

DRIVER APPLICATION FOR EMPLOYMENT

NAME OF CARRIER _____

ADDRESS _____

STREET CITY STATE ZIP
Applicants are considered without regard to race, creed, color, sex, religion, age, national origin, or disability.

PERSONAL DESCRIPTION

FULL NAME _____ SOCIAL SECURITY NO. _____ - _____ - _____

DATE OF BIRTH _____ / _____ / _____ PHONE NO. (_____) _____

CURRENT ADDRESS _____

STREET CITY STATE ZIP

LAST 3 YEARS _____

STREET CITY STATE ZIP

STREET CITY STATE ZIP

IN CASE OF EMERGENCY NOTIFY _____ AT PHONE NO. (_____) _____

POSITION APPLYING FOR _____ PAY RATE EXPECTED _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? NO _____ YES _____ IF YES FROM _____ / _____ TO _____ / _____
MONTH/YEAR MONTH/YEAR

ARE YOU EMPLOYED? _____ WHEN WILL YOU BE AVAILABLE? _____

ARE YOU PREVENTED FROM LAWFUL EMPLOYMENT IN THIS COUNTRY BECAUSE OF IMMIGRATION STATUS? NO _____ YES _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY, MISDEMEANOR, OR CRIMINAL VIOLATION? NO _____ YES _____

DRIVER'S LICENSE INFORMATION (This information will be verified)

VALID DRIVER'S LICENSE NUMBER _____ STATE _____ EXPIRATION _____

LICENSE TYPE (I.E. COL CLASS A) _____ CDL ENDORSEMENTS _____

HAS YOUR LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, REVOKED, OR SUSPENDED?

NO _____ YES _____ IF YES, EXPLAIN REASON _____

HAVE YOU EVER BEEN DISQUALIFIED UNDER §383 OR § 391 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?

NO _____ YES _____ IF YES, EXPLAIN REASON _____

I CERTIFY I DO NOT HAVE MORE THAN ONE DRIVER'S LICENSE _____

APPLICANT'S SIGNATURE

EDUCATION

PLEASE CIRCLE LAST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

OTHER TRAINING _____

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? NO _____ YES _____

DRIVING EXPERIENCE

TYPE OF EQUIPMENT	NUMBER OF YEARS	STATES YOU HAVE DRIVEN IN
TRACTOR		
TRAILER/TANK		
STRAIGHT TRUCK		
BUS		
OTHER (SPECIFY)		

ACCIDENT RECORD LAST (3) YEARS (This information will be verified)

DATE	NATURE OF ACCIDENT (OVERTURN, JACK KNIFE, REAR END, ETC.)	NO. OF FATALITIES	NO. OF INJURIES	COMMERICAL VEHICLE	PERSONAL VEHICLE

TRAFFIC CONVICTIONS & FORFEITURES (Other than parking) LAST (3) YEARS (This information will be verified)

STATE	DATE	CHARGE	PENALTY	COMMERCIAL VEHICLE	PERSONAL VEHICLE

(CONTINUED ON NEXT PAGE)

EMPLOYMENT HISTORY

Non-CDL driver applicants must provide (3) years employment history. CDL driver applicants must provide (10) years. We are required under §391.23 to investigate our safety performance history of all Federal Motor Carrier Safety Administration regulated employers that you worked for in the preceding (3) years. We are required to investigate your participation in a U.S. DOT mandated drug and alcohol testing program, whether you violated any prohibitions under §382 subpart B, and whether you failed to undertake or complete rehabilitation as required under §382.605 or subpart O §40 of all U.S. DOT regulated employers that you worked for in the preceding (3) years. You must give written consent for these investigations in order to be considered for employment as a driver. You have due process rights regarding the information received from these investigations under §391.23(i).

All information obtained from previous employers will be kept confidential.

