

Driver's Application For Employment

Petroleum Transport Co., Inc.
P.O. Box 490
Pilot Mountain, NC 27041
800-782-8785

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application: _____

Name: _____

Social Security Number: _____

Address: _____

Phone Number (_____) _____ Alternate Phone Number (_____) _____

Date of Birth ____/____/____

Have you ever been convicted of a crime? Yes No If yes: Misdemeanor Felony

If Yes, please explain: _____

Note: Conviction of a crime is not an automatic bar to employment, all circumstances will be considered.

List your residency for the past 3 years:

Previous Address: _____

How Long: _____

Previous Address: _____

How Long: _____

Have you worked for this company before? _____ **Where?** _____

Dates From: _____ To _____ Position _____

Reason for leaving _____

Who Referred you? _____

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

Is there any reason you might be unable to perform the functions of the job for which you have applied? ____

If yes, explain _____

Employment History

(Attach a Separate Sheet if More Space is Needed)

List employment for last 10 Years, applicants to drive commercial motor vehicles in intrastate or interstate commerce must provide 10 year information on previous employers

Last Employer Name: _____

Address _____ **Phone** _____

Position Held _____ **From:** _____ **To:** _____

Reason For Leaving: _____

Were you subject to FMCSR* while employed? ___Yes ___No Were you subject to drug/alcohol testing? ___Yes ___No

Second Employer Name: _____

Address _____ **Phone** _____

Position Held _____ **From:** _____ **To:** _____

Reason For Leaving: _____

Were you subject to FMCSR* while employed? ___Yes ___No Were you subject to drug/alcohol testing? ___Yes ___No

Third Employer Name: _____

Address _____ **Phone** _____

Position Held _____ **From:** _____ **To:** _____

Reason For Leaving: _____

Were you subject to FMCSR* while employed? ___Yes ___No Were you subject to drug/alcohol testing? ___Yes ___No

Fourth Employer Name: _____

Address _____ **Phone** _____

Position Held _____ **From:** _____ **To:** _____

Reason For Leaving: _____

Were you subject to FMCSR* while employed? ___Yes ___No Were you subject to drug/alcohol testing? ___Yes ___No

Fifth Employer Name: _____

Address _____ **Phone** _____

Position Held _____ **From:** _____ **To:** _____

Reason For Leaving: _____

Were you subject to FMCSR* while employed? ___Yes ___No Were you subject to drug/alcohol testing? ___Yes ___No

Sixth Employer Name: _____

Address _____ **Phone** _____

Position Held _____ **From:** _____ **To:** _____

Reason For Leaving: _____

Were you subject to FMCSR* while employed? ___Yes ___No Were you subject to drug/alcohol testing? ___Yes ___No

Seventh Employer Name: _____

Address _____ **Phone** _____

Position Held _____ **From:** _____ **To:** _____

Reason For Leaving: _____

Were you subject to FMCSR* while employed? ___Yes ___No Were you subject to drug/alcohol testing? ___Yes ___No

Eighth Employer Name: _____

Address _____ **Phone** _____

Position Held _____ **From:** _____ **To:** _____

Reason For Leaving: _____

Were you subject to FMCSR* while employed? ___Yes ___No Were you subject to drug/alcohol testing? ___Yes ___No

* Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle that is over 10,000 lbs, is designed to transport 9 or more passengers OR is any size used to transport hazardous materials requiring placarding.

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

Dates	Nature of Accident	Fatalities	Injuries

Traffic Convictions and Forfeitures for the past 3 years (other than parking violations)

If none, write None.

Dates	Nature of Accident	Fatalities	Injuries

Driver's License(s) Information

State	Driver's License #	Type	Expiration Date

Driving Experience

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

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8

High School: 1 2 3 4

College: 1 2 3 4

Experience and Qualifications

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 this application:

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 ____

Reason: _____

B. Do you have a pending charge or past conviction for driving while intoxicated? Yes ____ No ____

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 drug or alcohol test administered by an employer to which the employee worked or applied for safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years.

Have you tested positive, or refused to test, on any drug test or have you tested .02 or greater, or refused to test, on any alcohol test during the past three years?

Yes ____ No ____

To Be Read And Signed By Applicant

I authorize you 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 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 employers 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 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 that 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.

Applicants Signature

Date



800-782-8785

Statement of Unemployment/Self Employment
Complete if you have gaps in your employment history

_____ is applying for employment with Petroleum Transport Company. (PTC) and has a period of unemployment or self employment in their work history. PTC requests proof of unemployment or self employment via income statement, tax record, business license etc. If unable to provide proof of unemployment or self employment the applicant must complete the below.

I _____ state that I was: unemployed self employed for the

time period(s) from _____ to _____
and from _____ to _____
and from _____ to _____

I cannot provide proof of this period of (un)employment, but certify that it is correct.

