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Skinner Transportation, Inc.

CLIFTON
PO Box 568
Clifton, TX 76634
Office 254-675-4474
Fax 254-675-8397

AUSTIN
PO BOX 26660
Austin, TX 78755
Office 512-389-0082
Fax 512-389-0084

NEW BRAUNFLES
3095 I-H 35 North
New Braunfels, TX 78130
Office 830-609-9489
Fax 830-629-1469

APPLICATION FOR EMPLOYMENT

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____ HOW LONG? _____
STREET CITY STATE & ZIP

BIRTH DATE: _____ SOCIAL SECURITY NO. _____ PHONE #: _____

ADDRESS _____ HOW LONG? _____
STREET CITY STATE & ZIP

FOR PAST _____ HOW LONG? _____
THREE YEARS
STREET CITY STATE & ZIP

ATTACH SHEET IF MORE SPACE IS NEEDED
EXPERIENCE AND QUALIFICATIONS-DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	ENDORSEMENTS	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT VAN, TANK, FLAT, ETC.	DATE FROM	DATE TO	APPROX. NUMBER OF MILES-TOTAL
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST THREE (3) YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

LAST ACCIDENT NEXT PREVIOUS NEXT PREVIOUS NEXT PREVIOUS	DATES	NATURE OF ACCIDENT HEAD-ON, REAR-END, UPSET, ETC.	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS (OTHER THAN PARKING VIOLATIONS) ATTACH SHEET IF MORE SPACE IS NEEDED.

LOCATION	DATE	CHARGE	PENALTY

- A. Have you ever been denied a license, permit of privilege to operate a motor vehicle? Yes ___
 No ___
- B. Has any license, permit or privilege ever been suspended or revoked? Yes ___
 No ___

IF THE ANSWER OF EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.

EMPLOYMENT RECORD

Attach sheet if more space is needed.

NOTE: DOT requires that employment for at least three (3) years and/or commercial driving experience for the past ten (10) years be shown.

List all past employers beginning with the most recent.

1. COMPANY NAME: _____
 ADDRESS: _____ TELEPHONE: _____
 POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____
 REASON FOR LEAVING: _____

2. COMPANY NAME: _____
 ADDRESS: _____ TELEPHONE: _____
 POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____
 REASON FOR LEAVING: _____

3. COMPANY NAME: _____
 ADDRESS: _____ TELEPHONE: _____
 POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____
 REASON FOR LEAVING: _____

4. COMPANY NAME: _____
 ADDRESS: _____ TELEPHONE: _____
 POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____
 REASON FOR LEAVING: _____

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 understand that Skinner Transportation, Inc. may be required by the FMCSR and the Federally mandated criminal background check conducted as part of the Homeland Security Act. My signature below acknowledges my authorization for Skinner Transportation, Inc. to run all and any background information necessary to process my application for employment.

_____ Date _____ Applicant Signature

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should **ONLY** be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

1. This form must be completed in full and include the driver's original signature.
2. Deliver, mail or FAX the completed form to:

**Texas Department of Public Safety
Motor Carrier Bureau, MSC# 0522
6200 Guadalupe, Building P
Austin, Texas 78752-4019
Facsimile: 512-424-5310**

I, _____ /
Print Name of CDL Holder

of _____ /
Print Address of CDL Holder

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law

to _____ /
Print Name

of _____ /
Print Address

Driver License Number: _____ State: _____ Date of Birth: _____

Signature of Driver:

Date:

X

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address: <http://www.txdps.state.tx.us/forms/index.htm>.



PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b) (5) and (e))

prospective employee (please print): _____

social security number: _____

the prospective employee is required by sec. 40.25(j) to respond to the following questions:

- 1.) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? yes no
- 2.) If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements? yes no

prospective employee: _____ date: _____

witnessed by: _____ date: _____

Motor Vehicle Driver's

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes: _____

(This form is not required for DOT compliance)

