

Application Instructions

- **Fill in the application COMPLETELY**
 - **Failing to do so, can result in processing delays**

- **Read the next page CAREFULLY**

- **Sign & date all areas that are requested**

READ THIS BEFORE BEGINNING APPLICATION

The Driver Eligibility Requirements listed below are the **MINIMUM** requirements for all Commercial Drivers employed by COX PETROLEUM TRANSPORT with or without reasonable accommodations.

- A minimum of **21 (twenty-one)** years of age.
- A minimum of **1 (one)** year of verifiable Commercial Motor Vehicle driving experience with an 18 Wheeler, 5 axle standard transmission.
- Must possess a valid commercial driver's license issued by California.
- No record of more than **3 (three)** points on your H-6 DMV printout.
- Must be able to read, write, and understand the English language.
- No record of the following during the **36 (thirty-six)** month period prior to the date of application:
 - Suspension or Revocation **due** to motor vehicle convictions.
 - No more than **3 (three)** moving motor vehicle convictions, in any type of vehicle.
 - No speeding conviction in excess of **15 (fifteen)** miles per hour over the posted speed limit, in a Commercial Vehicle.
- No record of involvement in more than **1 (one)** preventable accident in the **12 (twelve)** month period prior to application.
- No record of conviction of driving while under the influence of alcohol in the **48 (forty-eight)** months prior to the date of the application, personal or commercial vehicle.
- No record of conviction for driving while under the influence of drugs or the transportation, possession, or unlawful use of Schedule I, II, & IV drug or other substance as defined by the Department of Transportation in the previous **10 (ten)** years.
- No record of refusal to take a drug/alcohol test provided for any legal requirement.
- Must fulfill the minimum requirements of Driver Qualifications, as set forth by the Federal Motor Carrier Safety Regulations, Part 391.
- Must take and pass a pre-employment drug screen per DOT requirements.
- Must be able to pass a DOT physical examination.
- Must successfully pass COX PETROLEUM TRANSPORT's road test.
- Must be capable of lifting **50 (fifty)** pounds repetitively.
- Must be able to work **any** shift (night, weekends, and holidays).
- Must have **Tanker and Hazmat Endorsements with TSA clearance**.
- Proficiency with safe work practices and tank truck driving.
- Must be able to stand and/or walk 4-7 hours per shift and sit and/or drive 4-7 hours per shift.
- Driving includes climbing into and out of the truck cab 10-12 times per day, shifting a manual transmission, depressing a clutch and brake frequently, often in city and stop-and-go traffic.
- Must be able to lift hoses and fittings weighing 30-50 lbs. 30+ times per day.
- Must be able to push/pull hoses and loading arms weighing 30-50 lbs. 10-12 times per day.
- Must be able to respond to emergency situations. This may include climbing a ladder to the top of the tank to inspect dome lids, closing shut-off valves, pulling 50+ lbs. fire hoses, and lifting and operating 50+ lbs. fire extinguishers.
- Must have good and/or correctable vision in both eyes, good visual perception, and good hearing in both ears.
- Must display good hygiene, have good coordination and a good sense of balance.

I DO _____ or do NOT _____ meet the minimum requirements above.

Printed Name: _____ Signature: _____



Petroleum Transport
 7641 Edison Highway
 Bakersfield, CA 93307

(Please answer all questions – Please print)

Qualified applicants are considered for all positions without discrimination on the basis of race, color, religion, sex, national origin, age, marital status, any disability, or any other characteristic protected by applicable State or Federal civil rights laws.

Position(s) applied for: _____ Date of application: _____

Name: _____
(Last) (First) (Middle)

List your addresses of residency for the past 3 years.

Current Address: _____
(Street) (City) (State/Zip Code)
 Home Phone #: _____ Cell Phone #: _____ How long? _____

Previous Addresses: _____ How long? _____
(Street) (City) (State & Zip Code)
 _____ How long? _____
(Street) (City) (State & Zip Code)
 _____ How long? _____
(Street) (City) (State & Zip Code)

Social Security # _____

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

Are you employed now? Yes No If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected? _____

Have you worked for this company before? Yes No If so, position? _____

Where? _____ Dates of employment? _____

Reason for leaving? _____ Rate of pay? _____

Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations? Yes No

Are you willing to take a physical examination and drug screen? Yes No

Have you ever been convicted of any crime either Felony or Misdemeanor*? Yes No

If yes, please explain? _____

*NOTE: Please exclude misdemeanor convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated; and misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed. A conviction is not an automatic bar to employment. Each case will be considered on its own merits.

EMPLOYMENT HISTORY

Please list the last **10** years of your 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 addresses including street number, city, state, & zip code.

Applicants to drive 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. List any GAPS in employment with dates and reasons.