Signature of Applicant _____



800-782-8785

IMPORTANT NOTICE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with Petroleum Transport Company, Inc. (PTC), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If PTC uses any information it obtains from FMCSA in a decision to not hire you, the PTC can provide, upon request, a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act. If any final adverse action is taken against you based upon your driving history or safety report, the PTC will notify you that the action has been taken and that the action was based in part or in whole on this report. PTC cannot obtain background reports from FMCSA unless you consent in writing. If you agree that PTC may obtain such background reports, please read the following and sign below:

I authorize PTC to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist PTC to make a determination regarding my suitability as an employee.

I further understand that neither PTC nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I have read the above Notice Regarding Background Reports provided to me by PTC and I understand that if I sign this consent form, PTC may obtain a report of my crash and inspection history. I hereby authorize PTC and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature _____

Name _____

Petroleum Transport Company, Inc.
Post Office Box 490
Pilot Mountain, NC 27041
336-368-8974

Driver's Name

Driver's License Number

Driver's Social Security #

Dear Sirs:

The above listed individual has made application with us for employment as a driver. The applicant has indicated that the above numbered operator's license or permit has been issued by your State to the applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make an inquiry into the driving record during the preceding 3 years of every state in which an applicant/driver has held a motor vehicle operator's license or permit during those 3 years. Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

Signature of individual making inquiry

Petroleum Transport Co., Inc.

P.O. Box 490
129 Carson Street
Pilot Mountain, NC 27041
Phone 336-368-8974

PREVIOUS EMPLOYMENT VERIFICATION

PLEASE RETURN AS SOON AS POSSIBLE

Fax 336-368-2780

To (Previous Employer): _____ Date _____

Applicant Name: _____ SS# _____

The person listed above has applied to this company. Your firm is listed by the applicant as a previous employer. **Please complete the following items and return to us as soon as possible.**

Carrier Representative: Shannon Branch Title: DER

Dates of Employment: From _____ To _____ Position: _____

Three-Year Accident History

Date	City/State	# Injuries	# Fatalities	Hazmat?	Preventable

Why did this employee leave your company? Resigned _____ Discharged _____ Laid Off _____

Would you rehire this person? Yes _____ No _____ Upon Review _____

Please explain:

Department of Transportation regulations (40 CFR, Part 40.25 (h) require that you provide the following information:

In the past three years, has the individual listed below ever: YES NO

Had a verified positive drug test result? _____

Had an alcohol test result with a breath alcohol concentration of .04 or greater? _____

Refused to submit to an alcohol or drug test? _____

Had any other violations of DOT agency drug and alcohol testing regulations? _____

Have you received information from another employer of any positives, refusals, or other violations of DOT drug and alcohol testing regulations? _____

If any of the above questions were answered yes, please provide the following:

Substance Abuse Professional	Telephone	Date Referred	
Address	City	State	Zip

Signature of person supplying information _____ Title/Date _____

APPLICANT RELEASE AND CONSENT: I, _____ do hereby authorize my current and previous employers to release and forward all information regarding my alcohol and controlled substance testing and all other records of employment to the above named carrier in connection with my application for employment. I release my current and former employers from any and all liability of any type as a result of providing the above information.

Applicant Signature / Date _____ Witness Signature / Date _____

FAX _____ PHONE _____ MAIL _____

Pre-Employment Urinalysis Consent Form

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 Code of Federal Regulations, Section 382.103, all driver\applicants of this company must be tested for controlled substances as a pre-condition for employment.

I consent to the urine sample collection and testing for controlled substances.

I understand that a positive test result for controlled substances will render me unqualified to operate a commercial motor vehicle.

The medical review officer will maintain the results of my test. Negative and positive results will be reported to the company. If the results are positive, the controlled substance will be identified. The results will not be released to any other parties without my written authorization.

I understand the above conditions and hereby agree to comply with them.

Signature of Driver

Print Name

Date

Notice to Drivers:
DOT Required Split Sample Testing

As of August 15, 1994 Federal Regulations require all DOT drug tests to be collected in accordance with split sample procedures.

With this change the driver has the right to have the second bottle tested at a different NIDA approved lab should the initial test be confirmed positive. The driver will have 72 hours after a test is confirmed positive to request the second bottle be tested.

Should you request that the second bottle be tested; you will assume the cost of any subsequent testing. Should subsequent testing results report back as negative we will reimburse you for the cost of the testing.

Due to the additional expense of transporting the sample to another NIDA approved lab, and requirement that the confirmation be done by expensive Gas Chromatography, **the testing of the second bottle will cost \$225.00.**

I've read the above notice and understand that I will be responsible for the cost of any subsequent testing charges.

Signature of Driver

Print Name

Date