

APPLICATION FOR EMPLOYMENT

Energy Transfer Company on behalf of itself and its affiliates ("Company") is an equal opportunity employer and does not discriminate against qualified applicants or employees on account of race, color, religion, sex, age, national origin, disability or other protected classifications. The Company prohibits harassment in the workplace. All portions of the application must be completed by the applicant.

P E R S O N A L I N F O R M A T I O N	Last Name, First, Middle			Date		
	Have you ever used another name for work, school or other purposes? If so, identify name(s) and dates used and circumstances.			Home Telephone ()		
	Current Address			Work Telephone ()		
	City, State, Zip		Email Address		Salary Requested \$	
	Social Security Number: -- --		Position(s) Applied for: (1)		(2)	
	Referral Source: <input type="checkbox"/> Employee – Name: _____ <input type="checkbox"/> Newspaper – Name: _____ <input type="checkbox"/> Other – Please specify: _____ <input type="checkbox"/> CareerBuilder					
	Check all that apply:	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	<input type="checkbox"/> Available to work OVERTIME?	<input type="checkbox"/> 18 years of age or over?	Shift : <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Overnight	
Can you work hours other than those regularly scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you on a layoff or subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No						

A D D I T I O N A L I N F O	Have you previously applied to the Company or any affiliated companies (e.g. Transwestern Regency)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When and Where? _____					
	Have you previously worked for the Company or any affiliated companies (e.g. Transwestern, Regency)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name of company and dates of employment. _____ Reason for Leaving: _____					
	Have you ever been convicted of a crime or participated in any pretrial or post-trial diversion program, such as deferred adjudication? <input type="checkbox"/> Yes <input type="checkbox"/> No (Do not include any conviction for which the record has been judicially ordered sealed, expunged, or statutorily eradicated. Conviction of a crime may not necessarily disqualify an applicant for employment. Explanation for Yes: _____					
	Do you have any relatives or household members presently employed by the Company or any affiliated companies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please include names: _____					
	Are you legally entitled to work in the United States of America? (If hired, U.S. Law requires proof of your eligibility to work in the U.S.) <input type="checkbox"/> Yes <input type="checkbox"/> No					

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT

Provide complete information regarding current employment, if applicable, and all previous employment during the *past 10 years or 4 employers*, whichever is greater. Begin with your current or most recent employment. Include full-time, part-time and temporary employment. Explain all gaps in your employment history. *Use additional sheets if necessary.*

1	Current or most recent Employer	Telephone ()
	Address	Dates of employment From To
	Name of Supervisor	Weekly Pay Start End
	Job Title and Describe Your Work	
	Reason for Leaving (check one): <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated <input type="checkbox"/> Other (specify) <input type="checkbox"/> Quit without notice <input type="checkbox"/> Laid Off <input type="checkbox"/> Severance	

2	Prior Employer	Telephone ()
	Address	Dates of employment From To
	Name of Supervisor	Weekly Pay Start End
	Job Title and Describe Your Work	
	Reason for Leaving (check one): <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated <input type="checkbox"/> Other (specify) <input type="checkbox"/> Quit without notice <input type="checkbox"/> Laid Off <input type="checkbox"/> Severance	

3	Prior Employer	Telephone ()
	Address	Dates of employment From To
	Name of Supervisor	Weekly Pay Start End
	Job Title and Describe Your Work	
	Reason for Leaving (check one): <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated <input type="checkbox"/> Other (specify) <input type="checkbox"/> Quit without notice <input type="checkbox"/> Laid Off <input type="checkbox"/> Severance	

4	Prior Employer	Telephone ()
	Address	Dates of employment From To
	Name of Supervisor	Weekly Pay Start Last
	Job Title and Describe Your Work	
	Reason for Leaving (check one): <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated <input type="checkbox"/> Other (specify) <input type="checkbox"/> Quit without notice <input type="checkbox"/> Laid Off <input type="checkbox"/> Severance	

(Use additional sheets if necessary)

Have you ever been terminated from employment or asked to resign by any employer? If yes, please provide employer, location, dates and describe circumstances.

