



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 record of recent cell phone violations.
 - 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

Corporate Office Location: 118 Cox Transport Way, 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.

Terminal applied for: _____ Date of application: _____

Position applied for: _____

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

Social Security#: _____

List your addresses of residency for the past 3 years.

Current Address: _____ How long?
(Street) (City) (State/Zip Code)

Home Phone #: _____ Cell Phone #: _____

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

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

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

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? _____

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

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. All full-time and part-time employment (CDL & NON-CDL) Add another sheet as necessary. List any GAPS in employment with dates and reasons.

1. **Employer:** _____

Address: _____ City: _____ State: _____

Telephone: (____) _____ Contact name: _____

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

Title: _____ May we contact for reference? Yes No

Reason for leaving: Discharged Resigned Laid Off

Please explain: _____

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

Circle Commodities Hauled at this employer: Fuel, Gas, Diesel, Crude Oil, DOT 406 or 306, Jet, Freight, Water, Food/Produce, Other: _____

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:** _____

Address: _____ City: _____ State: _____

Telephone: (____) _____ Contact name: _____

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

Title: _____ May we contact for reference? Yes No

Reason for leaving: Discharged Resigned Laid Off

Please explain: _____

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

Circle Commodities Hauled at this employer: Fuel, Gas, Diesel, Crude Oil, DOT 406 or 306, Jet, Freight,

Water, Food/Produce, Other: _____

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: _____

Address: _____ City: _____ State: _____

Telephone:(_____) _____ Contact name: _____

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

Title: _____ May we contact for reference? Yes No

Reason for leaving: Discharged Resigned Laid Off

Please explain: _____

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

Circle Commodities Hauled at this employer: Fuel, Gas, Diesel, Crude Oil, DOT 406 or 306, Jet, Freight, Water, Food/Produce, Other: _____

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: _____

Address: _____ City: _____ State: _____

Telephone:(_____) _____ Contact name: _____

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

Title: _____ May we contact for reference? Yes No

Reason for leaving: Discharged Resigned Laid Off

Please explain: _____

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

Circle Commodities Hauled at this employer: Fuel, Gas, Diesel, Crude Oil, DOT 406 or 306, Jet, Freight, Water, Food/Produce, Other: _____

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:** _____

Address: _____ City: _____ State: _____

Telephone:(_____) _____ Contact name: _____

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

Title: _____ May we contact for reference? Yes No

Reason for leaving: Discharged Resigned Laid Off

Please explain: _____

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

Circle Commodities Hauled at this employer: Fuel, Gas, Diesel, Crude Oil, DOT 406 or 306, Jet, Freight, Water, Food/Produce, Other: _____

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:** _____

Address: _____ City: _____ State: _____

Telephone:(_____) _____ Contact name: _____

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

Title: _____ May we contact for reference? Yes No

Reason for leaving: Discharged Resigned Laid Off

Please explain: _____

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

Circle Commodities Hauled at this employer: Fuel, Gas, Diesel, Crude Oil, DOT 406 or 306, Jet, Freight, Water, Food/Produce, Other: _____

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:** _____

Address: _____ City: _____ State: _____

Telephone:(_____) _____ Contact name: _____

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

Title: _____ May we contact for reference? Yes No

Reason for leaving: Discharged Resigned Laid Off

Please explain: _____

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

Circle Commodities Hauled at this employer: Fuel, Gas, Diesel, Crude Oil, DOT 406 or 306, Jet, Freight, Water, Food/Produce, Other: _____

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: _____

Address: _____ City: _____ State: _____

Telephone: (_____) _____ Contact name: _____

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

Title: _____ May we contact for reference? Yes No

Reason for leaving: Discharged Resigned Laid Off

Please explain: _____

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

Circle Commodities Hauled at this employer: Fuel, Gas, Diesel, Crude Oil, DOT 406 or 306, Jet, Freight, Water, Food/Produce, Other: _____