STI ASPHALT

NEW HIRE CHECK LIST

- _____ APPLICATION
- _____ PREVIOUS EMPLOYMENT ALCOHOL AND DRUG STATEMENT
- _____ MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS
- _____ AFFIDAVIT RELEASE FOR CONTROLLED SUBSTANCE RESULTS
- _____ D.P.S. DRIVING RECORD (MVR)
- _____ COPY OF CDL AND SOCIAL SECURITY CARD
- _____ FMC SAFETY REGULATIONS POCKETBOOK
- _____ FMC HAZARDOUS MATERIALS POCKETBOOK
- _____ COMPANY HANDBOOK
- _____ PREVIOUS EMPLOYMENT (Check past three years)
- _____ PREVIOUS EMPLOYMENT DRUG AND ALCOHOL TESTS
- _____ CDL QUESTIONNAIRE
- _____ SINGLE DRIVER LICENSE STATEMENT (CMVSA)
- _____ OFF DUTY MEAL STOPS RULES (Give copy to driver)
- _____ VCR PROCEDURES RULES (Give copy to driver)
- _____ DRIVER DATA SHEET (Work record for the previous seven days)
- _____ COMMERCIAL MOTOR VEHICLE SAFETY ACT OF 1986
- _____ SAFETY EQUIPMENT
- _____ DRUG AND ALCOHOL INFORMATION FROM COMPANY HANDBOOK
- _____ NEXTEL AGREEMENT
- _____ AGREEMENT TO WITHHOLD _____ COMPANY DRIVER
- _____ EMERGENCY CONTACT _____ OWNER OPERATOR
- _____ PAYROLL CHECK RELEASE _____ INSURANCE ENROLLMENT
- _____ PETROLEUM TRAINING
- _____ W-4 FORM----EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)
- _____ AUTHORIZATION PAYROLL/ DIRECT DEPOSIT INFORMATION

EMPLOYEE # _____

NAME: _____

HIRE DATE: _____

ADDRESS: _____

BIRTH DATE: _____

CITY/STATE/ZIP: _____

SS#: _____

TELEPHONE: _____

PHYS EXP. DATE: _____

DL#: _____ EXP.: _____

ASSIGNED TERMINAL: _____ 3 _____

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
: :
: :
OR
Employer identification number
: :

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Form W-4 (2009)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent. A _____

B Enter "1" if: B _____

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D _____

E Enter "1" if you will file as head of household on your tax return (see conditions under **Head of household** above) E _____

F Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit F _____

(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.

- If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.
- If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children.

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) H _____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; border: 1px solid black; padding: 5px; display: inline-block;">2009</div>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.)		Date
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction

1 Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ _____

2 Enter: { \$11,400 if married filing jointly or qualifying widow(er)
\$ 8,350 if head of household
\$ 5,700 if single or married filing separately } 2 \$ _____

3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____

4 Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) 4 \$ _____

5 Add lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) 5 \$ _____

6 Enter an estimate of your 2009 nonwage income (such as dividends or interest) 6 \$ _____

7 Subtract line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____

8 Divide the amount on line 7 by \$3,500 and enter the result here. Drop any fraction 8 _____

9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____

10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than "3." 2 _____

3 If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

Note. If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet 4 _____

5 Enter the number from line 1 of this worksheet 5 _____

6 Subtract line 5 from line 4 6 _____

7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____

8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____

9 Divide line 8 by the number of pay periods remaining in 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ___/___/___ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		___/___/___		___/___/___
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ___/___/___ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name		Date (month/day/year)
Address (Street Name and Number, City, State, Zip Code)		

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): ___/___/___	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should **ONLY** be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

1. This form must be completed in full and include the driver's original signature.
2. Deliver, mail or FAX the completed form to:

Texas Department of Public Safety
Motor Carrier Bureau, MSC# 0522
6200 Guadalupe, Building P
Austin, Texas 78752-4019
Facsimile: 512-424-5310

I, _____
Print Name of CDL Holder

of _____
Print Address of CDL Holder

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law

to _____
Print Name

of _____
Print Address

Driver License Number: _____ State: _____ Date of Birth: _____

Signature of Driver: _____

Date: _____

X

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address: <http://www.txdps.state.tx.us/forms/index.htm>.

REQUEST FOR INFORMATION / PREVIOUS EMPLOYER

You are hereby authorized to give _____ all information regarding my services, character and conduct while in your employ, and you are released from any liability which may result from furnishing such information to the above name company.

NAME _____ S.S.# _____
 has applied to this company for a position as a _____ and states
 that he/she was employed by you as a _____ from
 _____ to _____. Please reply to the inquiry below respecting this
 applicant. Your reply will be held in strict confidence and will in no way involve you in any
 responsibility. Thank you for your time.

