

(NON-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 (IF THERE WAS A CHANGE IN 3 YEARS)				
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:				
Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:				
Have you ever been convicted of a criminal action? A conviction or court-material is not necessarily a bar to employment. <input type="checkbox"/> Yes <input type="checkbox"/> No (Include court-martial convictions, but exclude minor traffic violations).				
If Yes, List date, charge, place, court, and action taken:				
Do you have relatives who are currently employed by C&I Oil of Beaumont, LP? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, Relatives Name:		Location:		
How were you referred to our company?				
<input type="checkbox"/> Agency _____ Name		<input type="checkbox"/> Ad (where) _____ What Publication?		<input type="checkbox"/> Employee Referral _____ Name
		<input type="checkbox"/> Other _____ SPECIFY		<input type="checkbox"/> Walk-in

III. EDUCATION INFORMATION

Elementary and /or High School (circle Highest Grade Completed) 1 2 3 4 5 6 7 8 9 10 11 12 GED

Name and Location of Training Program/College/trade school	# of years	Graduated?	Degree Type	Major
		<input type="checkbox"/> Y <input type="checkbox"/> N		
		<input type="checkbox"/> Y <input type="checkbox"/> N		

List Additional Skills and Equipment:

Job Related registrations, licenses and accreditations: (type and number Exp. Date: State)

IV. MILITARY STATUS

Have you served in the U.S. Armed Forces? Yes No Branch _____ Dates: From _____ To _____

Duties:

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.)

NAME	NAME
CONTACT INFO: ADDRESS OR PHONE	CONTACT INFO: ADDRESS OR PHONE

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V. EMPLOYMENT INFORMATION

All applicants must list all full and part-time employment including military service, self-employment, and periods of Unemployment
 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		
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		
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		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State			
	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		
6	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State			
	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		

USE SEPARATE SHEET FOR ADDITIONAL EMPLOYMENT HISTORY

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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

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ACKNOWLEDGEMENT**

AGREEMENT (PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY)

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.

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 _____