



DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)
Company _____

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, veterans 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 inquiries of my personal, employment, 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.

Signature _____ Date _____

APPLICANT TO COMPLETE

(answer all questions – please print)

Position(s) applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City
State Zip Code Phone _____ How Long? _____
yr./mo.

Previous Addresses _____
Street City State & Zip Code How Long? _____
yr./mo.

Street City State & Zip Code How Long? _____
yr./mo.

Street City State & Zip Code How Long? _____
yr./mo.

Do you have the legal right to work in the United States? _____

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

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

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully _____

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

APPLICANT TO COMPLETE (continued)
(answer all questions – please print)

Is there any reason you might be unable to perform the functions of the job for which you have applied (as in the attached job description)? _____

If yes, explain if you wish. _____

Are you currently on "lay-off"/recall status? Yes _____ No _____

Are you willing to work overtime? Yes _____ No _____

Are you willing to work weekends/evenings? Yes _____ No _____

Are you willing to submit to a federally mandated drug test? Yes _____ No _____

In the past two years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test for work covered by DOT drug and alcohol testing rules? Yes _____ No _____

EMPLOYMENT HISTORY

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

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' of employment information for a total of ten (10) years of employment. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary)

Explain employment gaps: _____

EMPLOYER		DATE	
Name _____	_____	From: Mo. ___ Yr. ___	To: Mo. ___ Yr. ___
Address _____	_____	Position held _____	_____
City _____	State _____ Zip _____	Salary/Wage _____	_____
Contact Person _____	Phone # _____	Reason for leaving _____	_____
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 AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____			

EMPLOYER			DATE	
Name _____			From: Mo. ___ Yr. ___	To: Mo. ___ Yr. ___
Address _____			Position held _____	
City _____ State _____ Zip _____			Salary/Wage _____	
Contact Person _____ Phone # _____			Reason for leaving _____	
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 AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES ___ NO ___				

EMPLOYER			DATE	
Name _____			From: Mo. ___ Yr. ___	To: Mo. ___ Yr. ___
Address _____			Position held _____	
City _____ State _____ Zip _____			Salary/Wage _____	
Contact Person _____ Phone # _____			Reason for leaving _____	
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 AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES ___ NO ___				

EMPLOYER			DATE	
Name _____			From: Mo. ___ Yr. ___	To: Mo. ___ Yr. ___
Address _____			Position held _____	
City _____ State _____ Zip _____			Salary/Wage _____	
Contact Person _____ Phone # _____			Reason for leaving _____	
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 AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES ___ NO ___				

*Includes vehicles having a GVWR of 26,001 lbs. or, vehicles designed to transport 15 more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**The Federal Motor Carriers 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 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Accident Record for past 3 years or more (attach sheet if more space is needed) if none, write **none**

Dates	Nature of Accident	Fatalities	Injuries	Hazardous
	(Head-on, Rear-end, upset, etc.)			Material Spill

Last Accident _____
 Next previous _____
 Next previous _____

Traffic Convictions and forfeitures for the past 3 years (other than parking violations) if none, write **NONE**

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

(Attach sheet if more space is needed)

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years

State	License No.	Class	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 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 _____
 IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE Check yes or no

CLASS OF EQUIPMENT	Circle type of equipment	Dates From (m/y) to (m/y)	Approx. # of miles (Total)
Straight Truck Yes _____ No _____	(van, tank, flat, dump, refer)	_____	_____
Tractor & Semi-Trailer Yes _____ No _____	(van, tank, flat, dump, refer)	_____	_____
Tractor-Two Trailers Yes _____ No _____	(van, tank, flat, dump, refer)	_____	_____
Tractor-Three Trailers Yes _____ No _____	(van, tank, flat, dump, refer)	_____	_____
Motorcoach-school bus Yes _____ No _____	(more than 8 passengers)	_____	_____
Motorcoach-school bus Yes _____ No _____	(more than 15 passengers)	_____	_____
Other _____			

List states operated in for last five years: _____

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

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 in this application

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

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 (Name) _____ (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 in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Webber Energy Fuels

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 the 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 for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

I certify that facts set forth in my application for employment are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in, or material omissions from, my application or interview(s) may result in discharge. I also understand that I am required to abide by all policies, procedures, rules and regulations of Webber Energy Fuels/Webber Oil Company.

I authorize Webber Energy Fuels/Webber Oil Company to investigate and verify all details provided by or for me in the employment application process, including the verification of: previous employment, licenses, permits and certifications. I further authorize the employers and schools listed to give Webber Energy Fuels/Webber Oil Company any and all information concerning my previous employment and education, and any other pertinent information they may have, personal or otherwise. I release all persons, firms and corporations from liability from any damage which may result from furnishing or obtaining such information.

I understand that, depending upon the position applied for, I will be subject to federal, state and/or Company pre-employment physical and random drug & alcohol testing.

I understand this application shall be considered active for a time period not to exceed 30 days. Any applicant wishing to be considered for employment beyond that time should reapply.

Finally, I understand that employment by Webber Energy Fuels/Webber Oil Company is on an at-will basis and that, if employed, either Webber Energy Fuels or I may terminate my employment at any time, for any reason.

Applicant's Signature

Date

Print Name

Social Security Number