 Prospective Employee Signature

 Date

Name of former employer _____

1. Is the employment record with your company correct as stated above? Y N
 If answered no please give correct dates _____
2. Did the applicant drive a motor vehicle for you? Y N
 Type driven _____
3. Was the applicant a safe and efficient driver? Y N
4. Reason for leaving. ___ Discharged ___ Lay off ___ Resigned ___ Other
5. Is this person eligible for rehire? Y N
6. In your opinion is the applicant competent for the position sought? Y N

Please rate the following:

	EXCELLENT	GOOD	FAIR	POOR
Quality of work	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____
Safety Habits	_____	_____	_____	_____
Personal Habits	_____	_____	_____	_____
Driving Skills	_____	_____	_____	_____
Attitude	_____	_____	_____	_____
Conduct with customer's	_____	_____	_____	_____
Maintaining equipment	_____	_____	_____	_____

Remarks: _____

Provided by & Title: _____ Date _____

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____

First, M.I., Last _____

Social Security Number _____

hereby authorize that:

Previous Employer: _____

Street: _____

Telephone: _____

City, State, Zip: _____

Fax No.: _____

may release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to:

Prospective Employer: **Skinner Transportation Inc.**

Attention: _____

850 Ed Bluestein Blvd.

Street: _____

Austin, Tx 78721

Telephone: **512-389-3311**

City, State, Zip: _____

Fax No.: **512-389-0084**

In compliance with §40.25(g), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

Prospective employer's confidential fax number: _____

512-389-0084

Prospective employer's e-mail address: _____

Applicant's Signature _____

Date _____

This information is being requested in compliance with §40.25 and §382.405(f) and (h). (See back of form for regulations.)

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , sign below, and return.

Under Department of Transportation testing requirements:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person had a verified positive drug test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to be tested (including verified adulterated or substituted drug test results)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this documentation back with this form, if applicable.) | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT agency regulations.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____

Telephone: _____

Section 2 Completed by (Signature): _____

Date: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer. Mailed.

Date: _____

Complete below when information is obtained.

Information received from: _____

Recorded by: _____

Method: Fax

Mail

E-mail

Date: _____

Commercial Drivers License Questionnaire

Name: _____

Type: _____ Year expires: _____

Number: _____

Please check the following endorsements / restrictions that apply.

Endorsements:

- _____ T -- Double/ Triple Trailer
- _____ P -- Passenger
- _____ N -- Tank Vehicle
- _____ H -- Hazardous Material
- _____ X -- Combination of N and H

Restrictions:

- _____ M -- Interstate only (Commercial Motor Vehicle)
- _____ L -- No air brakes
- _____ X -- Licensed CDL operator in front seat. All classes CMV's
- _____ Y -- Licensed CDL operator in front seat CMV's above class B
- _____ Z -- Licensed CDL operator in front seat CMV's above class C

Other restrictions:

Code	Description
_____	_____
_____	_____
_____	_____
_____	_____

**MOTOR VEHICLE DRIVERS'S
CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS**

Driver requirements: Parts 383 and 391 of the Federal Motor Carrier Safety regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You as a commercial vehicle driver, may not possess more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until January 1, 1990.

If you currently have more than one license, you should keep the license from your state of residence and return the additional license to the states that issued them. Destroying a license does not close the record in the state that issued it. You must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the next business day of any revocations suspension of your driver's license. In addition, section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within thirty (30) days.

CERTIFICATION:

I certify that I have read and understood the above requirements. The following license is the only one that I will possess:

License # _____ State _____ Expires _____

Print name _____

Signature _____ date _____

**DRIVERS DAILY LOG
OFF DUTY DURING MEAL STOPS**

Instructions to Driver: _____

1. During any period of on duty time not exceeding _____ hours, you may make one or more stops for meals and enter the time, thus spent in your log as "off duty" time provided, that when such a stop is made you will insure that your vehicle is properly parked and stationed in full accordance with Parts 392.20 and 392.21 of the Motor Carrier Safety Regulations of the Federal Highway Administration.
2. When more than one stop is made for meals during any period of duty, each stop must be of not less than 15 (fifteen) minutes nor should exceed more than 60 (sixty) minutes duration. Stops of less than 15 (fifteen) minutes are to be logged as "on duty" time. There will be a limitation of 3 (three) hours that may be logged as "off duty" within a _____ hour tour of duty.
3. During the time you're stopped as provided in paragraph hereof, you will be relieved of all duty and all responsibility for the care and custody of your vehicle, its accessories, and any lading it may be carrying. Throughout the duration of such stop or stops, you are at liberty to pursue activities of your own choosing, and you are free to leave the site at which your vehicle is properly parked and stationed.
4. In addition, you may log as "off duty" any time that you arrive at an unloading location and are told by the consignee that you may not be able to unload until a later time (provided you are told a "definite time" that you may unload and the provisions of paragraph 3 are applicable).
5. The above instructions DO NOT apply when you are loaded with Hazardous Materials or dangerous articles that are described in Part 397 of the Motor Carrier Safety Regulations (unless your vehicle is properly parked off of a street or highway). All other stops must be recorded as "on duty" in your log if longer than 10 minutes, and stops of less than 10 minutes duration must be recorded as "driving time"

