



Driver's Application for Employment

Applicant Name _____ Date of Application _____

Home Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip Code _____

In compliance with Federal and State equal employment opportunities 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 inquires 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 personal 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 employer(s) 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 employer(s)
- * Have errors in the information corrected by previous employer(s) and for those previous employer(s) 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

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ REASON EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING AGENT _____ DATE _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

APPLICANT TO COMPLETE

(ANSWER ALL QUESTIONS – PLEASE PRINT)

Position(s) Applied for _____

Last Name _____ First Name _____ Middle _____ SSN _____

List your addresses for the past 3 years

Current Address _____ City _____ State _____ Zip _____

Previous Address _____ City _____ State _____ Zip _____

Previous Address _____ City _____ State _____ Zip _____

Previous Address _____ City _____ State _____ Zip _____

Previous Address _____ City _____ State _____ Zip _____

Do you have the legal right to work in the United States of Y/N _____

Date of Birth _____ (Required for Commercial Drivers) Can you provide proof of age? Y/N _____

Have you worked for this company before Y/N _____ Dates From _____ To _____

Reason for leaving _____

Are you now employed Y/N _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? Y/N _____ Name of bonding company _____

Have you ever been convicted of a felony? Y/N _____ 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?] Y/N _____

If yes, explain if you wish

EMPLOYMENT HISTORY

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

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 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 as necessary.)

Employer _____	Date From _____	TO _____
Address _____	Position _____	Wage _____
City _____	State _____	Zip _____
Contact Person _____	Phone Number _____	Where you subject to the FMCRs Y/N _____
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? Y/N _____		

EMPLOYMENT HISTORY (continued)

Employer _____	Date From _____ TO _____
Address _____	Position _____ Wage _____
City _____ State _____ Zip _____	Reason for Leaving _____
Contact Person _____ Phone Number _____	Where you subject to the FMCRs Y/N _____
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? Y/N _____	

Employer _____	Date From _____ TO _____
Address _____	Position _____ Wage _____
City _____ State _____ Zip _____	Reason for Leaving _____
Contact Person _____ Phone Number _____	Where you subject to the FMCRs Y/N _____
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? Y/N _____	

Employer _____	Date From _____ TO _____
Address _____	Position _____ Wage _____
City _____ State _____ Zip _____	Reason for Leaving _____
Contact Person _____ Phone Number _____	Where you subject to the FMCRs Y/N _____
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? Y/N _____	

Employer _____	Date From _____ TO _____
Address _____	Position _____ Wage _____
City _____ State _____ Zip _____	Reason for Leaving _____
Contact Person _____ Phone Number _____	Where you subject to the FMCRs Y/N _____
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? Y/N _____	

*Includes vehicles having GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in the quantity requiring placarding.

^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) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

INCIDENT RECORD for past 3 years or more (attach sheet if more space is required) In none, write none

Dates	Nature of Incident (Head-on, Rear-End, Upset, Etc)	Fatalities	Injuries	Hazardous Material Spill
Last Incident _____	_____	_____	_____	_____
Next Incident _____	_____	_____	_____	_____
Next Incident _____	_____	_____	_____	_____

TRAFFIC CONVICTIONS and forfeitures for the past 3 years (other than parking violations) (attach sheet if more space is required) If none, write none

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EXPERIENCE AND QUALIFICATIONS – DRIVER List all driver licenses or permits held in the past 3 years

State	License Number	Type	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Y/N _____

B. Has any license, permit or privilege ever been suspended or revoked? Y/N _____

If the Answer is Yes to Either A or B Please provide detail _____

DRIVING EXPERIENCE

Class of Equipment	Equipment Type	Dates		Approx. # of Miles Total
		From	To	
Straight Truck Y/N _____	_____	_____	_____	_____
Tractor and Semi-Trailer Y/N _____	_____	_____	_____	_____
Tractor- Two Trailers Y/N _____	_____	_____	_____	_____
Tractor- Three Trailers Y/N _____	_____	_____	_____	_____
Tractor and Pneumatic Tanker Y/N _____	_____	_____	_____	_____
Motorcoach -School Bus Y/N _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

List states operated in for last five years: _____

Which safe driving awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any trucking, transportation, or other experience that may help in your work for this company:

List courses and training other than shown elsewhere in the application

List special equipment or technical materials you can work with (other than already shown)

EDUCATION

Highest Grade Completed _____ Last School attended and Location (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 is it are true and complete to the best of my knowledge.



FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you, from Hire Rite, for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's signature

Date

Print name

Social Security number

Driver's License #

License State

Drug & Alcohol Background Check Form

FORM A (FMCSA)

Section I.

To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25 and 391.23. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

SIGNATURE HERE 

Date: _____

I-A.

New Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative (if known): _____

Section II.

To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the three years prior to the date of the employee's signature (in Section I), for DOT-regulated testing:

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES__ NO__
2. Did the employee have verified positive drug tests? YES__ NO__
3. Did the employee refuse to be tested? YES__ NO__
4. Did the employee have other violations of DOT agency drug alcohol testing regulations? YES__ NO__
5. Did a previous employer report a drug and alcohol rule violation to you? YES__ NO__
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A__ YES__ NO__

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in *Section II-A*: _____

Title: _____

INQUIRY TO PREVIOUS EMPLOYER

From: Topfuel Energy Services

Phone 888-888-0719

Fax 814-343-9769

To:

The person identified below is seeking employment with our company as a commercial truck driver and has listed your firm as a previous employer. Please reply to this inquiry respecting this applicant. Please note that the applicant has signed a waiver statement below and has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry. Thank you for your help.

Applicant SSN CDL# State

Address:

1. This applicant list dates of employment with your firm From To Is this correct? [] Yes [] No
If incorrect, list the dates you show: From To Is this correct? [] Yes [] No

2. What was the primary type of work the applicant did for your company? [] OTR driver (stayed out 4 or more nights a week); [] Regional driver (stayed out over-night once or twice a week); [] Local driver (returns to terminal daily); [] Other work (not driving)

3. Was the applicant reliable and able to make customer deliveries on time? [] Yes [] No

4. Were there any notable customer complaints or issues? [] Yes [] No

5. Did the applicant get along well with supervisors and dispatchers? [] Yes [] No

6. In the last 12 months the applicant was with your company, were there any problems with absenteeism? [] Yes [] No

7. The applicant is applying to Topfuel Energy Services for employment as a commercial truck driver to be operating a tractor trailer pulling a pneumatic tanker with load weights of 80,000 lbs. Based on the work he/she did for your company, would you say the applicant is qualified? [] Yes [] No

8. To your knowledge, at any time within the preceding three years, did this person ever:
(a) Have a blood alcohol test (as described in 49 CFR 382, sub-part C) with a concentration result of 0.04 or greater? Yes [] No []
(b) Test positive for a controlled substance (as described in 49 CRF 40.21)? Yes [] No []
(c) Refuse to be tested for alcohol or controlled substance? Yes [] No []
(d) Has this person committed other violations of Subject B of Part 382, or Part 40? Yes [] No []

9. ACCIDENT HISTORY: If no accident history check here: _____

Complete the following for any accidents included on your accident register (Section 390.15(b)) that involve the applicant in the 3 years prior to the application date shown above or any other accidents involving the applicant that were retained under company policies.

Table with 5 columns: Date, Location, No. Injuries, No. Fatalities, Hazmat Spill. Rows 1, 2, 3.

10. Why did employee leave your company? Resigned [] Discharged [] Laid Off []

11. Would you re-employ person? Yes [] No [] Please explain: _____

12. Remarks _____

Signature of Person Supplying Information: _____ Date _____

WAIVER (Keep for your Files)

I hereby authorize you to release all information concerning my employment, including oral assessments of my job performance, ability and fitness, and alcohol and controlled substance testing results (per Question 8 of this inquiry) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.



(Signature)

(Date)