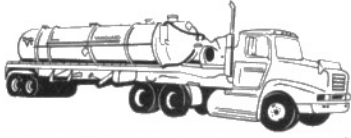


EMPLOYMENT APPLICATION



Vanguard Vacuum Trucks, Inc.

P.O. Box 4276 • Houma, Louisiana • Phone 985-851-0998

An equal opportunity employer M/F

DATE _____

PERSONAL _____

FULL NAME LAST FIRST MIDDLE

ADDRESS NUMBER STREET CITY STATE ZIP CODE

TELEPHONE NUMBER WITH AREA CODE CELL NUMBER PAGER NUMBER

SOCIAL SECURITY NUMBER DATE OF BIRTH U.S. CITIZEN
 YES NO MARRIED SINGLE

DRIVER'S LICENSE NO. STATE OF ISSUE TYPE ENDORSEMENTS EXPIRATION DATE YEARS OF EXPERIENCE AS A TRUCK DRIVER

EMPLOYMENT _____

PREVIOUS EMPLOYMENT

START WITH PRESENT OR LAST EMPLOYER AND WORK BACK	DATES EMPLOYED	POSITION, DUTIES AND IMMEDIATE SUPERVISOR	RATE OF PAY	REASON FOR LEAVING
NAME	FROM			
ADDRESS	TO			
NAME	FROM			
ADDRESS	TO			
NAME	FROM			
ADDRESS	TO			

MILITARY _____

BRANCH OF U.S. SERVICE	NOTE ENTERED	DATE DISCHARGED OR SEPARATED	MILITARY OCCUPATIONAL SPECIALTY
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TURN PAGE OVER, CONTINUE ON OTHER SIDE

EDUCATION

	Name and Location of School	Years Attended	Date Graduated	Subject Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

RELATIVES

FATHER	ADDRESS	WHERE EMPLOYED	AGE
MOTHER	ADDRESS	WHERE EMPLOYED	AGE
BROTHER	ADDRESS	WHERE EMPLOYED	AGE
SISTER	ADDRESS	WHERE EMPLOYED	AGE

PHYSICAL

To Your Knowledge, Do You Have or Have You Ever Had Any of the following Ailments?

Yes <input type="checkbox"/> No <input type="checkbox"/> Ruptured	Yes <input type="checkbox"/> No <input type="checkbox"/> Dizziness	Yes <input type="checkbox"/> No <input type="checkbox"/> Back Trouble	Yes <input type="checkbox"/> No <input type="checkbox"/> Epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/> Heart Disease
Yes <input type="checkbox"/> No <input type="checkbox"/> Defective Sight	Yes <input type="checkbox"/> No <input type="checkbox"/> Defective Hearing	Yes <input type="checkbox"/> No <input type="checkbox"/> High Blood Pressure	Yes <input type="checkbox"/> No <input type="checkbox"/> Rheumatism or Arthritis	Yes <input type="checkbox"/> No <input type="checkbox"/> Silicosis or Tuberculosis

HAVE YOU EVER BEEN INJURED ON THE JOB? Yes <input type="checkbox"/> No <input type="checkbox"/>	HAVE YOU EVER DRAWN WORKMEN'S COMPENSATION AS A RESULT OF BEING INJURED ON THE JOB? Yes <input type="checkbox"/> No <input type="checkbox"/>	DATE
NATURE OF INJURY	NAME OF EMPLOYER	

HAVE YOU EVER BEEN CHARGED AND/OR CONVICTED OF ANY FELONY OR MISDEMEANOR CRIMES? YES NO
 HAVE YOU EVER SERVED ANY TIME IN ANY LOCAL, STATE, OR FEDERAL PRISON(S)? YES NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN COMMITTED TO ANY LOCAL, STATE, FEDERAL OR PRIVATE MENTAL INSTITUTION? YES NO

IF YES, PLEASE EXPLAIN: _____

NAME, ADDRESS AND PHONE NUMBER OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY	PHONE
NAME	ADDRESS

PLEASE READ CAREFULLY

AGREEMENT OF APPLICANT:

I agree that any false misleading information or omissions in this application or statements made by me shall be sufficient cause for rejection or dismissal. I hereby grant permission to verify employment with former employers and agree to abide by all state and local laws. I further agree to comply with all company rules, and, if employed, the first three (3) months of employment shall be on a probationary basis.

I also agree that as a condition of my employment, I will be required to pass a controlled substance test involving a collection of my urine and that a post offer physical will be required. I agree that I will be required to submit to D.O.T. recertification physicals and random controlled substance tests and alcohol tests as a continuing condition of my employment. All information gathered shall be held in strict confidence between Vanguard Vaccum Trucks, Inc. and the applicant/employee.

WITNESS

SIGNATURE OF APPLICANT

DATE