Received by _____ Date _____

Witnessed by _____ Date _____

VEHICLE CONDITION REPORT

I UNDERSTAND I AM TO INSPECT MY UNIT AT THE END OF MY TOUR AND DUTY AND WRITE UP A VCR REPORT FOR NECESSARY REPAIRS. ALSO, I AM TO INSPECT MY UNIT BEFORE I LEAVE ON A TRIP FOR ANY SAFETY DEFECTS WHICH MUST BE CORRECTED, INCLUDING BROKEN WHEELS, LOOSE WHEEL NUTS AND BROKEN STUDS.

PROCEDURE ARE AS FOLLOWS:

1. When you start to pre-trip your truck, take a new VCR form with you to your truck.
2. The yellow copy of the last VCR Report made on the truck you are to drive should be in the truck. Take the yellow copy and check the appropriate box, "Defects Corrected" or "No Repair Needed" and sign it. This is the yellow copy that was made out the last time the unit was driven no matter if you were the driver or someone else.
3. Next pre-trip your unit and check off each item on the top of your new VCR Report and sign the pre-trip certification.
4. Carry on the vehicle both the new VCR Report showing the pre-trip and the yellow copy that you checked and signed as directed in paragraph 2 above.
5. All defects noted during the operation and post trip are to be shown on the new VCR Report.
6. At the end of your tour of duty or upon return to your home terminal, turn in the yellow copy of the previous VCR Report to the dispatcher.
7. If you have shown any defects on you new VCR Report turn in all three copies. The maintenance department is to make the repair, sign and return the yellow copy to your truck.
8. If you have shown no defects, the driver should pull the yellow copy and leave it in the truck. This way it will be available for you or whom ever takes the truck next.
9. The dispatchers have been instructed to check to see that every driver has both copies of his/her VCR Reports and that his/her logs and recap are current prior to leaving the terminal.

I HAVE READ AND UNDERSTAND THE ABOVE PROCEDURE.

Driver's Signature

Date

DRIVER DATA SHEET

For Casuals, New Hires & Temporary Employees

Name (print) _____

Social Security Number _____

Driver's License Number _____

Type of License _____ Issuing State _____

Instructions: At the time of initial employment as a driver, or when being employed occasionally, the regulations of the Department of Transportation, Rule 395.8(r), require you to furnish a statement of the amount of time worked during the last period of seven (7) consecutive days. In the spaces below, show the number of hours worked (on duty) in each of the last seven- (7) days.

DAY	1	2	3	4	5	6	7	TOTAL
DATE								
HOURS WORKED								

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at _____ on _____
(Time) (Day) (Month) (Year)

Date _____

Signature _____

Witness _____ Date _____

EMPLOYMENT CHECKLIST FOR CASUALS

In addition to the above information supplied by the driver, subparagraph 391.51(d) if the Motor Carrier Safety Regulations requires that the driver qualification file for and intermittent, casual or occasional driver employed under the rules in subparagraph 391.63 must include the following: (Initial if obtained and on file)

1. Medical Examiners certificate -The medical examiner's certificate of physical qualification to drive a motor vehicle, or a legible photographic copy of the certificate. _____
2. Certificate of Driver's Road – The original of the signed road test form and the certificate of the driver's road test issued to the driver pursuant to subparagraph 391.31(e). Or a copy of the license or certificate which the motor carrier accepted as equivalent for the driver's road test pursuant to subparagraph 391.31. _____
3. The Driver's name, his social security number and the identification number, type, and issuing state of his commercial motor vehicle license. _____

Commercial Motor Vehicle Safety Act of 1986

I, _____ have read and understand the basic provisions of the Commercial Motor Vehicle Safety Act of 1986.

I further state that I am licensed to drive in only one state, and will notify the company of each and every traffic violation or driver license suspension.

