

**DOT EMPLOYMENT APPLICATION**

*Answer all questions completely in your handwriting in ink. We are an Equal Opportunity Employer. No question on this application is intended to be discriminatory under any applicable Federal, State or Local Fair Employment Practices Law.*

**I. PERSONAL INFORMATION**

Last Name	First	Middle Initial	Date
Street Address			Home Phone ( )
City	State	Zip	Social Security Number
Previous Addresses (List all address in the previous three years)			
Street Address			
Street Address			
Street Address			
Date of Birth (required by FMCSR 391.2(2) to verify motor vehicle report:			
In case of emergency notify Name:	Address:		Phone:
Have you applied for work and/or worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		When?	
If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Position which applying for:			
Are you able to perform the essential functions and duties of the job as contained in the job description with reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How were you referred to our company? <input type="checkbox"/> Ad (where) _____ <input type="checkbox"/> Employee Referral			
<input type="checkbox"/> Agency _____ <small>Name</small>	<input type="checkbox"/> Other _____ <small>SPECIFY</small>	<input type="checkbox"/> Walk-in	<small>Name</small>

**II. Please read Carefully**

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 been suspended or revoked?  Yes  No

C. Have you ever been stopped while intoxicated?  Yes  No

D. Have you ever used any illegal drugs (including marijuana)?  Yes  No If yes, when was the last time?  
\_\_\_\_\_

E. Have you ever been convicted for possession or, sale, or use of a narcotic drug, amphetamine, or a derivative thereof?  Yes  No

F. Have you ever been convicted of a criminal offense? (A conviction will not necessarily disqualify you from employment.)  Yes  No

G. Do you currently have any criminal actions pending in which you are a defendant? (A "yes" answer will not necessarily disqualify you from employment.)  Yes  No

H. Are you currently on probation or parole status? (A "yes" answer will not necessarily disqualify you from employment.)  Yes  No

If yes to any of the above questions, state circumstances and dates:

**III. EDUCATION INFORMATION**

School Level	Name and Location of School	Course of Study	Circle last Completed	Did you graduate?	Degree or Diploma
High School			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Associates Arts			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
College			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	

Other			1	2	3	4	Y	N
<b>IV. MILITARY STATUS</b>								
Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch _____ Dates: From _____ To _____								
Duties:								

**V. EMPLOYMENT INFORMATION**

**All applicants must list all full and part-time employment including military service, self employment, and periods or unemployment during preceding 10 years.**

**Note: List employers in reverse order starting with the most recent. Use an additional sheet if necessary.**

1	Company Name			Phone ( )		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Type of Equip. Driven		Job Title and Duties			Reason for leaving	
	Supervisor Name						
					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to the FMCRs**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 drug and alcohol testing requirements of 49 CFT part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2	Company Name			Phone ( )		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Type of Equip. Driven		Job Title and Duties			Reason for leaving	
	Supervisor Name						
					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to the FMCRs**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 drug and alcohol testing requirements of 49 CFT part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3	Company Name			Phone ( )		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Type of Equip. Driven		Job Title and Duties			Reason for leaving	
	Supervisor Name						
					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to the FMCRs**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 drug and alcohol testing requirements of 49 CFT part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4	Company Name			Phone ( )		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Type of Equip. Driven		Job Title and Duties			Reason for leaving	

	Supervisor Name				May we contact this employer? Yes      No Were you subject to the FMCRs**while employed? Yes      No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFT part 40? Yes      No	
5	Company Name	Phone (    )			From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
	Type of Equip. Driven	Job Title and Duties			Reason for leaving	
	Supervisor Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to the FMCRs**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 drug and alcohol testing requirements of 49 CFT part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Company Name	Phone (    )			From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
	Type of Equip. Driven	Job Title and Duties			Reason for leaving	
	Supervisor Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to the FMCRs**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 drug and alcohol testing requirements of 49 CFT part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Company Name	Phone (    )			From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
	Type of Equip. Driven	Job Title and Duties			Reason for leaving	
	Supervisor Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to the FMCRs**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 drug and alcohol testing requirements of 49 CFT part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**USE A SEPARATE SHEET FOR ADDITIONAL EMPLOYMENT HISTORY**

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

**VI. DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT VAN-TANK-FLAT-ETC.	DATES		APPROX. NO OF MILES TOTAL
		FROM	TO	
Straight Truck				
Tractor and Semi-Trailer				
Tractor and Two Trailers				
Other				

