

1237 LA-785 Sunshine, LA 70780

As part of the application process, Chem Carriers LLC and NationsCheck Inc. may conduct background checks on all applicants.

EQUAL OPPORTUNITY EMPLOYER: It is our policy to abide by all federal and state laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, physical or mental disability, except where a reasonable, bona fide occupational qualification exists.

— PLEASE TYPE OR PRINT IN INK —

Todays date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Position you are applying for: _____ Pay expected: _____

Social Security Number: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____ County: _____

Daytime phone: _____ Home phone: _____ Mobile phone: _____

Emergency contact name: _____ Emergency contact phone: _____

Date available for work: _____ Willing to work overtime: Yes No Weekends: Yes No Holiday's: Yes No

Do you understand the requirements of the position you are applying for? Yes No

Can you perform the physical requirements with or without reasonable accommodation? Yes No

Describe any accommodations needed: _____

Only those U.S. Citizens or Aliens who have a legal right to work in the United States are eligible for employment. Can you, upon employment, provide documentation verifying your legal right to work in the United States and your identity? Yes No

Green Card #: _____ Work Visa #: _____ Work Permit _____ Expiration Date: _____

EDUCATION & TRAINING

HIGH SCHOOL/GED: _____

Address: _____ City: _____ State: _____ Zip: _____

Degree earned: _____ Start date: _____ Graduation date: _____ Student ID: _____

COLLEGE: _____

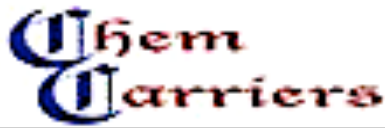
Address: _____ City: _____ State: _____ Zip: _____

Degree earned: _____ Start date: _____ Graduation date: _____ Student ID: _____

COLLEGE: _____

Address: _____ City: _____ State: _____ Zip: _____

Degree earned: _____ Start date: _____ Graduation date: _____ Student ID: _____



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GRADUATE SCHOOL: _____

Address: _____ City: _____ State: _____ Zip: _____

Degree earned: _____ Start date: _____ Graduation date: _____ Student ID: _____

List any other education, certifications or trade skills that you have which relate to this job _____

CDL License: Yes No License number & endorsements: _____ State issued: _____ Expiration date: _____

State Issued: _____ License number: _____ Restrictions: _____ Expiration date: _____

Professional License/ MMD/ Certification #: _____ Professional License Certification type: _____ Issuing agency: _____ State Issued: _____ Expiration date: _____

Merchant Mariner Reference Number: _____ Issuing date: _____ Expiration date: _____

List all traffic violations in the past 7 years (attach additional pages if necessary):

Military Experience:

Branch: _____ Start date: _____ Discharge date: _____ Type of discharge: _____ Rank: _____

Employment History 1:

Name of employer: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip code: _____

Start date: _____ Last day worked: _____ Title: _____ Supervisor: _____

Brief description of duties: _____ Reason for leaving: _____

Last salary: _____ Type of employment: Full time: Part time: May we contact: Yes No

Employment History 2:

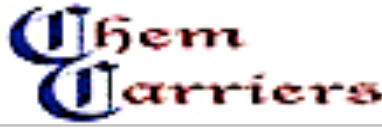
Name of employer: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip code: _____

Start date: _____ Last day worked: _____ Title: _____ Supervisor: _____

Brief description of duties: _____ Reason for leaving: _____

Last salary: _____ Type of employment: Full time: Part time: May we contact: Yes No



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Employment History 3:

Name of employer: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip code: _____

Start date: _____ Last day worked: _____ Title: _____ Supervisor: _____

Brief description of duties: _____ Reason for leaving: _____

Last salary: _____ Type of employment: Full time: Part time: May we contact: Yes No

Employment History 4:

Name of employer: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip code: _____

Start date: _____ Last day worked: _____ Title: _____ Supervisor: _____

Brief description of duties: _____ Reason for leaving: _____

Last salary: _____ Type of employment: Full time: Part time: May we contact: Yes No