I further understand that any failure on my part to comply with these provisions may violate this Act and subject me to loss of employment.

Drivers Signature

date

Signature of Carrier Agent

date



Skinner Transportation, Inc.

Post Office Box 26660
Austin, Texas 78755
Office 512-389-3311
Fax 512-389-0084
www.Skinnertrans.com

I acknowledge the following safety equipment has been issued to me. I agree to return all items upon termination for any reason, and shall be used according to company policy loading and unloading plant site rules and regulations.

Table with 3 columns: Item Name, Blank line for signature, Price. Items include Head gear (\$15.00), Eye protection (\$5.00), Ear protection (\$10.00), Foot protection (\$25.00), Rubber hammer (\$25.00), Nextel (\$180.00), Fire retardant suit (\$49.00), Rubber gloves.

I authorize Sti to withhold the above amount per item if not returned upon my termination or voluntary separation.

Signature

Date

Terminal manager

Date

CLIFTON
Post Office Box 568
Clifton, Texas 76834
Office 254-675-4474
Fax 254-675-8397

CLEBURNE
1509 Park Road 21
Cleburne, Texas 76033-8549
Office 817-345-6922
Fax 817-345-3923

NEW BRAUNFELS
3095 I-35 North
New Braunfels, Texas 78130
Office 830-309-9486
Fax 830-329-1469

CONSENT TO DRUG AND ALCOHOL TEST

I have read and I understand the Company's policy regarding drug and alcohol abuse. I understand it is the practice of the Company to conduct drug and alcohol tests for the purpose of carrying out the policy.

I understand I cannot be compelled to give a specimen of my urine or breath. I understand if I give a specimen it will be tested for drugs or alcohol. I understand the giving of a specimen when requested by the Company is a condition of continued employment.

I understand if a test reveals an unexplained presence of a drug or alcohol, the Company may take disciplinary action against me, up to and including termination of my employment.

I authorize the Company and its agents to communicate among themselves for official purposes my test results both orally and in writing, and to communicate such test results at any judicial or administrative proceeding. I also authorize the officers, agents and designated Company officials to have continued access to my specimen for the purpose of any further analysis or study that may be necessary.

I further understand in the contract relationships between the Company and the owners/contractors who engage the services of the Company there is frequently a requirement for my Company to provide drug and alcohol-free contract employees and testing is conducted to demonstrate compliance.

Because I wish the Company to consider me for employment in situations requiring testing, I hereby give consent to the Company to release to the owner/contractors the results of any tests taken by me so that I may qualify for such employment.

At this time I hereby agree to give a specimen.

Signed: _____

Print Name: _____

Date: _____

Witness: _____

Supervisor: _____

ACKNOWLEDGEMENT AND CONSENT

Please sign, date and return this form to your supervisor as soon as possible.

I have been given a copy of the Company's drug and alcohol abuse policy, have read and understand said policy and agree to comply with all of its requirements, including the requirements related to biological testing.

I understand that I will not be compelled to provide biological specimens for drug and alcohol testing, but that refusal to do so can result in my termination from employment.

I hereby agree to give biological specimens whenever requested to do so by the Company.

Employee Signature

Date

CONSENT TO PRE-EMPLOYMENT DRUG TEST

I understand it is the policy of this Company to conduct urine tests of job applicants for the purpose of detecting drug abuse, as well as breath tests for detection of alcohol use. I further understand one of the requirements for consideration of employment with the Company is the satisfactory passing of the Company's drug and alcohol tests.

I agree to take these tests as part of the regular pre-employment screening conducted by the Company and understand a favorable test result does not necessarily guarantee that I will be employed by the Company.

If I am accepted for employment, I agree to take these tests whenever requested by the Company, and I understand the taking of said tests is a condition of my continued employment.

I understand in the contract relationships between the Company and the owner/contractors who engage the Company's services there is frequently a requirement for the Company to provide drug and alcohol-free contract employees, and that drug and alcohol testing is conducted to demonstrate compliance.

Because I wish the Company to consider me for employment in situations requiring drug and alcohol testing, I hereby consent to the Company, or the Company's designated agents, to release to owners/contractors the results of any drug or alcohol tests taken by me so I may qualify for such employment.

At this time I hereby consent to a drug and alcohol test.