LAST EMPLOYER:

NAME _____ PHONE NO. (____) _____
ADDRESS _____ STREET _____ CITY _____ STATE _____ ZIP _____
SUPERVISOR'S NAME _____
FROM ____/____/____ TO ____/____/____ POSITION _____ REASON FOR LEAVING _____
MONTH/YEAR MONTH/YEAR

DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES ___ NO ___
DID YOU OPERATE A CDL VEHICLE? YES ___ NO ___
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? YES ___ NO ___
WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG & ALCOHOL TESTING PROGRAM? YES ___ NO ___

2ND LAST EMPLOYER:

NAME _____ PHONE NO. (____) _____
ADDRESS _____ STREET _____ CITY _____ STATE _____ ZIP _____
SUPERVISOR'S NAME _____
FROM ____/____/____ TO ____/____/____ POSITION _____ REASON FOR LEAVING _____
MONTH/YEAR MONTH/YEAR

DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES ___ NO ___
DID YOU OPERATE A CDL VEHICLE? YES ___ NO ___
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? YES ___ NO ___
WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG & ALCOHOL TESTING PROGRAM? YES ___ NO ___

3RD LAST EMPLOYER:

NAME _____ PHONE NO. (____) _____
ADDRESS _____ STREET _____ CITY _____ STATE _____ ZIP _____
SUPERVISOR'S NAME _____
FROM ____/____/____ TO ____/____/____ POSITION _____ REASON FOR LEAVING _____
MONTH/YEAR MONTH/YEAR

DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES ___ NO ___
DID YOU OPERATE A CDL VEHICLE? YES ___ NO ___
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? YES ___ NO ___
WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG & ALCOHOL TESTING PROGRAM? YES ___ NO ___

NOTICE TO APPLICANT

Applicant- If employer has not explained or given a job description, make sure one is given to you and that you fully understand what is expected of you prior to answering the following.

CAN YOU PERFORM THE FUNCTIONS DESCRIBED IN THE JOB DESCRIPTION? _____
PLEASE EXPLAIN HOW, WITH OR WITHOUT REASONABLE ACCOMODATION, YOU WILL BE ABLE TO PERFORM THOSE FUNCTIONS. _____

APPLICANT MUST READ AND SIGN

I agree and understand that any misrepresentations or omissions of information or facts given on this form shall be considered an act of falsification.

I agree and understand that the carrier or its agents may investigate any and all information given on this form to determine its validity.

I understand that all employment history information from previous employers will be used by the carrier only as part of deciding whether to hire me

I understand that under U.S. DOT regulation §391.23 (i), I cannot bring an action or proceeding for defamation, invasion of privacy, or interference with a contract against this carrier or any previous employer based on furnishing or using employment history information.

I agree to furnish such additional information and complete such examinations as may be required to complete my driver qualification and employment files.

If hired, I agree to abide by all the rules and policies of this carrier.

_____/_____/_____
DATE

APPLICANT'S SIGNATURE

OFFICE USE ONLY

APPLICATION RECEIVED ____/____/_____
DATE

SIGNATURE OF COMPANY REPRESENTATIVE

_____/_____/_____
DATE OF HIRE

Voluntary Self Identification Form

Tri-Gas & Oil is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as disabled, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

Name _____ Social Security # _____ - _____ - _____

Address _____ City _____

State _____ Zip _____ Telephone # (_____) _____ - _____

Male

Female

EEO-1 Self-Identification

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

Vets Self-Identification

- Disabled Veteran** - A veteran who is entitled to compensation (or who but for receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or A person who was discharged or released from active duty because of a service connected disability.
- Recently Separated Veteran** - Any veteran during the three-year period beginning on the date of such veteran's discharge or released from active duty in the US military, ground, naval or air service.
- Armed Forces Service Medal Veteran** - Any veteran serving on active duty in the US military, ground, naval or air service, who participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive OP order 12985.
- Other Protected Veteran**- A veteran who served on active duty in the US military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

APPLICANT'S STATEMENT

I understand that Tri Gas & Oil Co. Inc. follows an "employment at will" policy, in that I or Tri Gas & Oil Co. Inc. may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing unless the change is specifically authorized in writing by the directors of Tri Gas & Oil Co. Inc. organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identify; failure to submit such proof will result in denial of employment.

I understand that Tri-Gas & Oil Co. Inc. will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firm's names therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: _____ Date: _____