

Driver's Application for Employment

DRQ1

H&W Petroleum Co., Inc.

9617 Wallisville Rd.

Houston, TX 77013-4699

Phone: (713) 672-0893 Fax: (713) 673-5412

In compliance with Federal and State equal employment opportunity laws and Federal DOT regulations, qualified applicants are considered for driving positions without regard to race, color, religion, sex, age, national origin, marital status, or non-job related disability.

Date of Application ____/____/____

Position(s) applied for: _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current address: _____
Street City
_____ Phone _____ How long? _____
State Zip Code

Previous address: _____ How long? _____
Street City State & Zip
_____ How long? _____
Street City State & Zip

Email address: _____

Do you have the legal right to work in the United States? _____

Date of birth ____/____/____ Can you provide proof of age? _____

Have you worked for this company before? _____ Where? _____

Dates: From: _____ To: _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes, explain if you wish. _____

Name: _____

Employment History

All driver applicants to drive a commercial motor vehicle* must provide the following information on all employers during the preceding 10 years. List complete and current mailing address, street address, city, state, zip code and phone.

(Note: List employers in reverse order starting with the most recent. Add another sheet as necessary).

Employer: _____

Address: _____
Street City State Zip

Phone: _____ From: _____ To: _____

Position held: _____ Reason for leaving: _____

Contact person: _____ Salary/Wage: _____

Employer: _____

Address: _____
Street City State Zip

Phone: _____ From: _____ To: _____

Position held: _____ Reason for leaving: _____

Contact person: _____ Salary/Wage: _____

Employer: _____

Address: _____
Street City State Zip

Phone: _____ From: _____ To: _____

Position held: _____ Reason for leaving: _____

Contact person: _____ Salary/Wage: _____

Employer: _____

Address: _____
Street City State Zip

Phone: _____ From: _____ To: _____

Position held: _____ Reason for leaving: _____

Contact person: _____ Salary/Wage: _____

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in any quantity requiring placarding.

Driving Record

Accident record for the last 5 years (attach sheet if more space is needed) If none, write none.

	Date	Nature of accident	Fatalities	Injuries
Last accident	_____ / _____ / _____	_____ / _____ / _____	_____ / _____	_____ / _____
Next previous	_____ / _____ / _____	_____ / _____ / _____	_____ / _____	_____ / _____
Next previous	_____ / _____ / _____	_____ / _____ / _____	_____ / _____	_____ / _____

Traffic convictions and forfeitures for the past 5 years (other than parking violations) If none, write none.

Location	Date	Charge	Penalty
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended: _____
Name City

Experience and Qualifications – Driver Licenses

State	License Number	Type	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor Vehicle? Yes ___ No ___

Has any license, permit or privilege been suspended or revoked? Yes ___ No ___

Have you ever been convicted of careless driving? Yes ___ No ___

Have you ever been convicted of DWI or DUI? Yes ___ No ___

Have you ever been involved in a fatal motor vehicle accident? Yes ___ No ___

Have you ever been convicted of a crime? Yes ___ No ___

Have you ever been convicted of the sale, possession or use of any prohibited or controlled substance? Yes ___ No ___

Have you ever been disqualified to drive per Federal regulations? Yes ___ No ___

Have you ever been denied liability insurance? Yes ___ No ___

Have you ever failed a DOT required drug or alcohol test? Yes ___ No ___

Driving Experience

Class of Equipment	Type (Van Tank, Flat)	From	To	Approx. Miles
Straight Truck	_____ / _____	_____ / _____	_____ / _____	_____ / _____
Tractor and Semi-Trailer	_____ / _____	_____ / _____	_____ / _____	_____ / _____
Tractor – Two Trailers	_____ / _____	_____ / _____	_____ / _____	_____ / _____
Motorcoach – School Bus	_____ / _____	_____ / _____	_____ / _____	_____ / _____
Other _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____

List states operated in for last five years _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

Show any trucking, transportation or other experience that may help in your work for this company _____

List special equipment or technical materials you can work with (other than those already shown) _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquires and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company, as permitted by law.

It is agreed and understood that if hired, I may be on a probationary period during which time I may be discharged without recourse.

It is agreed and understood that if hired, I must understand and abide by all rules and regulations of the Department of Transportation.

It is agreed and understood that any monies or costs incurred by employer or employer’s client outstanding at the time I might be terminated, may be deducted any wages owed to me.

Applicant Rights

YOUR RIGHTS REGARDING SAFETY PERFORMANCE HISTORY INFORMATION: The information you provided on this application may be used, and the applicant’s prior employers may be contacted, for the purpose of investigating the applicant’s safety performance history information. Pursuant to Federal Motor Carrier Safety Regulations 49 CFR Sec. 391.23 (i)(1) you have the following rights with regard to safety performance history information provided by your previous employers:

THE RIGHT TO REVIEW SAFETY PERFORMANCE RECORDS: You have the right to review records provided by your previous employers. You must make your request to review in writing and submit it to your prospective employer no later than thirty (30) days after employment begins or notification of employment is

made. You will be provided with the records within five (5) business days of receipt of your written request. If the prospective employer has not received the records at the time of your request, then the five day period to provide access will be on the day the records are received from the previous employer. If you fail to arrange to pick up or receive the requested records within thirty (30) days of when they were first made available to you, then your right to review is considered waived.