Signed: _____

Print Name: _____

Date: _____

Witness: _____

Supervisor: _____

CONSENT TO SEARCH

In the interest of maintaining a safe and efficient environment for employees and non-employees including contractors, sub-contractors, vendors, suppliers, visitors and clients, the Company has and enforces a policy designed to control drug and alcohol abuse on Company premises and in connection with Company business.

The Company administers a search program to ensure compliance with its drug and alcohol abuse policy. Accordingly, you may from time to time be asked to submit to a search of your person, personal effects or personal vehicle while entering, on or departing Company premises, or while performing Company business. An employee who fails to cooperate or declines to submit to a search when requested may be subject to disciplinary action, including discharge. A non-employee who fails to cooperate or declines to submit to a search may be escorted from Company premises, barred from re-entry and barred from future participation in Company business.

I have read and understand the Company's policy provisions regarding searches. I hereby agree to comply.

Signed: _____

Print Name: _____

Date: _____

Witness: _____

Supervisor: _____

HANDBOOK RECEIPT AND ACKNOWLEDGEMENT

I, _____ (printed name) have received an employee handbook from Skinner Transportation, Inc. I understand that this handbook is a statement of the Company's policies and procedures.

I clearly understand that this policy handbook does not create a contract for employment with Skinner Transportation, Inc., and that Skinner Transportation, Inc., may change or modify the policies and procedures found in this handbook at any time.

I also acknowledge that all telephone and electronic communications systems and all information received from, transmitted by, or stored in these systems are and will remain the Company's property. I also acknowledge that these systems are to be used only for job related purposes and not for personal purposes. I understand that I have no personal privacy right or any expectation of privacy in connection with my use of company owned equipment, or with the receipt, transmission, or storage of information in the Company's equipment.

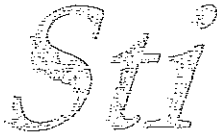
I agree not to access files, use codes, or retrieve any stored communication unless I am authorized to do so. I agree to disclose messages or information from telephone or electronic communications systems only to authorized individuals. I acknowledge and consent to the Company's monitoring of my use of this equipment at its discretion, at any time. The Company's monitoring may include printing out and reading all telephone and email leaving, entering or stored in electronic systems. I further agree to abide by the company policy prohibiting the use of telephone and electronic communication systems to transmit offensive, lewd, racist or sexist messages.

I understand that violation of policies contained herein may lead to disciplinary action, up to and including immediate termination.

Employee Signature

Printed Name

Date



AGREEMENT TO WITHHOLD

I AUTHORIZE DEDUCTIONS FOR THE FOLLOWING ITEMS, IF SUCH DEDUCTIONS ARE REQUIRED:

- 1) IN THE EVENT OF ENROLLMENT IN HEALTH INSURANCE COVERAGE; AMOUNT IS SUBJECT TO CURRENT BENEFIT AMOUNT AS DEFINED IN THE SKINNER TRANSPORTATION, INC. EMPLOYEE HANDBOOK.
- 2) IN THE EVENT OF ENROLLMENT IN SKINNER TRANSPORTATION, INC. 401(k) PLAN; AMOUNT IS SUBJECT TO ELIGIBILITY REQUIREMENTS AND THE PERCENTAGE REQUESTED UPON ENROLLMENT IN THE PLAN.
- 3) IN THE EVENT THAT I RECEIVE A CASH ADVANCE BY SKINNER TRANSPORTATION, INC., I AGREE TO HAVE THE ADVANCE WITHHELD FROM MY PAYROLL IN ACCORDANCE WITH THE TERMS AGREED UPON WITH THE ADMINISTRATION OF SKINNER TRANSPORTATION, INC., ON THE DATE RECEIVED.
- 4) IN THE EVENT THAT EMPLOYMENT IS TERMINATED PRIOR TO 90 DAYS OF EMPLOYMENT WITH SKINNER TRANSPORTATION, INC., I AGREE TO HAVE SKINNER TRANSPORTATION, INC., WITHHOLD \$150.00 (ONE HUNDRED AND FIFTY DOLLARS AND NO/100) FROM MY FINAL PAYROLL TO OFFSET HIRING EXPENSES OF PHYSICALS, DRUG TESTING, AND OTHER EXPENSES ASSOCIATED WITH MY HIRE.
- 5) IN THE EVENT OF THEFT OF PROPERTY, FAILURE TO RETURN EMPLOYER ISSUED FUNDS OR PROPERTY, ACCIDENTAL OVERPAYMENT, OR OTHER "UNJUST ENRICHMENT", I AUTHORIZE SKINNER TRANSPORTATION, INC., TO WITHHOLD THE VALUE OF THE PAYMENT OR PROPERTY FROM MY PAYROLL CHECK.