Professional References

List three persons not related to you, who can provide information about your work ethic and professional experience:

Reference 1:

Name: _____ Company: _____ Position _____

Address: _____ City: _____ State _____ Zip code _____

Telephone# _____ Business phone# _____ E-mail address _____

Reference 2:

Name: _____ Company: _____ Position _____

Address: _____ City: _____ State _____ Zip code _____

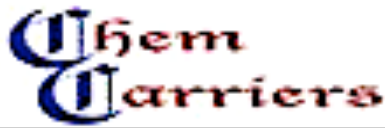
Telephone# _____ Business phone# _____ E-mail address _____

Reference 3:

Name: _____ Company: _____ Position _____

Address: _____ City: _____ State _____ Zip code _____

Telephone# _____ Business phone# _____ E-mail address _____



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Name information:

Please include any other names you may have used in your past, including all aliases, maiden name and married names:

Criminal Record Information:

All Applicants: Exclude any records expunged, annulled, sealed, or discharged under first-offender law.

- **During the past seven years**, have you been convicted of or plead guilty to or, received probation, deferred adjudication, or any other type of alternative method of supervision or correction **for a misdemeanor**, having a penalty of imprisonment or a fine of more than \$500.00, (Answering yes is not an automatic bar to employment but will be considered in relation to specific job requirements)

Yes: No

If yes explain: _____

- **In your lifetime have you ever been convicted of a felony?** (Answering yes is not an automatic bar to employment but will be considered in relation to specific job requirements)

Yes: No

If yes explain: _____

Have you been arrested and awaiting trial? (Answering yes is not an automatic bar to employment but will be considered in relation to specific job requirements)

Yes: No

If yes explain: _____

AGREEMENT (Please read the following statement carefully)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to be the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to Chem Carriers LLC and NationsCheck Inc. any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and Chem Carriers LLC and NationsCheck Inc., from liability for any damage that may result from furnishing same to Chem Carriers LLC and NationsCheck Inc.

I understand that Chem Carriers LLC and NationsCheck Inc. may obtain a consumer and/or investigative consumer report for employment purposes that may include information as to my character, general reputation, personal characteristics, and mode of living, work experience and performance, along with reasons for termination of past employment. The report may also contain a records check of driving, criminal, credit, education, degrees, professional licenses and/or certification records depending on the position. By signing this application, I authorize the procurement of a consumer and/or investigative consumer report by Chem Carriers LLC and NationsCheck Inc. as part of the pre-employment background investigation, and if hired, at any time during my employment. I further release Chem Carriers LLC and NationsCheck Inc. from all liability in connection with any consumer report performed.

I understand and agree that I may be required to take a drug and alcohol-screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test result Chem Carriers LLC and NationsCheck Inc. for its use. I understand that any positive drug or alcohol result may preclude my employment.

I agree to submit to alcohol and/or drug screening tests, if requested of me, at any time prior to (only drug screens will be administered pre-employment), or during my employment in accordance with applicable law, and I further understand and consent to the results of said tests being communicated to Chem Carriers LLC and NationsCheck Inc. I further understand that no one, other than the President of Chem Carriers LLC in writing has the authority to enter into an employment agreement with me that differs from that which is outlined here, and that if I should become employed by Chem Carriers LLC that employment relationship is "at will" and can be terminated by either party without cause.

Appendix A to Part 601

Prescribed Summary of Consumer Rights

The prescribed form for this summary is as a separate document, on paper no smaller than 8x11 inches in size, with text no less than 12-point type (8-point for the chart of federal agencies), in bold or capital letters as indicated. The form in this appendix prescribes both the content and the sequence of items in the required summary. A summary may accurately reflect changes in numerical items that change over time (e.g., dollar amounts, or phone numbers and addresses of federal agencies), and remain in compliance.

A Summary of Your Rights Under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars for each request.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
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 Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Saving associations and federally chartered savings banks (word "F Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs 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 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
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