The Company contacts prior employers to obtain references regarding work history, conduct and suitability for employment. May we contact your current employer at this time? Yes No (reference will be required from current employer before hiring).

When would you be available to start working for us? _____

PROFESSIONAL/EMPLOYMENT REFERENCES

Name	Phone Number	Best Time to Call	Title
1.			
2.			
3.			

SPECIALIZED SKILLS/OTHER QUALIFICATIONS

List all specialized skills you possess and equipment (including computer programs) which you operate proficiently:

Skills

Equipment

_____	_____
_____	_____
_____	_____

Provide any additional information you believe will assist the Company in considering your application, including membership in professional or civil organizations, specialized training, apprenticeships or other qualifications.

APPLICANT VERIFICATION

I certify that all of the information provided on this employment application and all exhibits and resumés submitted to the Company is true, correct and complete. I understand that false, misleading, incomplete or omitted information on this application or exhibits and resumés will result in rejection of my application or termination, if hired, regardless of the date of discovery.

I authorize all persons and organizations, including but not limited to my former and present employers and personal references, to provide the Company and its agents with complete information concerning my character, employment record and suitability for employment with the Company. If the Company desires to conduct a consumer report or background check about me under the Fair Credit Reporting Act, I will receive a separate notice and authorization for that report.

I understand that part of the processing of my application may involve routine inquiry pertaining to my background and qualifications and that information on the nature and scope of such inquiry, if one made, is available to me upon request. I authorize the schools and prior employers listed in this employment application (except where specifically withheld in this application) to provide my record, reason for leaving, and all other information they may have concerning me, and I release all parties from any and all liability or claims for damage whatsoever that may result from the inquiry and release of information.

I understand that this application is not an offer of employment or an employment contract with the Company or any of its affiliates. I further understand that employment with the Company or any of its affiliates is "at will" and based on mutual consent. Either the Company (or its affiliates) or I can terminate any employment relationship at any time, with or without prior notice or cause. I understand that no employee of the Company (or its affiliates), other than the President, is authorized to enter into any contract or create any employment relationship other than "at will."

As a condition to consideration of this Application, I agree that binding arbitration of any dispute or misunderstanding involving the handling of this Application and the terms, conditions of, and termination of any resulting employment will be subject of the Binding Arbitration pursuant to the Arbitration Policy contained in the Energy Transfer Policy Manual.

I understand that the Company is a drug-free workplace and that any conditional employment offer by the Company or its affiliates is subject to successful completion of testing for the illegal use of drugs.

I understand that if I am hired by the Company (or its affiliates), I will be required to complete a Federal I-9 form and provide documentation verifying my right to live and work in the United States.

If employed, I will comply with the Company's policies, rules and procedures.

Date

Applicant Signature

NOTICE AND AUTHORIZATION CONCERNING CONSUMER AND INVESTIGATIVE CONSUMER REPORTS

Notification

This form, which you should read carefully, has been provided to you because Energy Transfer Company and its affiliates and subsidiaries ("hereinafter referred to as "Company") may request consumer reports or investigative consumer reports in connection with your application for employment, or at any time during the course of your employment with the Company, if any, for purposes of evaluating your suitability for employment, promotion, reassignment or retention as an employee. Additionally, in the event that claims or disputes between you and the Company are filed with any third parties, the Company may request consumer reports or investigative consumer reports for purposes of evaluation and response, regardless of whether you remain in the employ of the Company at the time such claims or disputes arise.

The types of reports that may be requested from consumer reporting agencies under this policy include, but are not limited to, credit reports, criminal records checks, court records checks, driving records, and/or summaries of educational and employment records and histories. The information contained in these reports may be obtained by a consumer reporting agency from public record sources or through personal interviews with your co-workers, neighbors, friends, associates, current or former employers, or other personal acquaintances.

Authorization

I have carefully read and understand this notice and authorization form and, by my signature below, consent to the release of consumer or investigative consumer reports, as defined above, to the Company (1) in conjunction with my application for employment, (2) during the entire course of my employment, if any, and (3) after any such employment ends. I further understand that any and all information contained in my job application or otherwise disclosed to the Company by me before, during or after my employment, if any, may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Company and confirm that all such information provided in connection with my job application is true and correct. I understand and acknowledge that nothing in this notice and authorization is intended to be, or is, an offer of employment or a promise of continued employment. If employed by the Company, my employment will not be for a specified period of time and can be terminated at any time for any reason, with or without cause or notice, by me or by the Company.

