

DRIVER EMPLOYMENT APPLICATION

Name (first, middle, last)		Hire Date (office use only)	
You must list all previous addresses for 3 years	Address (street, city, state, zip code)		
	Address (street, city, state, zip code)		
Phone Number	Date of Birth	Social Security Number	
*****Are you legally authorized to work in the U.S.? Yes No			
Emergency Contact Name		Relation	
Address		Phone Number	
DRIVER LICENSE INFORMATION			
Driver License Number	State	Type	Expiration Date
DRIVER EXPERIENCE			
Type of Equipment	From (Date)	To (Date)	Approx # of Miles
Type of Equipment	From (Date)	To (Date)	Approx # of Miles
REQUIRED QUESTIONS			
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
Have you ever been convicted of any criminal act involving the use of a CMV or while driving a CMV?			Yes No
Have you ever been convicted of any serious crime? (Include any plea of "Guilty" or "No Contest" except for minor traffic violation)			Yes No
If you answered yes to any of the above 4 questions, you must attach a statement of explanation.			
TICKETS / ACCIDENTS/ ETC. *write N/A if there is nothing to report			
Accident Record for Past 3 Years			
Date	Description	# of Injuries / Fatalities	
Date	Description	# of Injuries / Fatalities	
Traffic Convictions & Forfeitures for Past 3 Years			
Date	Location	Charge	Penalty
Date	Location	Charge	Penalty



EMPLOYMENT RECORD Applicant must include 10 years of any/all employment.
Begin with your most recent employer and work back until 10 years are included.

Check here if you were not subject to the FMCSRs in the previous 3 year period:

Employer	From (M/Y)	To (M/Y)	Reason for Leaving
Address	Phone		Position
Were you subject to the FMCSRs while employed?			Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?			Yes No
Employer	From (M/Y)	To (M/Y)	Reason for Leaving
Address	Phone		Position
Were you subject to the FMCSRs while employed?			Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?			Yes No
Employer	From (M/Y)	To (M/Y)	Reason for Leaving
Address	Phone		Position
Were you subject to the FMCSRs while employed?			Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?			Yes No
Employer	From (M/Y)	To (M/Y)	Reason for Leaving
Address	Phone		Position
Were you subject to the FMCSRs while employed?			Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?			Yes No
DECLARATION OF EMPLOYMENT STATUS (GAPS IN HISTORY)			
If you were driving a CMV, you must provide complete employment history for the past 10 years. Any gaps in employment longer than 1 month are explained as follows:			
Activity During Break	From (M/Y)	To (M/Y)	
In Addition, I was not employed by any company or individual			Yes No
Activity During Break	From (M/Y)	To (M/Y)	
In Addition, I was not employed by any company or individual			Yes No
Activity During Break	From (M/Y)	To (M/Y)	
In Addition, I was not employed by any company or individual			Yes No



Employment History Continued

Employer	From (M/Y)	To (M/Y)	Reason for Leaving
Address	Phone		Position
Were you subject to the FMCSRs while employed?			Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?			Yes No
Employer	From (M/Y)	To (M/Y)	Reason for Leaving
Address	Phone		Position
Were you subject to the FMCSRs while employed?			Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?			Yes No
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Address	Phone		Position
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Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?			Yes No
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Address	Phone		Position
Were you subject to the FMCSRs while employed?			Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?			Yes No

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Activity During Break	From (M/Y)	To (M/Y)
In Addition, I was not employed by any company or individual		Yes No
Activity During Break	From (M/Y)	To (M/Y)
In Addition, I was not employed by any company or individual		Yes No
Activity During Break	From (M/Y)	To (M/Y)
In Addition, I was not employed by any company or individual		Yes No

For additional blocks needed, please make a copy of this form

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TO BE READ AND SIGNED BY APPLICANT

I authorize you, AVALON PETROLEUM COMPANY, 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 interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as well as the FMCSRs.

I understand information I provide regarding current and/or previous employers may be used, and those employers 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 the 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.

This certifies 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.

Applicant Signature	Date
Print Name	
Employer Witness Print Name	
Witness Signature	Date



FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

By this document, [AVALON PETROLEUM COMPANY] discloses to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation, personal characteristics and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you will have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to acknowledge the receipt of this disclosure.

Applicant Signature	Date
Print Name	Social Security Number
Employer Witness	Witness Title

