

# DRIVER'S APPLICATION FOR EMPLOYMENT

APPLICANT NAME (PLEASE PRINT): \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

**Ewing Oil Company, Inc.  
11949 Robinwood Drive  
Hagerstown, Maryland 21742  
Attention: Ric Campbell**

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

## 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. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries 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.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR COMPANY USE

APPLICANT HIRED: _____	REJECTED: _____
DATE EMPLOYED: _____	POINT EMPLOYED: _____
DEPARTMENT: _____	CLASSIFICATION: _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE.)	
SIGNATURE OF INTERVIEWING OFFICER: _____	

## TERMINATION OF EMPLOYMENT

DATE TERMINATED: \_\_\_\_\_ DEPARTMENT RELEASED FROM: \_\_\_\_\_  
DISMISSED: \_\_\_\_\_ VOLUNTARILY QUIT: \_\_\_\_\_ OTHER: \_\_\_\_\_  
TERMINATION REPORT PLACED IN FILE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

**APPLICANT TO COMPLETE**  
(ANSWER ALL QUESTIONS • PLEASE PRINT)

Position(s) Applied for: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

List your addresses of residency for the past three (3) years:

Current Address: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone: \_\_\_\_\_ How Long: \_\_\_\_\_ (yr./mo.)

Previous Addresses: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long: \_\_\_\_\_ (yr./mo.)  
 Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long: \_\_\_\_\_ (yr./mo.)  
 Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long: \_\_\_\_\_ (yr./mo.)

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
 (Required for Commercial Drivers)

Have you worked for this Company before? Yes / No Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Are you now employed? Yes / No If not, how long since leaving your last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Have you ever been bonded? Yes / No Name of bonding company? \_\_\_\_\_  
 (Answer only if a job requirement.)

Have you ever been convicted of a felony? \_\_\_\_\_  
 If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

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:  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY**

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in interstate or interstate commerce shall also provide additional seven (7) years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

EMPLOYER		DATE	
NAME:		FROM: MO. YR.	TO: MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
CONTACT PERSON:		PHONE NUMBER:	
WERE YOU SUBJECT TO THE FMCSRS † WHILE EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**EMPLOYMENT HISTORY (continued)**

EMPLOYER		DATE	
NAME:		FROM: MO.    YR.	TO: MO.    YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
CONTACT PERSON:		PHONE NUMBER:	
WERE YOU SUBJECT TO THE FMCSRS † WHILE EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME:		FROM: MO.    YR.	TO: MO.    YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
CONTACT PERSON:		PHONE NUMBER:	
WERE YOU SUBJECT TO THE FMCSRS † WHILE EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME:		FROM: MO.    YR.	TO: MO.    YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
CONTACT PERSON:		PHONE NUMBER:	
WERE YOU SUBJECT TO THE FMCSRS † WHILE EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME:		FROM: MO.    YR.	TO: MO.    YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
CONTACT PERSON:		PHONE NUMBER:	
WERE YOU SUBJECT TO THE FMCSRS † WHILE EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

\*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 a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to one operating a motor vehicle on a highway in interstate commerce or transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport nine (9) or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD FOR THE PAST THREE (3) YEARS OR MORE. (ATTACH SHEET IF MORE SPACE IS NEEDED.) IF NONE, WRITE NONE.**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS (OTHER THAN PARKING VIOLATIONS). IF NONE, WRITE NONE.**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED.)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

List all drivers licenses or permits held in the past three (3) years.

DRIVERS LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- 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, PROVIDE DETAILS: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**DRIVING EXPERIENCE (CHECK YES OR NO)**

CLASS OF EQUIPMENT			CIRCLE TYPE OF EQUIPMENT	DATES		APPROXIMATE NUMBER OF MILES (TOTAL)
	YES <input type="checkbox"/>	NO <input type="checkbox"/>		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR – TWO TRAILERS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR – THREE TRAILERS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH – SCHOOL BUS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	More than 8 passengers	—		
MOTORCOACH – SCHOOL BUS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	More than 15 passengers	—		
OTHER						

LIST STATES OPERATED IN FOR THE LAST FIVE (5) YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP YOU IN YOUR WORK FOR THIS COMPANY: \_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION: \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN): \_\_\_\_\_

**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/STATE: \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_