



Ewing Oil Company Inc.
11949 Robinwood Drive
Hagerstown Md. 21742
Commercial Driver Application

DATE _____ Email _____

NAME _____ PHONE (____) _____

AGE _____ DATE OF BIRTH _____ SS# _____

(The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)

Physical Exam Expiration Date _____ TWIC Expiration Date _____

Current & Previous Three (3) Years addresses:

_____ From _____ To _____
 _____ From _____ To _____
 _____ From _____ To _____

Have you worked for Ewing Oil Company before? _____ Yes _____ No

If yes, give dates: From _____ To _____ Reason for leaving? _____

Who referred you? _____

EDUCATION HISTORY:

Please circle highest grade completed:

Grade school: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Post Graduate: 1 2 3 4

EMPLOYMENT HISTORY

Give a complete record of all employment for the last three (3) years, including any unemployment or self-employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr Mo/Yr Present or Last Employer
 From _____ To _____ Name _____

Position Held _____ Address _____

Reason for Leaving _____

Company Phone (____) _____ Contact Person _____

Were you subject to the FMCSR's while employed here? _____ Yes _____ No

Were you subject to DOT drug and alcohol testing requirements of 49CFR? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____
Position Held _____ Address _____
Reason for Leaving _____
Company Phone (____) _____ Contact Person _____
Were you subject to the FMCSR's while employed here? _____ Yes _____ No
Were you subject to DOT drug and alcohol testing requirements of 49CFR? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____
Position Held _____ Address _____
Reason for Leaving _____
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Were you subject to the FMCSR's while employed here? _____ Yes _____ No
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From _____ To _____ Name _____
Position Held _____ Address _____
Reason for Leaving _____
Company Phone (____) _____ Contact Person _____
Were you subject to the FMCSR's while employed here? _____ Yes _____ No
Were you subject to DOT drug and alcohol testing requirements of 49CFR? _____ Yes _____ No

DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi Trailer			
Doubles / Triples			
Other			

List States operated in, for the last five (5) years _____

List special courses/training completed (HazMat, Smith Systems, etc.)

List any Safe Driving Awards you hold and with whom: _____

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

Date of Accident	Nature of Accidents (Head on, rear end, etc)	Location of Accident	# of Fatalities	# of Injured

Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):

Date	Location	Charge	Penalty

Driver's License (list each driver's license held for the past three (3) years):

State	License #	Type	Endorsements	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 ever been suspended or revoked? ___ Yes ___ No

Is there any reason you might not be able to perform the functions of the job for which you applied (as described in the job description)? ___ Yes ___ No

Have you ever been convicted of a felony? _____ Yes _____ No

If the answers to any questions listed above are "yes", give details

List (3) persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

To Be Read and Signed By Applicant:

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508 I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examination as may be required to complete my application file.

It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.

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

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

Applicants Signature _____ **Date** _____

Remarks: (For office use only)
