

Van Manen Petroleum Group Driver Application for Employment

Van Manen Petroleum Group offers equal opportunity to all based on individual merit without regard to race, color, religion, national origin, sex, age, marital status, height, weight, or non-disqualifying disability. Under certain circumstances, Van Manen Petroleum Group may have a duty to accommodate qualified disabled individuals.

To Be Read and Signed by Applicant

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 prospective employer; and have rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature of Applicant _____
Date

PERSONAL INFORMATION: To Include Past Three Years Residency

Last Name	First Name & Middle Initial
Current Address (street address, city, state, zip)	Dates at this address
Previous Address (street address, city, state, zip)	Dates at this address
Previous Address (street address, city, state, zip)	Dates at this address
Previous Address (street address, city, state, zip)	Dates at this address
Other Names By Which You've Been Known	Home Telephone #
Email Address	Mobile Telephone #

Have you ever been convicted of a felony? Yes No (marking yes will not automatically disqualify you from consideration)

Are you eligible for employment in the United States? Yes No

Are you 18 years of age or older? Yes No

EMPLOYMENT DESIRED

What position(s) are you applying for? _____

How did you hear about us? Job Board Newspaper Walk-in Referral by _____

Other _____

Have you worked for this company before? Yes No

If yes, when? _____

Do you have any friends or relatives who work for the company? Yes No

If yes, who? _____

Are you able to work? (Check all that apply)

Days Nights Weekends Full-time Overtime

When are you able to begin work? _____

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EDUCATIONAL BACKGROUND

School	Name & Location (City, State)	Graduated?	Area of Study/Degree
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE/ UNIVERSITY		<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER (SPECIFY)		<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any special training you have had: _____

EMPLOYMENT HISTORY: Please start with your most current position. Include any job-related military service assignments and volunteer activities. All applicants wishing to drive in interstate/intrastate commerce must provide the following information on all employers during the preceding three years. List complete mailing address, street number, city, state, and zip code. Applicants must provide the same information for all employers for whom you have driven a commercial motor vehicle(GVWR of 10,001 lb or more) seven years prior to the initial three years. **Total of TEN years employment record.**

Date: Month & Year	Employer Information (Name & Address)	Ending Pay	Position Title	Reason for leaving
From:		\$ PER:		<input type="checkbox"/> Still Employed <input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Other _____
To:	Were you subject to the federal Motor Carrier Safety Regulations while employed <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
From:		\$ PER:		<input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Other _____
To:	Were you subject to the federal Motor Carrier Safety Regulations while employed <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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EMPLOYMENT HISTORY CONTINUED:

From:		\$		<input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Other <hr/>
To:	Were you subject to the federal Motor Carrier Safety Regulations while employed <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	PER:		
From:		\$		<input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Other <hr/>
To:	Were you subject to the federal Motor Carrier Safety Regulations while employed <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	PER:		
From:		\$		<input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Other <hr/>
To:	Were you subject to the federal Motor Carrier Safety Regulations while employed <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	PER:		

REFERENCES (Please provide three persons you have worked with whom you've known at least one year)

Name & Relationship	Phone number or Email	Business	Yrs. Acquainted
1.			
2.			
3.			

DRIVER LICENSES

State Issued	License Number	Type/Class	Expiration Date

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DRIVING EXPERIENCE (Past 3 Years) (Please complete all that apply)

ENDORSEMENTS (Please complete all that apply)

Driving Experience		Yrs. of Experience	Total Miles Driven	Type of Endorsement	Expiration Date	Yrs. of Experience
<input type="checkbox"/> Straight Truck	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Reefer			<input type="checkbox"/> Class A CDL		
<input type="checkbox"/> Tractor Trailer	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Reefer			<input type="checkbox"/> HazMat		
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Reefer			<input type="checkbox"/> Tanker		

ACCIDENT RECORD (FOR THE PAST 3 YEARS OR MORE. IF NONE, WRITE NONE)

Dates	Nature of Accident (Head-on, Read-end, ETC.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident				
Previous				
Previous				

TRAFFIC CONVICTIONS AND FORFEITURES PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS. IF NONE, WRITE NONE)

Location	Date	Charge	Penalty	Occurrence
				<input type="checkbox"/> Personal <input type="checkbox"/> Work
				<input type="checkbox"/> Personal <input type="checkbox"/> Work
				<input type="checkbox"/> Personal <input type="checkbox"/> Work

What type of transmissions have you used? 10 speed 13 speed Other

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

If yes, please explain _____

Has any license, permit or privilege ever been suspended or revoked? Yes No

If yes, please explain _____

- I authorize the Company and its agents to conduct a background investigation, which includes, but may not be limited to, all statements in this job application, and my personal, employment, medical, criminal, credit/financial history and other related matters as may be necessary in arriving at an employment decision. I authorize any of my former employers or references listed to furnish their records of my services, reasons for leaving their employ, and all other information they may have concerning me, whether or not on record, including inquiry into my credit/financial history. I hereby release any of my former employers, their agents, references, educational institutions, law enforcement agencies, any state or federal bureau, and any credit reporting agencies from all liability for damage whatsoever in responding to inquiries and furnishing said information during this background investigation.
- I understand that my employment can be terminated with or without cause at any time at the discretion of either the company or myself. I understand that no management or official of the company, except the President or CEO, has any authority to enter into any agreement contrary to the foregoing, or to make any oral assurances regarding benefits or promises of continued employment. I further understand and agree that the development and dissemination of policies, procedures, handbooks, or other literature by the company does not now and will not in the future constitute an express or implied contract between the company and its employees.
- I hereby certify that all information supplied by me on this application for employment is true, and if employed, it is relied upon as a condition of employment. I agree that falsified statement(s) on this application shall be grounds for dismissal.

Signature

Date