



APPLICATION FOR EMPLOYMENT

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Street) (City) (State & Zip code)

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS FOR THE PAST THREE YEARS:

_____ HOW LONG? _____
(Street) (City) (State & Zip code)

_____ HOW LONG? _____
(Street) (City) (State & Zip code)

(ATTACH SHEET IF ADDITIONAL SPACE IS REQUIRED)

DRIVER QUALIFICATIONS

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER LICENSES				

DRIVING EXPERIENCE

Equipment Class	TYPE (Van, Tanker, Flat, Etc.)	Date From	Date To	Approx. No. of Miles
Straight Truck				
Tractor/Trailer				
Hazmat				
Other				

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

	Dates	Nature of Accident (Head-on, Rear- End, Upset, Etc.	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Locations	Date	Charge	Penalty

(ATTACH SHEET IF ADDITIONAL SPACE IS NECESSARY)

A. Have you ever been denied a license, permit or 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 TO EITHER A OR B IS YES, GIVE DETAILS BELOW:

PLEASE INCLUDE A COPY OF THE FOLLOWING:

- Front and back of current driver's license (Must have tanker and hazmat endorsement)
- Valid DOT medical card
- Hazmat TWIC card if applicable

EMPLOYMENT RECORD
(Attach sheet if additional space is needed)

NOTE: include the employment history for at least a 3-year period preceding this application that includes the current employer

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER:

NAME _____
ADDRESS _____ TELEPHONE NUMBER _____
POSITION HELD _____
TO _____ FROM _____
REASONS FOR LEAVING _____

SECOND LAST EMPLOYER:

NAME _____
ADDRESS _____ TELEPHONE NUMBER _____
POSITION HELD _____
TO _____ FROM _____
REASONS FOR LEAVING _____

THIRD LAST EMPLOYER:

NAME _____
ADDRESS _____ TELEPHONE NUMBER _____
POSITION HELD _____
TO _____ FROM _____
REASONS FOR LEAVING _____

This certifies that this application was completed by me, and that all entries on it and information in it are complete to the best of my knowledge.

Date

Applicant's Signature

AUTHORIZATIONS

PRE-EMPLOYMENT CONTROLLED SUBSTANCES

The Federal Motor Carrier Safety Regulations, Section 391.103 – Pre-employment testing requirements, apply to driver-applicants of this company.

391.103 Pre-employment testing requirements.

- a. A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.
- b. A driver-applicant shall submit to controlled substance testing as a re-qualification condition.
- c. Prior to collection of a urine sample under 391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

Applicants Signature (Typed or Printed) _____
Date

Applicants Signature _____
Date

Witnessed by (Company Representative) Signature _____
Date

DRIVING RECORD

I hereby authorize the release of information for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations to Nisbet Oil Company. You are released from any and all liability, which may result from furnishing such information.

Applicants Signature _____
Date

PREVIOUS EMPLOYMENT

I hereby authorize previous employers to give Nisbet Oil Company, all information regarding my services, character, and conduct while employed with their firms. Such firms are released from any and all liability, which may result from furnishing such information to Nisbet Oil Company.

Applicants Signature _____
Date

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer-reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Applicants Signature _____
Date