

We are an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion or national origin

APPLICATION FOR EMPLOYMENT

Please print clearly

					Date	
PERSONAL					Social Security Number	
Name						
First	Middle (Maiden Name, if any)	Last				
Address <i>For the past three years</i>						
Street	City	State	Zip	How long?		
Address <i>For the past three years</i>						
Street	City	State	Zip	How long?		
Address <i>For the past three years</i>						
Street	City	State	Zip	How long?		
List any other names you have worked under:						
Phone Number ()		Salary Expected		Are you at least 18 years old? Yes No		
List any friends or relatives employed by this company:						
EMPLOYMENT DATA						
Are you willing to work overtime?		Yes	No	Weekends?		Yes No
Holidays?		Yes	No			
If hired, do you have a reliable means of transportation to get to work?				Yes No		
Are you currently employed?		Yes	No	If hired, what date would you be able to start?		
Are you on layoff and subject to recall?		Yes	No	If yes, explain:		
Have you ever been discharged or asked to resign from any position?				Yes No		
If yes, please describe:						
Have you been convicted of a felony in the last seven years?				Yes No		
On Parole?		Yes	No	Deferred Adjudication?		Yes No
If yes, state the nature of the offense and disposition of the case. Include dates and places.						
* NOTE: Felony convictions or the existence of a criminal record do not constitute an automatic bar to employment						

WORK HISTORY						
Note: DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown.						
Please list your last three employers. Begin with the most recent.						
<i>(if you have worked more than four jobs in the last five years, attach a separate sheet)</i>						
Company		Address		Phone	From: Mo & Yr	To: Mo & Yr
Job Title		Specific Reason for leaving			Supervisor's name	
Describe duties briefly				Starting Salary		Ending Salary
Company		Address		Phone	From: Mo & Yr	To: Mo & Yr
Job Title		Specific Reason for leaving			Supervisor's name	
Describe duties briefly				Starting Salary		Ending Salary

Fred Garrison Oil Company
Allstar Fuel

Company	Address	Phone	From: Mo & Yr	To: Mo & Yr
Job Title	Specific Reason for leaving		Supervisor's name	
Describe duties briefly		Starting Salary	Ending Salary	

DRIVER LICENSES	State - License No.	Date of Birth	Type	Expiration Date

EXPERIENCE AND QUALIFICATIONS - DOT DRIVER

DRIVING EXPERIENCE	Type of Equipment (Van, Tank, Flat, etc)	Dates		Approx. no. of Miles (Total)
		From	To	
Class of Equipment				
Straight Truck				
Tractor and Semi-Trailer				
Other:				

DRIVING EXPERIENCE	Dates	Nature of Accident (Head-on, Rear-end, Upset, etc)	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS
(OTHER THAN PARKING VIOLATIONS)**

Location	Date	Charge	Penalty

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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, ATTACH STATEMENT GIVING DETAILS

TO BE READ AND SIGNED BY APPLICANT

This certifies that the 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.

_____ Date

_____ Applicant's Signature

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