



DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)
Company _____

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, veterans 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, 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 or 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 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.

Signature _____ Date _____

APPLICANT TO COMPLETE

(answer all questions – please print)

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

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

Previous
Addresses

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

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

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

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

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 _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully _____

Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

APPLICANT TO COMPLETE (continued)

(answer all questions – please print)

Is there any reason you might be unable to perform the functions of the job for which you have applied (as in the attached job description)? _____

If yes, explain if you wish. _____

Are you currently on "lay-off"/recall status? Yes _____ No _____

Are you willing to work overtime? Yes _____ No _____

Are you willing to work weekends/evenings? Yes _____ No _____

Are you willing to submit to a federally mandated drug test? Yes _____ No _____

In the past two years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test for work covered by DOT drug and alcohol testing rules? Yes _____ No _____

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 address, street number, city, state, zip code and phone number.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' of employment information for a total of ten (10) years of employment. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary)

Explain employment gaps: _____

EMPLOYER		DATE	
Name _____	_____	From: Mo. ___ Yr. ___	To: Mo. ___ Yr. ___
Address _____	_____	Position held _____	_____
City _____	State _____ Zip _____	Salary/Wage _____	_____
Contact Person _____	Phone # _____	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? YES _____ NO _____			

EMPLOYER			DATE	
Name _____	From: _____	To: _____	Mo. _____	Yr. _____
Address _____	Position held _____		Mo. _____	Yr. _____
City _____ State _____ Zip _____	Salary/Wage _____			
Contact Person _____ Phone # _____	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? YES _____ NO _____				

EMPLOYER			DATE	
Name _____	From: _____	To: _____	Mo. _____	Yr. _____
Address _____	Position held _____		Mo. _____	Yr. _____
City _____ State _____ Zip _____	Salary/Wage _____			
Contact Person _____ Phone # _____	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? YES _____ NO _____				

EMPLOYER			DATE	
Name _____	From: _____	To: _____	Mo. _____	Yr. _____
Address _____	Position held _____		Mo. _____	Yr. _____
City _____ State _____ Zip _____	Salary/Wage _____			
Contact Person _____ Phone # _____	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? YES _____ NO _____				

*Includes vehicles having a GVWR of 26,001 lbs. or, vehicles designed to transport 15 more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**The Federal Motor Carriers 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 or more (attach sheet if more space is needed) if none, write **none**

Dates	Nature of Accident	Fatalities	Injuries	Hazardous
	(Head-on, Rear-end, upset, etc.)			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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach sheet if more space is needed)

EXPERIENCE AND QUALIFICATIONS – DRIVER

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

State	License No.	Class	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 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 From (m/y) to (m/y)	Approx. # of miles (Total)
Straight Truck	Yes _____ No _____ (van, tank, flat, dump, refer)	_____	_____
Tractor & Semi-Trailer	Yes _____ 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 _____ (more than 8 passengers)	_____	_____
Motorcoach-school bus	Yes _____ No _____ (more than 15 passengers)	_____	_____
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 in this application

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

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High school: 1 2 3 4 College: 1 2 3 4
 Last school attended (Name) _____ (City,State) _____

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.

Signature: _____ Date: _____

Webber Energy Fuels

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 1996 (Title II, Subtitle D, Chapter I, of the 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. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

I certify that facts set forth in my application for employment are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in, or material omissions from, my application or interview(s) may result in discharge. I also understand that I am required to abide by all policies, procedures, rules and regulations of Webber Energy Fuels/Webber Oil Company.

I authorize Webber Energy Fuels/Webber Oil Company to investigate and verify all details provided by or for me in the employment application process, including the verification of: previous employment, licenses, permits and certifications. I further authorize the employers and schools listed to give Webber Energy Fuels/Webber Oil Company any and all information concerning my previous employment and education, and any other pertinent information they may have, personal or otherwise. I release all persons, firms and corporations from liability from any damage which may result from furnishing or obtaining such information.

I understand that, depending upon the position applied for, I will be subject to federal, state and/or Company pre-employment physical and random drug & alcohol testing.

I understand this application shall be considered active for a time period not to exceed 30 days. Any applicant wishing to be considered for employment beyond that time should reapply.

Finally, I understand that employment by Webber Energy Fuels/Webber Oil Company is on an at-will basis and that, if employed, either Webber Energy Fuels or I may terminate my employment at any time, for any reason.

Applicant's Signature

Date

Print Name

Social Security Number

Self Identification Compliance Form

Webber Oil Company is an Equal Opportunity/Affirmative Action employer and complies with all federal and state regulations. Employees are treated during employment and qualified applicants are considered for employment without regard to race, religion, color, sex, age, national origin or ancestry, marital status, parental status, sexual orientation, disability, or status as a veteran.

Webber Oil Company is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Webber Oil Company invites you to voluntarily self-identify your race, ethnicity, disability and veteran status. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Please indicate the categories in which you should be reported.

ETHNICITY (Select One)

_____ Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

_____ Not Hispanic or Latino

RACE (Select All That Apply)

_____ American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

_____ Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ Black or African American. A person having origins in any of the black racial groups of Africa.

_____ Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

VETERAN STATUS (Select All That Apply)

_____ I am not a veteran

_____ I am a veteran

If you are a veteran who served on active duty in the U.S. military, ground, naval or air service and have been discharged or released, please indicate your most recent discharge date (mm/dd/yyyy) as specified on your most recent DD214: _____/_____/_____

If you are a veteran, please select one or more categories below that apply to you:

_____ Disabled Veteran. A Disabled Veteran is: (1) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) Was discharged or released from active duty because of a service-connected disability.

_____ Other Protected Veteran. An Other Protected Veteran is: A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense. For a list of officially recognized campaigns, please see <http://www.opm.gov/veterans/html/vgmedal2.asp>

_____ Armed Forces Service Medal Veteran. An Armed Forces Service Medal Veteran is: A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p.159).

_____ Veteran – Not Included in Above Categories.

Completion of this form is entirely voluntary. If you choose not to complete this form, please indicate and sign below.

_____ I decline to provide the information requested on this form. I understand that providing this information is entirely voluntary and no negative consequences will result from my decision not to provide it.

Signature

Date