

DRIVER EMPLOYMENT APPLICATION

TAYLOR OIL CO., INC.
77 SECOND ST
SOMERVILLE, NJ 08876
USDOT #288497
DIVISON _____

APPLICANT INFORMATION

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

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

Previous Address (es): _____
 (Street) (City) (State/Zip Code) How Long? _____

Must list all addresses for previous 3 years

_____ (Street) (City) (State/Zip Code) How Long? _____

Phone #: () _____ Date of Birth: _____ Soc. Security #: _____

Emergency Contact Name: _____ Relation: _____

Contact Address: _____ Phone #: () _____

DRIVER'S LICENSE INFORMATION

State	License #	Type	Expiration Date
_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____

DRIVER EXPERIENCE

Types of Equipment	From (Date)	To (Date)	Approx. # of Miles
_____	_____	_____	_____
_____	_____	_____	_____

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 you answered yes to either of the above 2 questions, attach a statement of explanation.

TICKETS / ACCIDENTS / ETC.

Accident Record for Past 3 Years:

Date	Description	# of Injuries / Fatalities
------	-------------	----------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

Traffic Convictions & Forfeitures for Past 3 Years:

Location	Date	Charge	Penalty
----------	------	--------	---------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HISTORY WITH COMPANY WHICH YOU ARE APPLYING FOR

I have worked for this company before ___ Yes ___ No (if yes, please indicate hire and termination date (s). Note: This information should also be reflected in employment record section.

I have applied for work with this company before ___ Yes ___ No (if yes please indicate date (s).

How did you hear about this employer? _____

EMPLOYMENT RECORD

Note: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.
PLEASE CONTINUE EMPLOYMENT RECORD ON NEXT PAGE (PAGE 3)

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor _____

Position: _____ Reason for leaving: _____

Were you subject to the FMCSRs while Employed? _____ Yes _____ No

Was your job designated as a safety function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Note: If needed, make additional copies of this page to capture info regarding all employers during the past 10 years.

EMPLOYMENT RECORD

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor _____

Position: _____ Reason for leaving: _____

Were you subject to the FMCSRs while Employed? _____ Yes _____ No

Was your job designated as a safety function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No---

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor _____

Position: _____ Reason for leaving: _____

Were you subject to the FMCSRs while Employed? _____ Yes _____ No

Was your job designated as a safety function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor _____

Position: _____ Reason for leaving: _____

Were you subject to the FMCSRs while Employed? _____ Yes _____ No

Was your job designated as a safety function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

DECLARATION OF EMPLOYMENT
This refers to any gaps in employment history

I understand that I must provide my complete employment history for the past 3 years, and all CDL required employment for the 7 years preceding that. Any gaps in employment longer than 1 month are explained as follows:

FROM: _____ TO: _____

During this time, I engaged in the following activity:

In addition (Check):

_____ I was not employed by any company or individual

_____ I was not convicted of any criminal act involving the use of a commercial motor vehicle or while driving a commercial motor vehicle.

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 inquires 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 inquires 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 interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of The Company.

I understand information I provide regarding current and/or previous employers may be used, and those employers 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 rights to:

- Review information provided 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.

This certifies 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: _____

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 1966 (Title II, Subtitle D, Chapter 1, of 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.

Your employer may obtain this information from Accufax, Equifax, Transunion, Experion or other vendors of information services.

Applicant's Signature

Date

Print Name

Social Security Number

Employer Witness

Company Name

**ALCOHOL AND CONTROLLED SUBSTANCE
CONSENT AND RELEASE**

Have you ever refused to be tested for drugs & alcohol at any time in the last 2 years?	YES NO
Have you ever tested positive for drugs or alcohol at any time in the last 2 years?	YES NO
Have you ever tested positive on any pre-employment drug or alcohol test for a job which you applied for but did not obtain?	YES NO

If you answered yes to any of the above questions, attach a statement of explanation and provide proof of return to duty process.

I understand that, as required by the Federal Motor Carrier Safety Regulations and company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:

- Pre-Employment, to determine employment eligibility
- Random
- Reasonable Suspicion
- Post Accident

I certify that I have read, understand, and agree to abide by the condition of this consent and release form.

Applicant's Signature

Date

Print Name

Social Security Number

Employer Witness

Company Name

DRUG & ALCOHOL CLEARING HOUSE

CONSENT RELEASE

I, _____ understand that, as required by the Federal Motor Carrier Safety Regulations [Drug & Alcohol Clearing House] and company policy, all drivers **MUST** give consent to _____ to access the FMCSA Drug & Alcohol Clearing House data base to be sure that I have complied with the FMCSA Drug and Alcohol regulations. I also understand that any offer of employment will be contingent upon the results of the report of the Drug & Alcohol Clearing Database.

I certify that I have read, understand, and agree to the condition of this consent and release form.

Applicant's Signature

Date

Print Name

Social Security Number

Employer Name

Company

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license.
2. If you currently have more than one license, you should keep the license from your state of residence, and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
3. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

The following license is the only one I will possess:

Driver License Number: _____

State: _____ Expiration Date: _____

Driver's Signature: _____ Date: _____

Notes: _____

General Consent for Limited Queries of the Federal Motor Carrier Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to **Atlantic Investigations, LLC** to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent is for a limited query to be conducted once a year for the duration of my employment with **Taylor Oil Co., Inc.**

I understand that if the limited query conducted by **Atlantic Investigations, LLC** indicates that drug or alcohol violations information about me exists in the Clearinghouse, FMCSA will not disclose that information to **Atlantic Investigations, LLC** and/or **Taylor Oil Co., Inc** without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent to **Atlantic Investigations, LLC** and/ or **Taylor Oil Co., Inc** to conduct a limited query of the Clearinghouse, **Taylor Oil Co., Inc** must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by the FMCSA's drug and alcohol program regulations.

