

Application For Driving Position

Farmer Oil, Inc.
 P.O. Box 1269
 Oxford, GA 30054
 Phone 770.385.8075 Fax 3770.385.8169

The Civil Rights Act of 1964 prohibits discrimination because of race, religion, sex, or national origin. PL 90-202 prohibits discrimination because of age. The Americans With Disabilities Act prohibits discrimination on the basis of non-job related disability.

Note: Read each question and then complete all portions of this proposal in your own handwriting and in ink (please print legibly). Applications that are incomplete, inaccurate, false, or filled out in pencil may be rejected. Falsification of any information will result in immediate termination.

Name: _____ Date of Application: ____/____/____

Address: _____ Social Security Number: _____

City _____ State _____ Zip Code _____

Phone Number (____) _____ Date of Birth ____/____/____

List your residency for the past 3 years:

Previous Address: _____ How Long: _____

City _____ State _____ Zip Code _____

Previous Address: _____ How Long: _____

City _____ State _____ Zip Code _____

Do you possess a valid US Department of Transportation medical examination certificate card? _____ Expiration Date _____

IN THE EVENT OF AN ACCIDENT OR EMERGENCY, WHOM SHOULD WE NOTIFY?

Name _____ Relationship _____ Telephone _____

(ATTACH A SEPARATE SHEET IF MORE SPACE IS NEEDED)
Driver's License Information

State	Driver's License #	Type	Expiration Date

Accident Record For Past 3 Years: If None, Write None.

Dates	Nature of Accident	Fatalities	Injuries

Driving Experience

Class of Equipment	Type of Equipment	Date From:	Date To:	Approximate Number of Miles
Straight Truck				
Tractor and Semi-Trailer				
Tractor w/Doubles or Triples				
Other				

Traffic Convictions and Forfeitures for the Past 3 Years

Location	Date	Charge	Penalty

List Employment for Last 10 Years

Absolutely no gaps in employment history dates, month/year required – (If unemployed/self-employed, please note when applicable)

Last Employer: Name: _____ Phone _____
 Street Address _____
 City _____ State _____ Zip Code _____ Fax _____
 Were you subject to the FMCSA regulations while employed with this previous employer? Yes ___ No ___
 Was this position designated as a safety sensitive function in any regulated mode and were you subject to alcohol and controlled substance testing as required by 49 CFR part 40? Yes ___ No ___
 Position Held _____ Dates: Month _____ Year _____ To Month _____ Year _____
 Reason for Leaving _____ Salary _____

Second Employer: Name: _____ Phone _____
 Street Address _____
 City _____ State _____ Zip Code _____ Fax _____
 Were you subject to the FMCSA regulations while employed with this previous employer? Yes ___ No ___
 Was this position designated as a safety sensitive function in any regulated mode and were you subject to alcohol and controlled substance testing as required by 49 CFR part 40? Yes ___ No ___
 Position Held _____ Dates: Month _____ Year _____ To Month _____ Year _____
 Reason for Leaving _____ Salary _____

Third Employer: Name: _____ Phone _____
 Street Address _____
 City _____ State _____ Zip Code _____ Fax _____
 Were you subject to the FMCSA regulations while employed with this previous employer? Yes ___ No ___
 Was this position designated as a safety sensitive function in any regulated mode and were you subject to alcohol and controlled substance testing as required by 49 CFR part 40? Yes ___ No ___
 Position Held _____ Dates: Month _____ Year _____ To Month _____ Year _____
 Reason for Leaving _____ Salary _____

Fourth Employer: Name: _____ Phone _____
 Street Address _____
 City _____ State _____ Zip Code _____ Fax _____
 Were you subject to the FMCSA regulations while employed with this previous employer? Yes ___ No ___
 Was this position designated as a safety sensitive function in any regulated mode and were you subject to alcohol and controlled substance testing as required by 49 CFR part 40? Yes ___ No ___
 Position Held _____ Dates: Month _____ Year _____ To Month _____ Year _____
 Reason for Leaving _____ Salary _____

Fifth Employer: Name: _____ Phone _____
 Street Address _____
 City _____ State _____ Zip Code _____ Fax _____
 Were you subject to the FMCSA regulations while employed with this previous employer? Yes ___ No ___
 Was this position designated as a safety sensitive function in any regulated mode and were you subject to alcohol and controlled substance testing as required by 49 CFR part 40? Yes ___ No ___
 Position Held _____ Dates: Month _____ Year _____ To Month _____ Year _____
 Reason for Leaving _____ Salary _____

A. Have you ever had any type of motor vehicle license suspended or revoked, or ever been denied a license, permit of privilege to operate a motor vehicle?

Yes ___ No ___ If yes, explain _____

B. Do you have a pending charge or past conviction for driving while intoxicated?

Yes ___ No ___ If yes, explain _____

C. Do you have a pending charge or past conviction for possession of a controlled substance?

Yes ___ No ___ If yes, explain _____

D. Have you ever been refused auto liability insurance?

Yes ___ No ___ If yes, explain _____

E. Do you have a pending charge or conviction for any misdemeanor or felony offense?

Yes ___ No ___ If yes, explain _____

Application Addendum

Federal Motor Carrier Safety Regulations §40.25 (j) The employer must ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

Have you tested positive, or refused to test, on any pre-employment drug test or have you tested .02 or greater, or refused to test, on any pre-employment alcohol test during the past two years?
Yes ___ No ___

Rights

Pursuant to 49CFR, part 391.23 (j), you have the following rights regarding investigative information

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

To Be Read And Signed By Applicant

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 authorize you to make such investigations and inquire of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires 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 connections 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.

Applicants Signature

Date