

Driver Application for Employment

Applicants will receive consideration without discrimination A motor carrie because of race, creed, color, sex, age, national origin, in addition to handicap or veteran status.

A motor carrie in addition to Carrier Safety

A motor carrier may require an applicant to provide information in addition to this information required by the Federal Motor Carrier Safety Regulations.

паписар от чесетат зта	ius.		Carrier	Salety Negui		/_	/20
Last Name		First Name		MI		Hor	ne Telephone
Street Addres	SS	City	Stat	e Zip		Cel	Phone
Have you ever app	lied for	employment with Stern Oil	Compa	any?		I Coouri	 ty Number
Yes No) V	/hen?			Sucia	i Securi	ty Number
Position Desired _				Ехр	ected Wage	es \$	/hr
Apart from absence	e for rel	ligious observances, are yo	u availa	able to wor	k full-time?		
Yes No) If	no, what hours can you wo	rk?				
Will you work overt	ime if a	sked? Yes No					
When will you be a	vailable	e to start work:/	/20_				
Are you legally elig	ible for	employment in the United S	States?	Yes	No		
Other special traini	ng or s	kills (languages, machine o	peratio	ns, etc.)			
			•	, ,			
DRIVER LIC	ENS	SES					
State		License Number	Туре			Expiration Date	
DRIVING EXPERIE	ENCE	Type of Equipment		D:	ate	App	rox. No. of Miles
Class of Equipmen		(Van, Tank, Flat, Etc)		From	То	7 19 1	(Total)
Straight Truck							
Tractor and Semi-T	railer						
Tractor Two Trailer	S,						
Other							
Accident Record	d for p	ast three (3) years or m	ore (a	ttach shee	t if more sp	ace is	needed)
Dates		Nature of Acciden (Head-on, rear-end, upset, etc.)			Fatalitie		Injuries
Last Accident							
Next Previous							
Next Previous							
Next Previous							

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Traffic convictions and forfeitures for the past three (3) years (other than parking violations) (Use back if more space is needed)

Location	Date	Charge	Penalty

- 1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- Has any license, permit or privilege ever been suspended or revoked?
 If the answer to either 1 or 2 is yes, attach statement giving details

Yes No

	EMPLOYMENT	NOTE: DOT requires that employment for at least three (3) years and/or commercial driving experience for the past ten (10) years be shown.
1.	Company Name Address	l elephone () Employed (state, month and year
	Name of Supervisor	From To Starting Salary: Ending salary:
	Job Title and Description	/hr /hr Reason for Leaving
2.	Company Name	Telephone ()
	Name of Supervisor	Employed (state, month and year From To Starting Salary: Ending salary:
	Job Title and Description	/hr /hr Reason for Leaving
3.	Company Name	Telephone
<u> </u>	Address	() Employed (state, month and year
<u> </u>	Address Name of Supervisor	() Employed (state, month and year From To Starting Salary: Ending salary:
4.	Name of Supervisor Job Title and Description Company Name	From To Starting Salary: /hr /hr Reason for Leaving Telephone ()
	Name of Supervisor Job Title and Description	From To Starting Salary: Ending salary: /hr /hr Reason for Leaving Telephone () Employed (state, month and year
	Name of Supervisor Job Title and Description Company Name Address	From To Starting Salary: Ending salary: /hr /hr Reason for Leaving Telephone (Employed (state, month and year
4. M	Name of Supervisor Job Title and Description Company Name Address Name of Supervisor	From To Starting Salary: Ending salary: /hr /hr Reason for Leaving Telephone () Employed (state, month and year From To Starting Salary: Ending salary: /hr /hr Reason for Leaving No If yes, what branch:

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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.

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 38 Safety Regulations to Stern Oil Company, Inc. You are released from any and all liability, which mainformation.	
Applicants Signature	Date
PREVIOUS EMPLOYMENT I hereby authorize previous employers to give Stern Oil Company, Inc. all information regarding my while employed with their firms. Such firms are released from any and all liability, which may result to Stern Oil Company, Inc.	
Applicants Signature	Date
The information provided in this Application for Employment is true, correct, and complete. If empomission of fact on this application may result in my dismissal.	oloyed, any misstatement or
I understand that acceptance of an offer of employment does not create a contractual obligation usemploy me in the future.	upon the employer to continue to
If you decide to engage an investigative consumer-reporting agency to report on my credit and per do so. If a report is obtained you must provide, at my request, the name of the agency so I may be substance of the information contained in the report.	
Applicants Signature	Date

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