Employee Signature

Date

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Taylor Oil Co (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Taylor Oil Co (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016

ANNUAL REVIEW OF DRIVING RECORD

PART A - CERTIFICATION VIOLATIONS

Driver Name _____

MOTOR CARRIER INSTRUCTIONS: The Company is required by the DOT to perform an annual records check, to ensure the company is aware of any and all traffic violations committed by its drivers, including those in a private auto as well as any in a Commercial Motor Vehicle.

Please list on the following lines all violations of motor vehicle traffic laws and ordinances (other than violations for parking only) of which you have been convicted, or on account of which you have forfeited bond of collateral during the last 12 months. (Per FMCSR 391.27)

I certify that the following is a true and complete list of traffic violations required to be listed for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Drivers Signature _____ Date of Certification _____

Driver's license # _____ State _____ Exp. Date _____

Part B - MVR (attached)

Part C - Carriers Annual Review

**Carrier's Annual Review of Driving Record and Certification of Continued Qualification
As Required by FMCSR 391.25(c) (2)**

This day I have reviewed the driving record of the above named driver in accordance with 391.25 of the FMCSRs. I considered any evidence that the driver has violated applicable provisions of the FMCSRs and the HMRs (if applicable). I considered the driver's accident record and any evidence that he/she has violated any laws governing the operation of motor vehicles, and great weight to violations, such as speeding, reckless driving, and operation while under the influence of alcohol or controlled substances, that indicate the driver has exhibited a disregard for the safety of the public. Having done so, I find that:

- the driver meets the minimum requirements for safe driving,
- or
- the driver is disqualified to drive a motor vehicle pursuant to 391.15.

TAYLOR OIL CO
Motor Carrier's Name

77 SECOND ST SOMERVILLE, NJ 08876
Motor Carrier's Address

Reviewed By: Signature _____

Title _____

Date _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

The below individual has made application to the prospective employer named below.
He/she has stated that they were previously employed by your company.
We appreciate you completing the following information in confidence, thank you.

Section 1: To Be Completed by Prospective Employee

I, (Print Name) _____
First, Middle, Last Social Security # Date of Birth

Previous Employer: _____ Telephone: _____

Street: _____ Fax No.: _____

City, State, Zip: _____

Authorize release and forwarding of the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____ to _____
(Date of employment application)

Attn: _____ Phone: _____

Prospective Employer: _____

Street: _____

City, State, Zip: _____

Fax: _____

In compliance with 40.25 (g) and 391.23 (h), release of this information must be made in a written form that ensures confidentiality, such as fax, letter, or email.

Applicant's Signature _____ **Date:** _____

Section 2: To Be Completed by Previous Employer

ACCIDENT HISTORY

The applicant named above was employed by us Yes ___ No ___
Employed from (m/y) _____ to (m/y) _____
Did he/she drive motor vehicles for you? Yes ___ No ___ - If yes, what type?
Straight ___ Tractor trailer ___
Other (Specify) _____

Reason for employee leaving: Discharge ___ Resignation ___ Lay Off ___ Military Duty ___ Other ___

If other, explain: _____

If there is no safety performance history to report, check here ____, sign below and return.

Accidents: Complete the following for any accidents included on your accident register (390.15 (b)) that involved the applicant in the years prior to the application date shown above, or check here ___ if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or reported or retained under internal company policies: _____

Signature: _____ **Title:** _____ **Date:** _____

Section 3: To Be Completed by Previous Employer

If driver was not subject to DOT testing requirements while employed by this employer please check here , fill in the dates of employment from (m/y) _____ to (m/y) _____, complete bottom of Section 3, sign, and return.

Driver was subjected to DOT testing requirements from (m/y) _____ to (m/y) _____
Yes No

	<u>Y</u>	<u>N</u>
1. Has this person had an alcohol test with a result of 0.04 or higher?	___	___
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	___	___
3. Has this person refused to submit to a post accident, random, reasonable suspicion, or follow-up controlled substance test?	___	___
4. Has this person committed other violations of Subpart B or Part 382 or Part 40?	___	___
5. If this person has violated a DOT drug & alcohol regulations, did this person complete a SAP prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation with this form.	___	___
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified drug test, or refuse to be tested?	___	___

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.

Completed By:

Name: _____ Telephone: _____
Company: _____
Street: _____ City: _____ State: _____ Zip: _____
Section 3 completed by (Signature) _____ Date: _____

Official Use:

Attempts were made to contact the previous employer:

2nd Attempt

This form was (check one) Faxed to previous employer Mailed Other

By: _____ Date: _____

3rd Attempt:

This form was (check one) Faxed to previous employer Mailed Other

By: _____ Date: _____

Confirmation was received by: Fax Mail Other

Date Received: _____

**HOURS OF SERVICE RECORD
FOR FIRST TIME OR INTERMITTENT DRIVERS**

Name: _____ Soc. Sec. #: _____

Day	Total Time on Duty
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
Total	_____

I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last period of release from duty was:

From: _____ To: _____

Signature

DATE

This form is to be completed on the day before or day of driver's first dispatch.

EMPLOYEE CONTACT SHEET

EMPLOYEE NAME

DATE

PHYSICAL ADDRESS

CELL PHONE

MAILING ADDRESS

HOME PHONE

CITY

STATE

ZIP CODE

DATE OF BIRTH

UNION AFFILIATION

EMERGENCY CONTACT:

NAME

RELATIONSHIP

ADDRESS

TELEPHONE NUMBER

AUTHORIZATION TO RELEASE PAYROLL CHECK

I AUTHORIZE _____ TO PICKUP MY

WEEKLY PAYROLL CHECK(S) IN THE EVENT I AM UNABLE TO DO SO.