Applicant Signature	Date
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Personal Information

Name (First, Middle, Last)		Month/Day of Birth: <u>Don't Include Year</u>	Social Security #
Maiden Name		Date Name was Used	
Other Name Used		Date Name was Used	
Other Name Used		Date Name was Used	
Name as it appears on Drivers License	State License Issued From	License Number/ Expiration Date	Phone Number

Address History

List current address (include County)	Month/Year	Month/Year
(County, City, State, Zip)	From	To
List previous addresses last ten years (include County)	Month/Year	Month/Year
(County, City, State, Zip)	From	To
(County, City, State, Zip)	From	To
(County, City, State, Zip)	From	To
(County, City, State, Zip)	From	To

MOTOR VEHICLE RELEASE FORM

I hereby authorize the Company to receive information limited to my driving record from state or local motor vehicle agencies. I understand that this information is for the specific purpose of determining eligibility to drive vehicles for the Company during functions that require travel or use of a vehicle in pursuit of the Company business. This information will be kept confidential. By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

Please answer the following questions:

Has your driver's license ever been denied, limited, suspended or revoked? Yes No
If yes, provide complete information on action(s), date(s), location(s) and current status:

List all vehicular violations (other than parking tickets) for which you have been convicted, pled guilty or no contest, or forfeited bond in the past 5 years:

Do you have automobile liability insurance? Yes No
If yes, expiration date:

Print Applicant Name

Applicant Signature

Date

APPLICANT DRUG TESTING CONSENT AND RELEASE

I consent for any necessary samples of my urine, blood, hair, and/or breathe to be collected and tested by a clinic/laboratory designated by Energy Transfer Company ("Company") to determine the presence of drugs, as defined by the Company Alcohol and Drug Abuse Policy. I agree to cooperate in the collection and testing of such specimens.

I understand that the substances for which laboratory testing may be performed include Phencyclidine (PCP), Cannabinoids (marijuana and hashish), Amphetamines (methamphetamines and amphetamine), Barbiturates (phenobarbital, secobarbital, amobarbital, etc.), Benzodiazepines (librium, valium and oxazepam), Cocaine (as benzoecgonine), Methadon, Methaqualone, Opiates (heroin, morphine, codeine, etc.) and Propoxyphene (darvon).

I understand that failure to report to the testing laboratory or provide specimens of urine, blood, hair and/or breathe on the date and at the time designated by the Company will result in the withdrawal of any conditional job offer and ineligibility for employment. I understand that the results of the tests will be used to determine my suitability for employment. I further understand that refusing to cooperate in giving any specimens requested or required by the Company, or testing positive for the current illegal use of drugs, will result in the withdrawal of any conditional job offer and ineligibility for employment.

I authorize the release of all pertinent information, including test results, to laboratory employees and the Medical Review Officer involved in the testing process and to officials of the Company. I authorize the Company, the laboratory and the Medical Review Officer to release test information, results and documentation in response to any proceeding challenging the test and/or any employment action based on the test and/or the results.

I hereby release the Company, the laboratory performing the tests, the Medical Review Officer and all of their officers, directors, associates, representatives, owners, agents and attorneys from any and all claims, liabilities and damages arising out of the collecting and testing of any specimens of my urine, blood, hair and/or breath, and communicating the test results, regardless of whether such claims, liabilities, or actions arises, in whole or in part from the negligence of the parties released, or of any of them.

I understand that this consent and release does not constitute an employment agreement or contract with the Company. I have signed this authorization release voluntarily and of my own free will.

IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM, ASK BEFORE SIGNING.

Date

Applicant Signature

Printed Name

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, as of 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.
- **The FCRA gives several different federal agencies authority to enforce the FCRA:**

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 - 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 Board Division of Consumer & Community Affairs Washington, DC 20551 - 202-452-3693
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 Programs Washington D.C. 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 Division of Compliance & Consumer Affairs Washington, DC 20429 - 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