**VII. LICENSE**

LIST ALL DRIVERS LICENSES HELD IN PAST FIVE YEARS (NOTE: A COPY OF YOUR VALID DRIVERS LICENSE OR CDL MUST BE ATTACHED TO YOUR APPLICATION TO BE CONSIDERED)

STATE	LICENSE NUMBER	TYPE	ENDORSEMENTS	EXPIRATION DATE

**VIII. TRAFIC CONVISTIONS**

LIST FOR PAST FIVE (5) YEARS. IF NONE WRITE NONE. (EXCEPT PARKING)

DATE	LOCATION (STATE)	TYPE	CHARGE	PENALTY

**VIII. ACCIDENT RECORD IF NONE WRITE NONE**

LIST ALL INVOLVEMENTS WITH TRUCK AND CAR INCLUDING PROPERTY DAMAGE FOR PAST FIVE YEARS. INCLUDING PREVENTABLE AND NON-PREVENTABLE.

DATE TYPE VEHICLE	NATURE OF ACCIDENT (HEAD ON, REAR END, UPSET, ETC.)	INDICATE PRENTABLE OR NON- PREVENTABLE	FATALITIES	INJURIES	AMOUNT OF PROPERTY DAMAGE

**STATES IN WHICH YOU HAVE OPERATED A CLASS-A MOTOR VEHICLE IN THE PAST FIVE YEARS**

LIST ALL STATES:

REFERENCES: (PLEASE LIST 2-PEOPLE ABLE TO VERIFY YOUR EMPLOYEMENT AND PERSONAL HISTORY. SUCH AS A CO-WORKER, NEIGHBOR, CUSTOMER OR AN UPSTANDING CITIZEN OF YOUR COMMUNITY. DO NOT LIST RELATIVES.)

1. NAME	2. NAME
CONTACT INFO: ADDRESS OR PHONE	CONTACT INFO: ADDRESS OR PHONE
3. NAME	4. NAME
CONTACT INFO: ADDRESS OR PHONE	CONTACT INFO: ADDRESS OR PHONE

## **DRUG / ALCOHOL TESTING STATEMENT**

As required by FMCSR Part 382, State Law and Company Policy, all prospective driver employees and currently employed driver employees must submit to a controlled substance and alcohol testing program. In accordance with FMCSR Part 40 all substance test will be conducted through the collection of a urine specimen measuring and minimum of 45 mil, which will be split into two separate samples. The first or primary sample of 30 mil will be the primary test sample and the second or split sample will measure a minimum of 15 mil. The sample will be forwarded to a SAMSHA certified laboratory and the test will be conducted in accordance with standards set by the National Institute for Drug Abuse (NIDA). Test that result in a confirmed positive will cause a driver applicant to be denied employment to be subject to immediate termination.

Breath Alcohol testing will be performed in accordance with FMCSR Part 40 by a certified Breath Analyzing Technician (BAT). All Alcohol tests that results in a reading of .02 or greater will require a conformation test. In the event the confirmation test results in a reading of .02-.039 the driver employee will be placed out of service for 24 hours at which time a return to duty test will be conducted. In the event of a reading of .04 or greater the driver employee will be subject to immediate termination.

Refusal to submit to the required substance or alcohol testing is considered by regulation to be failure to co-operate and will be treated and recorded as such. This has the same effect of testing positive for substance or testing .04 or above for alcohol testing. All drug and alcohol test results will be maintained as a part of the company records and will be reported to those making proper inquiry in accordance with FMCSR Part 382.405 (f).

## **CONSENT AND AGREEMENT**

As part of my application process, and in the event that I am employed by C&I Oil of Beaumont, LP agree to willingly participate in a controlled substance and alcohol-testing program as outlined in Federal Motor Carrier Safety Regulations Part 40 and Part 382.

\_\_\_\_\_  
Applicant/Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**C&I Oil of Beaumont, LP**  
**REQUEST/ CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYERS**

**SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEES (Do not fill out boxed area)**

**APPLICANT'S NAME:** \_\_\_\_\_ **SS#** \_\_\_\_\_

**PREVIOUS EMPLOYER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**STREET ADDRESS:** \_\_\_\_\_ **FAX:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

The previous employer listed above is hereby authorized to release and forward, to the company the information requested in Sections 2 & 3 below concerning my alcohol and controlled substance testing as well as information concerning my work history and safety record.

