



Driver Application for Employment

Applicants will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

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

Date: ____/____/20____

Last Name	First Name	MI	Home Telephone
Street Address	City	State	Zip
			Cell Phone

Have you ever applied for employment with Stern Oil Company? _____

Yes No When? _____

____ - ____ - ____
Social Security Number

Position Desired _____ Expected Wages \$ _____/hr

Apart from absence for religious observances, are you available to work full-time?

Yes No If no, what hours can you work? _____

Will you work overtime if asked? Yes No

When will you be available to start work: ____/____/20____

Are you legally eligible for employment in the United States? Yes No

Other special training or skills (languages, machine operations, etc.) _____

DRIVER LICENSES

State	License Number	Type		Expiration Date
DRIVING EXPERIENCE	Type of Equipment (Van, Tank, Flat, Etc)	Date		Approx. No. of Miles (Total)
Class of Equipment		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor Two Trailers				
Other				

Accident Record for past three (3) years or more (attach sheet if more space is needed)

Dates	Nature of Accident <small>(Head-on, rear-end, upset, etc.)</small>	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			
Next Previous			

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 Stern Oil Company, Inc. You are released from any and all liability, which may result from furnishing such information.

_____ Applicants Signature	_____ Date
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PREVIOUS EMPLOYMENT

I hereby authorize previous employers to give Stern Oil Company, Inc. 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 Stern Oil Company, Inc.

_____ Applicants Signature	_____ Date
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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
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