



3000 Old Airport Road | Wooster, Ohio 44691 | P 330.262.6502 | f 330.262.1569 | www.santmyeroil.com

DRIVER APPLICATION

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and SOCI Petroleum.

IMPORTANT INFORMATION

Falsification or omission of facts may result in disqualification.

Answer all questions; do not leave any blanks empty. If an answer or information is "no," "none," or "non-applicable" then write "no," "none," or "N/A" in the blank.

GENERAL INFORMATION

*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

HOW DID YOU HEAR ABOUT US? _____

DATE _____ CHECK ONE: CONTRACTOR DRIVER

NAME _____
FIRST MIDDLE LAST

PHONE NUMBER (____) _____ EMERGENCY PHONE NUMBER (____) _____

CELL NUMBER (____) _____ EMAIL ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

THREE YEARS PREVIOUS ADDRESSES

STREET	CITY	STATE AND ZIP	FROM	MONTH/YEAR	TO	MONTH/YEAR
STREET	CITY	STATE AND ZIP	FROM	MONTH/YEAR	TO	MONTH/YEAR
STREET	CITY	STATE AND ZIP	FROM	MONTH/YEAR	TO	MONTH/YEAR

EDUCATION

	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/DEGREE
HIGH SCHOOL				
TRUCKING SCHOOL				
COLLEGE/UNIVERSITY				
OTHER (GRADUATE, VOCATIONAL, MILITARY, ETC.)				

ALCOHOL DRUG STATEMENT

Have you ever tested positive or refused to be tested on any per-employment drug or alcohol test administered by an employer to which you have applied but did not obtain safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?

YES NO

Applicant's Initials

If yes, please give Name, Address, and Phone Number below:

EMPLOYMENT

List the name and address of EVERY employer you have worked for during the past ten years regardless of duration of employment. List must include every employer and fully account for the **10 year period** preceeding the date of this application. Include additional sheets if necessary. If self-employed or un-employed, please indicate time period and provide substantiating documentation. **Remember: All blanks must be completed or explanation given.** Indicate if you were subject to U.S. Department of Transportation alcohol and controlled substance testing requirements and the Federal Motor Carrier Regulations for each employer by circling Yes or No as appropriate.

PRESENT OR MOST RECENT EMPLOYER

EMPLOYER NAME _____ FROM _____ TO _____
MONTH/YEAR MONTH/YEAR
ADDRESS _____ POSITION HELD _____
STREET CITY STATE AND ZIP
REASON FOR LEAVING _____ PHONE # (_____) _____ MATERIALS HAULED _____
PAY RATE _____ TRAILER PULLED (INCLUDE TRAILER LENGTH) _____

Were you subject to U. S. Department of Transportation alcohol and controlled substances testing requirements and the Federal Motor Carrier Regulations? YES NO

PREVIOUS EMPLOYER

EMPLOYER NAME _____ FROM _____ TO _____
MONTH/YEAR MONTH/YEAR
ADDRESS _____ POSITION HELD _____
STREET CITY STATE AND ZIP
REASON FOR LEAVING _____ PHONE # (_____) _____ MATERIALS HAULED _____
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STREET CITY STATE AND ZIP
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Were you subject to U. S. Department of Transportation alcohol and controlled substances testing requirements and the Federal Motor Carrier Regulations? YES NO

EXPERIENCE

List each type of commercial motor vehicle you have operated.

CLASS OF EQUIPMENT	DATES		APPROXIMATE NUMBER OF TOTAL MILES
	FROM	TO	
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR-TWO TRAILERS			
OTHER			

List states operated in for the last five years _____

List special courses/training completed (PTD/DDC, Haz Mat, etc.) _____

List any Safe Driving Awards you hold and from which companies _____

ACCIDENT RECORD & TRAFFIC VIOLATIONS

List all vehicle accidents or any and all incidents regarding damage to a vehicle or personal property in which you were involved during the past three years preceding the date of this application. Attach additional sheets if necessary.

DATE OF ACCIDENT AND TYPE OF VEHICLE	NATURE OF ACCIDENT (HEAD ON, REAR END, UPSET, ETC.)	LOCATION OF ACCIDENT	# OF FATALITIES	# OF PEOPLE INJURED

List all traffic convictions, forfeitures, and citations received during the past three years preceding the date of this application (moving and non-moving) of which you were convicted, forfeited bond or collateral. Attach additional sheets if necessary.

DATE	LOCATION	CHARGE	PENALTY

DRIVER'S LICENSES

List all driver's licenses held by you during the past three years preceding the date of this application.

STATE	LICENSE #	TYPE	ENDORSEMENTS	EXPIRATION DATE

List each denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to you. Include a detailed explanation of the facts and circumstances for each denial, revocation, or suspension. _____

Have you ever been convicted of a felony? (if yes, explain) _____

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentation given on this application for employment shall be considered an act of dishonesty.

