

CDL DRIVER APPLICATION

IMPORTANT INFORMATION - READ CAREFULLY

I understand that any employment that may result from this application will be “AT WILL” and as such may be terminated at any time by me or the Company with or without reason. I also understand the only employment contracts are those specifically authorized by Company management which have been reduced to writing and executed by both the employee and an authorized representative of the Company, at or above the corporate senior management level. Accordingly, I understand that no employment contract, either expressed or implied, for any period, is created hereby should I be hired by the Company. Any salary figures stated to an employee in annual or monthly terms are stated for the sake of convenience or to facilitate comparisons and are not intended to create an employment contract for any specific period of time.

Any material omissions or false information provided in the application or during the interview process will result withdrawal of a conditional offer or discharge, regardless of when discovered.

Should you eventually be considered as a candidate for a position, you will be “conditionally offered” employment based upon meeting any number of pre-employment criteria. Among those are a pre-employment UDS (Urinalysis Drug Screen), a pre-employment FCE (Functional Capacity Exam), a Criminal History Check, Previous Employment Verification, and if necessary, a MVR (Motor Vehicle Record) check. Additionally, applicants applying for commercial truck driving positions will be required to meet guidelines set by the U.S. Department of Transportation (DOT), as adopted by the Texas Public Safety Commission. I have read the above information and fully understand the requirements regarding the drug testing and physical examinations. I also understand that this application is not a contract and any false information provided on the application may result in my termination.

Employer Witness

Applicant's Signature

Print Name

Print Name

Date

Date

APPLICATION FOR EMPLOYMENT

You are applying with:

Arnold Oil Company of Austin, L.P.

1617 E. 6th Street

Austin, TX 78702

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 the presence of a non-job related medical condition or handicap.

Date of Application: _____

Position(s) applied for: _____

Name: _____

S.S.N. _____ - _____ - _____ D.O.B.: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone# : _____ Cell Phone #: _____

Email Address: _____

Have you worked for this company before (Circle one)? YES NO

Dates: From _____ to _____ Location: _____

Reason for leaving: _____

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

Who referred you? _____ Expected Pay? _____

Are you capable of heavy manual labor? Yes _____ or No _____
(See Job Description for weight limits)

Would you be willing to take a Functional Capacity Exam?
Yes _____ or No _____

MILITARY STATUS

Have you served in the U.S. Armed Forces? Y or N Branch _____

Dates: From _____ to _____ Rank _____

EDUCATION

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

Last school attended: _____

Drivers License # _____ State: _____ Type: _____ Exp. Date _____

Are you at least 18 years of age? _____ If yes, can you provide proof? _____

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

C. Have you ever been convicted, pleaded guilty to, or no contest to a criminal offense? Yes No

If the answer to any of the above questions is yes, give a statement at the bottom or on the back of this page. Answering yes will not necessarily preclude you from being hired.

EMPLOYMENT HISTORY

All driver applicants must provide the following information on all employers during the previous 3 years*. **List the 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.)**

**For all driver applicants: information must be provided for all employers of the past 3 years*

***For all CDL driver applicants: information must be provided for all employers of the past 10 years*

Last Employer _____ Tele# _____

Address _____

Position _____ From _____ To _____

Salary _____ Reason for leaving _____

Second Last Employer _____ Tele# _____

Address _____

Position _____ From _____ To _____

Salary _____ Reason for leaving _____

Third Last Employer _____ Tele# _____

Address _____

Position _____ From _____ To _____

Salary _____ Reason for leaving _____

Fourth Last Employer _____ Tele# _____

Address _____

Position _____ From _____ To _____

Salary _____ Reason for leaving _____

Employer _____ Tele# _____

Address _____

Position _____ From _____ To _____

Salary _____ Reason for leaving _____

Employer _____ Tele# _____

Address _____

Position _____ From _____ To _____

Salary _____ Reason for leaving _____

Please list the following information for each UNEXPIRED commercial motor vehicle operator's license or permit that has been issued to you:

Issuing State: _____ Number: _____ Expiration Date: _____

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DRIVING EXPERIENCE

Class of Equipment	Type of Equip.	From	To	# Miles
Straight Truck				
Tractor/Semi-Trailer				
Other				

List States operated in for last five (5) years _____

Show special courses or training that will help you as a driver _____

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

ACCIDENT RECORD FOR PAST THREE (3) YEARS OR MORE

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
		FATALITIES	INJURIES
		FATALITIES	INJURIES

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

LOCATION	DATE	CHARGE	PENALTY

(Use Additional Space Below if Required)

TO BE READ AND SIGNED BY APPLICANT

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. I understand that Arnold Oil Company and it's subsidiaries may contact my previous employers and I authorize those employers to disclose to Arnold Oil Company and it's subsidiaries all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to Arnold Oil Company and it's subsidiaries, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the people named herein as personal references to provide Arnold Oil Company and it's subsidiaries with any pertinent information they may have regarding my previous employment.

Date: _____ **Signature:** _____