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: _____

Address: _____ City: _____ State: _____

Telephone: (_____) _____ Contact name: _____

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

Title: _____ May we contact for reference? Yes No

Reason for leaving: Discharged Resigned Laid Off

Please explain: _____

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

Circle Commodities Hauled at this employer: Fuel, Gas, Diesel, Crude Oil, DOT 406 or 306, Jet, Freight, Water, Food/Produce, Other: _____

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:

Dates from: _____ Dates to: _____ Reason: _____

Dates from: _____ Dates to: _____ Reason: _____

Dates from: _____ Dates to: _____ Reason: _____

Dates from: _____ Dates to: _____ Reason: _____

Dates from: _____ Dates to: _____ Reason: _____

*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

State	License #	Type	Expiration Date
Driver License Information			

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

Feel free to send the completed application via email, fax, mail, drop off, etc.

Email: HR@coxpetroleum.com / Fax: 661-371-2471 / Mail: 118 Cox Transport Way, Bakersfield, CA 93307

Call our corporate office at (800) 339-3236 for questions.



DOT/FMCSA Previous Employee Investigation & Inquiries

Section 1: Previous employee information & release

Name: _____ SSN: _____
DOB: _____ Driver License #: _____ State Issued: _____

I hereby authorize _____ to release the following requested information to CDTA, A Part of National Compliance Solutions Inc., 1011 Camino del Rio S #200, San Diego, CA 92108, (888)-908-2381, for the purpose of investigation to qualify me to drive a commercial motor vehicle as required by the U. S. Department of Transportation & Federal Motor Carrier Safety Regulations Parts 382, 391, 392 & 49 CFR Part 40. I understand that information to be released in Section 2 by my previous employer is limited to the following DOT-regulated testing items:

1. Alcohol test with results of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Driver Signature: _____ Date: _____

Section 2: Previous employee work history

Employed from _____ to _____ as a _____

Did previous employee drive a motor vehicle for you? Yes No

If yes, please indicate the specific type of vehicle and time driven for you:

Tractor/Semi-Trailer _____ years _____ months

Straight Truck _____ years _____ months

Other (please specify) _____: _____ years _____ months

What type trailer? Tanker Flat* Doubles Van Reefer

*What type cargo if you checked flat? _____

Was previous employee a safe and efficient driver? Yes No

Was previous employee's general conduct satisfactory? Yes No

Reasons for leaving your employment: Discharged Resigned Laid-Off Other

Is previous employee eligible for rehire? Yes No Upon Review

Did previous employee have any accidents/incidents? Yes No

If yes, * _____ Preventable * _____ Non-preventable

Signature: _____ Date: _____

Section 3: Note Regulations of the Dept. of Transportation (49 CFR part 40)

Requires your company to provide us with information concerning named driver's past drug and alcohol test results, including refusals to be tested.

In the past three years has the previously named applicant ever:

Tested positive for a controlled substance? Yes No

Tested with an alcohol concentration of 0.04 or higher? Yes No

Refused to submit to a DOT drug or alcohol test, including a

verified adulterated or substituted result? Yes No

Had any other violations of DOT drug/alcohol testing requirements? Yes No

Had any other violations of drug/alcohol regulations from previous employers? Yes No

NOTE: If you answered 'yes' to any of the above items, did the employee N/A Yes No

complete the return-to-duty process?

Your Name (print): _____ Title: _____

Your signature: _____ Date: _____

Section 4: General Background Information Release

This information will, in whole or in part, be obtained from CDTA, A Part of National Compliance Solutions Inc., 1011 Camino del Rio S #200, San Diego, CA 92108, (888)-908-2381. These reports will include information as to my work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, civil and other experiences as well as notable criminal activity & claims involving me in the files of insurance companies. This release may also be used to obtain worker's compensation and education records.

By signing below, I also acknowledge that I have read and understand the summary of my rights under The Fair Credit Reporting Act, Pub. L. 111-203, H. R. 4173

Driver signature: _____

Current address: _____