EMPLOYEE SIGNATURE

DATE

COMPANY REPRESENTATIVE

DATE

IN CASE OF EMERGENCY

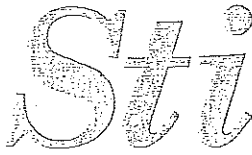
I _____ GIVE MY AUTHORIZATION FOR SKINNER TRANSPORTATION, INC. TO CONTACT THE FOWLLING PERSON(S) IN CASE OF EMERGENCY.

NAME (1)		RELATIONSHIP
ADDRESS		
AREA CODE AND PHONE NO.	IF AVAILABLE SECOND CONTACT NUMBER	
NAME (2)		RELATIONSHIP
ADDRESS		
AREA CODE AND PHONE NO.	IF AVAILABLE SECOND CONTACT NUMBER	

PHYSICIAN INFORMATION

NAME	
ADDRESS	
AREA CODE AND PHONE NO.	IF AVAILABLE SECOND CONTACT NUMBER

PLEASE LIST ANY ADDITIONAL INFORMATION THAT WOULD BE HELPFUL IN CASE OF AN EMERGENCY(SUCH AS ALLERGIES TO MEDICATIONS, MEDICATION BEING TAKEN, ILLNESSES, BLOOD TYPE, ORGAN DONER, ETC...)



Skinner Transportation, Inc.

Post Office Box 26660
Austin, Texas 78755
Office 512-389-3311
Fax 512-389-0084
www.Skinnertrans.com

Date: _____

Department: _____

I _____ do hereby authorize the following person(s)
as having my permission to pick up my weekly payroll check.

- 1.) _____
2.) _____
3.) _____

This authorization will remain in force unless changed in writing to my terminal manager.

Terminal manager signature

date

Employee signature

date

CLIFTON
Post Office Box 568
Clifton, Texas 76634
Office 254-875-4474
Fax 254-875-8397

CLEBURNE
1509 Park Road 21
Cleburne, Texas 76033-8549
Office 817-645-6922
Fax 817-645-6923

NEW BRAUNFELS
3085 I-35 North
New Braunfels, Texas 78130
Office 830-609-9489
Fax 830-629-1469

PETROLEUM TRAINING RECORD

Date: _____

Driver's name: _____

Date of employment: _____ Assigned terminal: _____

Driver trainers name: _____

I certify that I have been trained on the following items and fully understand them.

- 1. Freight Bills _____
- 2. Demurrage _____
- 3. Trip sheets _____
- 4. V.C. R. (Pre trip & Post trip) _____
- 5. Dome Gaskets _____
- 6. Fire Extinguisher _____
- 7. Unloading & Pump operations _____
- 8. Dispatch procedures _____
- 9. Sign in sheet _____
- 10. Haz-Mat video _____
- 11. MSDS _____

Date training began: _____

Date training ended: _____

Drivers signature: _____

Trainers signature: _____

Managers signature: _____

Employee Receipt

I acknowledge receipt of this *Hazmat Security Awareness Employee Handbook*, which covers the following topics:

- Introduction
- What is Required?
- Awareness of Security Risks
- Recognizing and Responding to Potential Threats
- Security Risks on the Road
- Suspicious Activity and Suspicious Behavior
- Enhancing Transportation Security

Employee's Signature

Date

Company

Facilitator's Signature

Date

Company

NOTE: This receipt shall be read and signed by the employee. A responsible company supervisor shall counter-sign the receipt and place it in the employee's training file.

REMOVABLE PAGE - PULL SLOWLY FROM TOP RIGHT CORNER

Driver: _____

Instructor: _____

Company/ Division _____

Date: _____

HAZMAT TRANSPORTATION QUIZ

Directions: Read each statement carefully and circle the response that MOST FULLY answers the question.