1. Employer: _____ Telephone: (_____) _____

Dates employed from: _____ to: _____ Number of accidents: _____

Summarize the nature of work performed and the job responsibilities: _____

Address: _____

Title: _____ Rate of pay? _____ May we contact for reference? Yes No

Reason for leaving: Discharged Resigned Laid Off

Please explain? _____

Were you subject to FMCSR* 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

2. Employer: _____ Telephone: (_____) _____

Dates employed from: _____ to: _____ Number of accidents: _____

Summarize the nature of work performed and the job responsibilities: _____

Address: _____

Title: _____ Rate of pay? _____ May we contact for reference? Yes No

Reason for leaving: Discharged Resigned Laid Off

Please explain? _____

Were you subject to FMCSR* 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

3. Employer: _____ Telephone: (_____)
Dates employed from: _____ to: _____ Number of accidents: _____
Summarize the nature of work performed and the job responsibilities: _____

Address: _____

Title: _____ Rate of pay? _____ May we contact for reference? Yes No

Reason for leaving: Discharged Resigned Laid Off

Please explain? _____

Were you subject to FMCSR* 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

4. Employer: _____ Telephone: (_____)
Dates employed from: _____ to: _____ Number of accidents: _____
Summarize the nature of work performed and the job responsibilities: _____

Address: _____

Title: _____ Rate of pay? _____ May we contact for reference? Yes No

Reason for leaving: Discharged Resigned Laid Off

Please explain? _____

Were you subject to FMCSR* 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

5. Employer: _____ Telephone: (_____)
Dates employed from: _____ to: _____ Number of accidents: _____
Summarize the nature of work performed and the job responsibilities: _____

Address: _____

Title: _____ Rate of pay? _____ May we contact for reference? Yes No

Reason for leaving: Discharged Resigned Laid Off

Please explain? _____

Were you subject to FMCSR* 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

6. Employer: _____ Telephone: (_____)
Dates employed from: _____ to: _____ Number of accidents: _____
Summarize the nature of work performed and the job responsibilities: _____

Address: _____

Title: _____ Rate of pay? _____ May we contact for reference? Yes No

Reason for leaving: Discharged Resigned Laid Off

Please explain? _____

Were you subject to FMCSR* 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

7. Employer: _____ Telephone: (_____)
Dates employed from: _____ to: _____ Number of accidents: _____
Summarize the nature of work performed and the job responsibilities: _____

Address: _____

Title: _____ Rate of pay? _____ May we contact for reference? Yes No

Reason for leaving: Discharged Resigned Laid Off

Please explain? _____

Were you subject to FMCSR* 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

8. Employer: _____ Telephone: (_____)
Dates employed from: _____ to: _____ Number of accidents: _____
Summarize the nature of work performed and the job responsibilities: _____

Address: _____

Title: _____ Rate of pay? _____ May we contact for reference? Yes No

Reason for leaving: Discharged Resigned Laid Off

Please explain? _____

Were you subject to FMCSR* 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

9. Employer: _____ Telephone: (_____) _____

Dates employed from: _____ to: _____ Number of accidents: _____

Summarize the nature of work performed and the job responsibilities: _____

Address: _____

Title: _____ Rate of pay? _____ May we contact for reference? Yes No

Reason for leaving: Discharged Resigned Laid Off

Please explain? _____

Were you subject to FMCSR* 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

10. Employer: _____ Telephone: (_____) _____

Dates employed from: _____ to: _____ Number of accidents: _____

Summarize the nature of work performed and the job responsibilities: _____

Address: _____

Title: _____ Rate of pay? _____ May we contact for reference? Yes No

Reason for leaving: Discharged Resigned Laid Off

Please explain? _____

Were you subject to FMCSR* 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

Please fill in any GAPS in employment history (i.e., unemployment, etc) with dates and reasons for gaps:

*Includes vehicles having a GVWR of 26,001 pounds or more, vehicles designed to transport 15 or more passengers, 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 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 (Attach sheet if more space is needed). If none, write "None".

Dates	Nature of Accident (Head-On, Rear-End, Etc.)	Fatalities?	Injuries?
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

Driver License Information	State	License #	Type	Expiration Date

Driving Experience. If none, write "None".

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates:	Approx. # of miles
Straight Truck			
Tractor & Semi-Trailer			
Tractor & Two Trailers			
Motor coach-School			
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? _____

Show any trucking, transportation or other experience that may help in your work for this company: _____

List any 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: _____

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

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

If yes to either question, please explain: _____

Education:

Circle Highest Grade Completed: Elementary 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Last school attended: _____

(Name)

(City)

In the Past 2 years have you:	Yes	No
Tested positive for any controlled substances pre-employment test for any other company?		
Refused to be tested for any controlled substances pre-employment test for any other company?		
Tested above .04 on any alcohol pre-employment for any other company?		

If you answered "yes" to any of the above answers, please complete both sections below.

CFR 40 § 40.25(j) – Driver Pre-Employment Verification of Testing Results:

Company Name: _____ Phone #: () _____

Address: _____ Fax # () _____

City, State, Zip: _____

Name of SAP: _____ Phone #: () _____

Address: _____ Fax # () _____

City, State, Zip: _____

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 authorize you to make such investigations and inquiries of my personal, employment, financial and/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 responding to inquiries and releasing information in connections 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 also understand 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.

Applicant's Signature

Date