**PROSPECTIVE EMPLOYER:**

**C&I Oil of Beaumont, LP**  
**Phone: 409-833-6331 Fax: 409-833-5063**

**APPLICANT'S NAME:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER**

- In the past two (2) years (Circle One)
- |  |     |    |
|--|-----|----|
| 1. Has this person tested positive for a controlled substance?   | YES | NO |
| 2. Has this person had an alcohol test with a breath concentration of .04?   | YES | NO |
| 3. Has this person refused a required test for controlled substances or alcohol?   | YES | NO |
| 4. If the answer to any of the above questions is yes please provide the name of the substance abuse professional to which the applicant was referred. |     |    |
- \_\_\_\_\_

**PLEASE NOTE THAT THIS REQUEST IS MADE IN ACCORDANCE WITH FEDERAL MOTOR CARRIER SAFETY REGULATION TITLE 49 SECTION 382.413**

**SECTION 3: TO BE COMPLETED BY THE PREVIOUS EMPLOYER**

1. Applicant was employed from \_\_\_\_\_ to \_\_\_\_\_ as a \_\_\_\_\_
2. Did the applicant operate a commercial vehicle? \_\_\_\_\_. If yes, what type of vehicle? \_\_\_\_\_
3. Was the applicant involved in any vehicle accidents? \_\_\_\_\_.  
If yes, number of preventable \_\_\_\_\_ and/or number of non preventable \_\_\_\_\_.
4. In what areas did the driver operate? \_\_\_\_\_
5. Why did the applicant leave?  Discharged  Resigned  Layoff  Other
6. Is the applicant eligible for rehire with your company? \_\_\_\_\_ If no, reason \_\_\_\_\_

**ACCIDENTS**

Preventable? _____ Non? _____	Preventable? _____ Non? _____	Preventable? _____ Non? _____
Date: _____	Date: _____	Date: _____
Injuries: _____	Injuries: _____	Injuries: _____
DOT Recordable? _____	DOT Recordable? _____	DOT Recordable? _____

Signature of person providing above information \_\_\_\_\_ Date \_\_\_\_\_

**ACKNOWLEDGEMENT**

**AGREEMENT (PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY)**

I understand that you follow the practice of requiring driver applicants to successfully complete a DOT physical, which includes a drug test, as a term and condition of qualification and from time to time thereafter to submit to a drug test, upon company request, as a term and condition of continued qualification. Therefore, I hereby knowingly and freely give my consent to submit to a physical, including a drug test, and further agree to submit to a drug test from time to time when requested. I understand that any job offer is contingent on obtaining the DOT certification. I understand that any job offer is contingent on my physical exam, drug screen, and verification of past employment and review of my MVR.

In connection with my application for qualification with you, I understand an investigative consumer report is being requested that will include information as to my character, work, habits, performance and experience, along with reasons for termination of past employment obtained from previous employers. Further, I understand that you will be requesting information concerning my driving record and/or information from various state agencies which maintain records concerning traffic, offenses, accidents, etc., as well as information concerning (1) previous driving record request made by others from such state agencies and (2) I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above-described information, and agree that such information, and my experience history with you if I am qualified, will be supplied to other companies, which subscribe to consumer reporting systems.

If qualified by you, I further consent to you furnishing to consumer reporting services information concerning my character, work habits, performance, driving record and experience, as well as any reasons for termination of my qualification, and further consent to these services furnishing such information in the future to other companies which subscribe to these services from which I am seeking employment.

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

I understand that my qualification can be terminated, with or without cause, at any time at the discretions of either the company or myself, which falls under the policy of employment-at-will.

In accordance with Section 391.23 of the Federal Motor Carrier Safety Regulations I authorized any and all persons and/or institutions to provide any relevant information that may be required to complete my qualification and release them from any and all liability for supplying said information.

I understand and agree that any misrepresented, inaccurate, misleading, incomplete or omitting information provided by me in this application will be sufficient cause for cancellation of this application and/or separation from the Company's service if employed. Further, I understand that just as I am free to resign at any time, for any reason, with or without prior notice, the Company reserves the right to terminate my employment at any time, for any reason, with or without prior notice. I understand that no representative of the Company has the authority to make any verbal or written assurance to the contrary. I recognize the employment relationship to be an at-will relationship and not for a specific period of time. This application represents the complete and final expression of the intent of the parties and may not be modified except by a writing duly executed by the undersigned and the president of the Company.

I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this or formal application. I further agree, in the event that I am offered employment by the company, as a condition to that employment, all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after the employment, will be submitted to binding arbitration in lieu of any Federal or State investigative, administrative or legal proceeding. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

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