

Drivers Application For Employment

Applicant name _____ Date of Application _____

Redwood Fuel & Propane
Route 40 East, P.O. Box 52, Redwood VA

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, veteran 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, 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 order 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 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 by previous employers and for those previous employers to resend the corrected information to the prospective employer.
- 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.

Applicant signature _____ Date _____

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

FOR COMPANY USE

Termination of Employment

Applicant Hired _____ Rejected _____

Date Employed _____ Point Employed _____

Department _____ Classification _____

(If rejected, summary of reports of reasons should be placed in file)

Signature of Interviewing Officer _____

Termination of Employment

Date Terminated _____ Department Released Form _____

Dismissed _____ Voluntary Quit _____ Other _____

Termination Report placed in file _____ Supervisor _____

Applicant to Complete

(Please answer all questions)

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

_____ Phone _____ How Long? _____
State Zip Code yr./mo.

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

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

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

Do you have the legal right to work in the United States? Yes No

Date of Birth ____/____/____ Can you provide proof of age? Yes No

Have you worked for this company before? _____ Where? _____
(Required for Commercial Drivers)

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 _____

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, please explain if you wish.

Employment History

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

Applicants to drive a commercial motor vehicle in intrastate commerce shall provide an addition 7 years' information on those employers for whom the applicant operated such vehicle.

Employer	Date
Name	From Mo. Yr. To Mo. Yr.
Address	Position Held
City State Zip	Salary/Wage
Contact Person	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? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employment History (Continued)

Employer	Date	
Name	From Mo. Yr.	To Mo. Yr.
Address	Position Held	
City State Zip	Salary/Wage	
Contact Person	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? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Employer	Date	
Name	From Mo. Yr.	To Mo. Yr.
Address	Position Held	
City State Zip	Salary/Wage	
Contact Person	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? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Employer	Date	
Name	From Mo. Yr.	To Mo. Yr.
Address	Position Held	
City State Zip	Salary/Wage	
Contact Person	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? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Employer	Date	
Name	From Mo. Yr.	To Mo. Yr.
Address	Position Held	
City State Zip	Salary/Wage	
Contact Person	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? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.*

†The Federal Motor Carrier 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 more than 8 passengers (including the driver), 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 (Head-on, Rear-end, upset, Etc.)	Fatalities	Injuries	Hazardous 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

Experience and Qualifications - Driver

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

Driver Licenses	State	License No.	Type	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 or 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		Approx. No. of miles (Total)
		From (M/Y)	To (M/Y)	
Straight Truck <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump, Refer)			
Tractor and Semi - Trailer <input type="checkbox"/> YES <input type="checkbox"/> 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 <small>More than 8 passengers</small>				
Morotcoach - School Bus YES NO <small>More than 15 Passengers</small>				
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 elsewhere in this application. _____

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

Education

Circle highest grade completed: _____ High School: _____ College: _____

Last school attended _____
Name City, State

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: _____

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Please read the following statements carefully before signing this application. Only those applications that are signed and dated are considered valid. If you have any questions regarding this statement, please ask them before signing.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

YES NO

If hired I will be responsible for familiarizing myself with all rules and regulations of The Minute Markets as they presently exist or are later modified, If hired, I understand my employment can be terminated, at the discretion of the company or at my option, without notice, at anytime, except as specifically set forth in writing in a current individual employment agreement, which I have entered into with the company.

YES NO

I also understand that no representative of The Minute Markets has any authority to enter into any employment have been made to me at this time.

YES NO

I understand this application is not an offer of employment and no promise or representations of employment have been made to me at this time.

YES NO

By signing below, I authorize The Minute Markets to investigate all statements contained in this employment application. as they may deem necessary in arriving at an employment decision. I further authorize The Minute Markets to order one or more consumer reports containing financial, driving record, and/ or other information about me from a consumer-reporting agency. I understand that the consumer report(s) will be requested and used for the purpose of evaluating me for employment, promotions, transfers and/ or retention as an employee.

YES NO

I have read, understand, and agree with the above.

Signature of Applicant _____ Date _____

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

This application is valid for only (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.

Notice before ordering Consumer Report

This is to inform you that as part of our procedure for evaluating your employment application or employment status, we may obtain from a consumer-reporting agency one or more consumer reports containing financial, driving record, and/or other relevant evaluating you for employment, promotions, transfers, and/or retention as an employee. The Fair Credit Reporting Act (FCRA) provides individuals with rights regarding customer reports, and places certain obligations on employers using consumer reports for employment-related purposes.

The Minute Markets will not obtain a consumer report without your signed authorization. The authorization is contained above the signature line on the Application for Position. By signing the Application, you are authorizing The Minute Markets to obtain one or more consumer reports.

I hereby acknowledge that I have read and understand the contents of the notice and by signing the Application for Position, have given my authorization for The Minute Markets to obtain one or more consumer reports for the purposes listed above.

Printed Name _____

Signature _____ Date _____

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Consent to Drug and Alcohol Testing

I, _____, have had the opportunity to read and ask questions about the drug and alcohol testing policy. The reasons for this drug and alcohol test, and the consequences of not submitting to drug and alcohol testing have also been explained to me by _____

I voluntarily consent to urinalysis and/ or other tests determined by the company and agree that _____ (name of physician or clinic) may collect these specimens and forward them to a designated laboratory for analysis. I further agree to and hereby authorize the release of the results of said tests to The Company

Date: _____

Signature: _____

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.