YOUR RIGHTS TO HAVE ERRONEOUS INFORMATION CORRECTED: If you believe there is an error in the records, you have the right to have your previous employer correct the error. Send your request for correction to the previous employer that provided the records in question. The previous employer must either correct and forward the record to the prospective employer or notify you within fifteen (15) days of receiving your request that they do not agree the record is in error. If the previous employer corrects and forwards the record as requested, that employer must also retain the corrected information as part of your safety performance history record and provide it to subsequent prospective employers when requests for this information are received.

THE RIGHT TO REBUT DISPUTED INFORMATION: If the previous employer does not agree that the information in the records provided is in error, you may rebut the disputed information in writing and send it to the previous employer with instructions to include the rebuttal in your safety performance history file. Within five (5) business days of receiving your rebuttal, the previous employer must forward a copy of the rebuttal to the prospective employer; append the rebuttal to your safety performance information and include it as part of the response for any subsequent investigating prospective employers for the duration of the three year retention requirement period. You may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

THE RIGHT TO REPORT FAILURES TO CORRECT ERRONEOUS INFORMATION: You may report failures of a previous employer to correct information or include your rebuttal as part of the safety performance information, to the Federal Motor Carrier Safety Administration by following procedures specified at 49 CFR Section 385.12.

I certify that this application was completed by me and that the information provided is a correct, complete and true representation of the facts as known to me.

(Applicants Signature)

(Date)

Office Use **Start Date:** _____

Transfer Record

From: _____ To: _____ From: _____ To: _____

Date: _____ Date: _____

Reason for Transfer: _____ Reason for Transfer: _____

Termination of Employment **Date Terminated:** _____ **Department:** _____

Dismissed Voluntarily Quit Other _____

Exit Interview placed in file _____ Supervisor: _____

**DRIVER SAFETY PERFORMANCE HISTORY
ALCOHOL AND DRUG RELEASE CONSENT FORM**

DSPH1

I, _____ understand that as a condition of employment with H&W PETROLEUM CO., INC. I must provide the Company with written authorization to obtain the results of all U.S. Department of Transportation required alcohol and drug tests, refusals to test, rehabilitation and follow-up testing when I was employed as a driver or other safety sensitive employee positions I held for the preceding three years. I also understand that signing this authorization does not constitute an offer of employment or any guarantee of future employment with the company.

I hereby authorize the Company to obtain from my previous employers listed below, and hereby authorize the below named previous employers, to release to the Company the following information from my personnel and alcohol and drug files for the preceding three years.

- Instances of reporting for duty or remaining on duty requiring the performance of safety sensitive functions while having an alcohol concentration of .04 or greater.
- Instances of performing safety sensitive functions within four hours after using alcohol.
- Any use of alcohol for eight hours following an accident, while waiting for post accident test.
- Any refusals to submit a post accident alcohol or controlled substance test.
- Refusals to submit a random alcohol or controlled substance test.
- Refusals to submit a reasonable suspicion alcohol or controlled substance test.
- Refusals to submit to a follow up alcohol or controlled substance test.
- Instances of reporting for duty or remaining on duty requiring the performance of safety sensitive functions when under the influence if any unauthorized controlled substance.
- Reporting for duty, remaining on duty or performing safety sensitive function, after testing positive for or adulterating or substituting a test specimen for a controlled substance.
- Records pertaining to completion, or failure to complete alcohol and/or drug rehabilitation prescribed by a Substance Abuse Specialist.
- Any post rehabilitation positive test for alcohol with a result of 0.04 or higher concentration.
- Any post rehabilitation verified positive drug test or refusal to test for alcohol or drug (including verified adulterated or substituted drug test results).

The following is a list of my previous employers during the preceding three years for whom I am authorizing the release of the aforementioned alcohol and drug information to the Company.

<u>Employer Name</u>	<u>Period of Employment</u>
_____	_____
_____	_____
_____	_____
_____	_____

I have carefully read and fully understand this authorization to release my alcohol and drug testing information. I certify that all information provided on this form is true and complete and that I have identified all of my previous employers for the preceding three years.

(Signature of Applicant)

(Print Name of Applicant)

(Date)

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT
and AUTORIZATION TO DISCLOSE CRIMINAL HISTORY INFORMATION

DSPH2

Facility requesting information: **H&W Petroleum Co., Inc.**
Address: 9617 Wallisville Rd
City: Houston State: Texas Zip: 77013-4699
Authorized representative: Mike Lucas
Phone: (512) 733-5254
Reason for request: Commercial Driver Application Review

Type or Print Plainly

Applicant's full legal name: _____
Last First Middle

Other names used (Maiden, Prior name, Other): _____

Applicant's address: _____

City, State, Zip: _____

Applicant's Social Security #: _____

Driver's License #: _____ & State: _____ Date of birth: ____/____/____

Sex _____

Position Applied For: _____

In accordance with the provisions of Section 604(b)(2)(a) of the Fair Credit Reporting Act, you are being informed that reports verifying your previous employment, previous drug and alcohol test results, criminal record and your driving record may be obtained on you for employment purposes as required by the Federal Motor Carrier Safety Regulations.

By my signature below, I hereby authorize any state, federal, driver registry or other agency to release all pertinent driving and criminal record information maintained in their files to the facility or agency named above. I also understand that if convictions, suspensions or other revocations of mine are found which I have not shown on my application or interviews, I might not be hired as a driver or could lose my job as a driver.

Applicants Signature: _____

Filing: Place this completed form in the driver's "Safety Performance History" file within 30 days of the date employment begins.