driver's License?		
Are you currently employed?		
If yes, may we contact your present employer?		
If yes, when will you be available to begin work?		
<i>A positive answer on the following questions will not automatically disqualify you from employment.</i>		
If applying for tankerman position: Have you had a D.W.I. in the last 3 years?		
If applying for tankerman position: Have you had more than 2 moving violations in the past 3 years?		
Have you ever been convicted of felony or misdemeanor charges other than traffic violations?		
Are you currently on probation or have any charges pending?		
Are you authorized to work in the U.S.? (Proof of identity & work authorization will be required upon hire.)		
I understand a drug and alcohol screen may be required prior to being employed.		

MILITARY SERVICE		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Reserve		
Branch of Service	Date Enlisted	Date Discharged
Special Training Received:		

EDUCATION AND TRAINING	
What was the highest grade completed?	

VOCATIONAL TRAINING				
Course	School	Date Month/Year	Certificate Awarded	
			YES	NO
Deckhand Training				
Tankerman PIC				
Tank Barge Firefighting				
Liquefied Gas				
Other				

THE FOLLOWING SECTION IS ONLY FOR THOSE APPLYING FOR TANKERMAN POSITIONS

MARINE EXPERIENCE AND DOCUMENTATION				
			YES	NO
<i>Do you hold a U.S. Coast Guard Merchant Mariner's Document?</i>				
If Yes, what grade:	DL _____	LG _____	Original Issue Date:	
Issue Location:			Most Recent Renewal Date:	
<i>Do you have experience in the following types of cargo transfer operations?</i>				
Chemicals				
Black Oil/Hot Oil				
Double-Up				
Split Cargo				
Vapor Recovery				
<i>Have you been trained in the following?</i>				
Benzene Handling		If yes, date:		
Hazardous Materials		If yes, date:		
Vapor Recovery		If yes, date:		
Spill Mitigation		If yes, date:		
First Aid/CPR		If yes, date:		

EMPLOYMENT HISTORY

Employer		Dates Employed		Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

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		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
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Job Title	Supervisor			
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Telephone Number(s)		Hourly Rate/Salary		
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Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

APPLICANT'S STATEMENT

I have read and fully understand the questions asked in this application. I certify that all of the answers I have given are true, accurate and complete. I understand that the omission and/or misrepresentation of any fact from or on this application or during any interview will result in immediate rejection of my application or, if I am hired, will result in disciplinary action which may include immediate dismissal. Unless I noted otherwise, I authorize the Company to contact all my employment references and personal references, as well as the educational institutions I have attended. I further authorize the Company to inquire about , investigate and obtain copies of any records which relate to me from my former employers and educational institutions. I hereby release the Company and all affiliated persons and entities, as well as any persn or institution that provides the Company with any lawful information about me, from any and all liability whatsoever resulting from any such lawful investigation or communication.

This application for employment shall be considered active for a period of no more than 60 days. Any applicant wishing to be considered for employment beyond this time period must submit a new employment application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing by an authorized executive of this organization. In addition, I understand that the Company and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms and conditions of employment.

Signature of Applicant

Date

Applicant Name (printed)

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture
	Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051



Corporate
2740 Indiana Avenue
Kenner, LA 70063
504.469.0500

Operations
1512 South Houston Road
Pasadena, TX 77502
713.473.8100

Notification of and Authorization for Procurement of Consumer Report

Through this document, AccuTrans, Inc, is putting you on notice and disclosing to you that the Company may obtain a consumer report for employment purposes or as part of the pre-employment background investigation. In addition, such a consumer report may be obtained at any time during your employment.

Your signature below authorizes the Company to procure a consumer report for employment purposes.

The consumer report may include, but is not limited to, the following types of information: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker’s compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

If hired, or already employed, this authorization shall remain on file and shall serve as an ongoing authorization for the Company to obtain consumer reports at any time during your employment, for employment purposes. Further, if hired, or already employed, your signature below authorizes the Company to supply your employment history with the Company to a consumer reporting agency.

Please sign below to signify your receipt and understanding of the above disclosure and to authorize the Company to obtain a consumer report.

Date: _____

Applicant or Employee Signature

Applicant or Employee’s Name (Printed)

Identifying Information for Consumer Reporting Agency

Last Name: _____ First Name: _____ Middle: _____

Other Names Used _____ Years Used _____

Current Address: _____
Street / P.O. Box City State Zip Code Country Dates

Former Address: _____
Street / P.O. Box City State Zip Code Country Dates

*Social Security Number: _____ Daytime Phone Number: _____

E-mail Address: _____ Driver’s License Number: _____ State of Issuance: _____

*Date of Birth: _____ *Gender: _____

**This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.*

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DRUG AND ALCOHOL QUESTIONNAIRE		
<i>In accordance to 49 CFR Part 40 Section 40.25 (j), AccuTrans is required to ask Tankerman applicants the following.</i>	YES	NO
In the past 2 years, have you tested positive on a DOT pre-employment drug OR alcohol test administered by a potential DOT agency/employer?		
In the past 2 years, have you refused to submit to a DOT pre-employment drug and alcohol test administered by a potential DOT agency/employer?		
If you answered yes to any of the above, have you undergone a return-to-duty process?		
If yes, please provide documentation of successfully completing the return-to-duty process.		

I have read and fully understand the above questions. I certify that all of the answers I have given are true, accurate and complete.

Signature of Applicant

Date

Applicant Name (printed)