1. According to DOT, hazardous materials are products that:
 - a. Harm the environment
 - b. Present a danger to employees in the workplace
 - c. Are capable of posing an unreasonable risk to health, safety, and property when transported in commerce
 - d. Kill or retard the growth of marine life

2. A CDL with a hazmat endorsement is required to transport placarded quantities of hazardous materials.
 - a. True
 - b. False

3. If your carrier is subject to the National Registration Program, you must:
 - a. Keep the registration statement in your wallet at all times
 - b. Carry proof of registration in your vehicle each time you transport materials that require registration
 - c. Make sure the hazmat registration number is prominently displayed on your vehicle
 - d. Do nothing - only your carrier has responsibilities

4. There are _____ hazard classes established by the regulations (not counting the category of materials known as "ORM-D's").
 - a. 6
 - b. 7
 - c. 8
 - d. 9

5. Hazardous materials that present a great degree of risk during transport must be assigned to:
 - a. Packing Group I
 - b. Packing Group II
 - c. Packing Group III
 - d. Packing Group IV

6. The shipper uses the _____ to determine the majority of shipping information-- such as a materials's proper shipping name, hazard class, ID number, etc.
- Hazardous Materials Table
 - List of Hazardous Substances
 - List of Marine Pollutants
 - Segregation Table
7. The correct basic description for "Gasoline" is:
- Gasoline, UN1203, 3, PGII
 - Gasoline, 3, UN1203, II
 - Gasoline, 3, PGII, UN1203
 - All are acceptable because they include the required information
8. The shippers certification statement:
- Is required for cargo tank shipments only
 - May be signed by the shipper at any time
 - Certifies that the load is properly classified, described, packaged, marked, labeled in proper condition for transport
 - Both a and c are correct
9. When shipping papers include entries for both hazardous and non-hazardous materials, the hazardous material entries must be:
- Listed first
 - Entered in a contrasting color
 - Marked with an "X" in the HM column
 - Any of the above methods are acceptable
10. Emergency response information must only be provided for placarded quantities of hazardous materials.
- True
 - False
11. When you are on break and away from your vehicle, you must:
- Place the shipping papers on the driver's seat or in a door pouch
 - Keep the shipping papers with the hazardous materials
 - Take the shipping papers with you
 - Place the shipping papers on the passenger's seat
12. Performance-oriented packaging (POP):
- Must be used for all shipments of liquid hazardous materials
 - Is required for most non-bulk packages of hazardous materials
 - Can be identified by its "shipper" markings
 - Both b and c are correct

13. Before being offered for transport, most non-bulk packages of hazardous materials must be marked with:
- Orientation arrows
 - The letters "ORM-D"
 - The material's proper shipping name and ID number
 - All of the above
14. Primary labels are different from subsidiary labels in that they include the appropriate:
- Hazard symbol
 - Hazard class or division number
 - Hazard class or division name
 - None of the above
15. A material's ID number must be displayed:
- On two opposite sides of a bulk packaging that holds less than 1,000 gallons (3,785 liters)
 - On each end and each side of a bulk packaging that holds 1,000 gallons (3,785 liters) or more
 - On each end and each side of a tube-trailer motor vehicle
 - All of the above are correct
16. Placards are required:
- To be displayed horizontally with the words or ID number reading from left to right
 - For non-bulk shipment of Table 3 materials, with no mandatory subsidiary placards, that have a gross weight of 1,001 pounds (454 kilograms) or more
 - For any quantity of poison gas
 - All of the above
17. According to the Segregation Table, corrosive liquids:
- May be loaded with Division 1.2 explosives
 - May not be loaded with flammable gases
 - May be loaded with flammable liquids
 - None of the above
18. When a cargo tank is being unloaded, the qualified person attending the process must:
- Be alert and within 25 feet (7.62 meters) of the tank
 - Have an unobstructed view of the cargo tank and delivery hose to the maximum extent practical
 - Know the materials hazards and appropriate emergency procedures
 - Be authorized to move the vehicle and have the ability to do so
 - All of the above

19. Dual tires on a placarded vehicle must be checked:
- a. Every 2 hours or 100 miles (161 kilometers)
 - b. At the beginning of each trip
 - c. Whenever vehicle is parked
 - d. All of the above
20. When transporting hazardous materials, you should avoid tunnels, narrow roads, narrow bridges, and heavily populated areas -- unless it is inconvenient.
- a. True
 - b. False
21. If hazardous materials are leaking from your vehicle, you should:
- a. Drive to the nearest phone and call the emergency number listed on the shipping paper
 - b. Try to stop the leak the best you can before continuing on
 - c. Follow your carriers procedures for a hazardous materials incident
 - d. Keep driving so you can deliver the shipment on time

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EMPLOYEE CERTIFICATION

for

SECURITY AWARENESS TRAINING and TESTING

This is to certify that

_____ has on this date _____ completed

the training and has been tested on the following

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