I give the motor carrier and its agents or representatives the right to investigate all references and to secure additional information about my employment background. I hereby release from all liability for damages the motor carrier, and its agents or representatives seeking such information and all other persons, corporations or organizations for furnishing such information.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

It is agreed and understood that this application for employment in no way obligates the motor carrier to employ me.

It is agreed and understood that if qualified to operate motor carrier equipment, I may be on a probationary period, during which I may be disqualified without recourse.

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.

RIGHTS REGARDING SAFETY PERFORMANCE HISTORY INFORMATION: The information provided on this application may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. Pursuant to Federal Motor Carrier Safety Regulations 49 CFR Sec. 391.23 (i) (1) applicant has the following rights with regards to the safety performance history information provided by previous employers:

THE RIGHT TO REVIEW SAFETY PERFORMANCE RECORDS: Applicant has the right to review the records provided by your previous employers. Applicant must make a request to review in writing and submit it to prospective employer no later than thirty (30) days after employment begins or notification of employment is made. Applicant will be provided with the records within five (5) business days of receipt of the written request. If the prospective employer has not received the records at the time of request, then the five-day period to provide access will begin on the day the records are received from the previous employer. If applicant fails to arrange pick up or receive the requested records within thirty (30) days of when they are first made available, then applicant's right to review is considered waived.

THE RIGHT TO HAVE ERRONEOUS INFORMATION CORRECTED: If applicant believes there is an error in the records, applicant has the right to have previous employer correct the error. Send any requests for correction to the previous employer that provided the records in question. The previous employer must either correct and forward the record to the prospective employer or notify applicant within fifteen (15) days of receiving request that they do not agree the record is in error. If the previous employer corrects and forwards the record as requested, that employer must also retain the corrected information as part of applicant's safety performance history record and provide it to subsequent prospective employers when requests for this information are received.

THE RIGHT TO REBUT DISPUTED INFORMATION: If the previous employer does not agree that information in the records provided is in error, applicant may rebut the disputed information in writing and send it to the previous employer with instructions to include rebuttal in applicant's safety performance history file. Within five (5) business days of receiving your rebuttal, the previous employer must: forward a copy of the rebuttal to the prospective employer, append the rebuttal to your safety performance information, and include it as part of the response from any subsequent investigating prospective employers for the duration of the three-year data retention requirement period. Applicant may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

THE RIGHT TO REPORT FAILURES TO CORRECT ERRONEOUS INFORMATION: Applicant may report failure of a previous employer to correct information or include rebuttal as part of the safety performance information to the Federal Motor Carrier Safety Administration by following procedures specified at 49 CFR Section 385.12.

I hereby certify that this application was completed by me and that the information provided is correct, complete and true representation of the facts as known to me, the applicant.

APPLICANT'S SIGNATURE _____ DATE _____

Section I. TO BE COMPLETED BY EMPLOYEE

EMPLOYEE NAME _____

EMPLOYEE SS OR ID NUMBER _____

Please list below the names of each previous employer over the previous three years where the job requirements were subject to the Federal Motor Carrier Safety Regulations and US DOT alcohol and controlled substance testing requirements.

I hereby authorize release of information from the Department of Transportation regulated drug and alcohol testing records by my previous employers, listed in section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40 and 49 CFR Part 382. I understand that information to be released in Section II-A by my previous employers, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.40 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.

EMPLOYEE SIGNATURE _____ DATE _____

NEW EMPLOYER NAME SOCI Petroleum, 3000 Old Airport Rd., Wooster, Ohio 44691

PHONE 330-262-6502 FAX 330-262-1569 ATTENTION Safety Department

Section II. ***TO BE COMPLETED BY PREVIOUS EMPLOYER *******

In providing this information, include any required drug or alcohol testing information obtained from previous employers under 40.25 or other applicable DOT regulations.

IN THE THREE YEARS PRIOR TO THE DATE OF THE DRIVER'S SIGNED WAIVER, FOR DOT REGULATED TESTING...

1. This person was employed in a safety sensitive function that required alcohol and controlled substance testing by 49 CFR Part 40. (If no, skip remainder of section.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. This person had an alcohol test with a result of 0.04 or higher alcohol concentration.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. This person tested positive or adulterated or substituted a test specimen for controlled substances.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. This person refused to submit to a post accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test.	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. This person committed other violations of Subpart B of Part 382, or Part 40.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. This person violated a DOT drug and alcohol regulation and completed an SAP prescribed rehabilitation program in our employ, including return to duty and follow-up tests. (If yes, include documentation.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. This person, after successfully completing an SAP's rehabilitation referral, remained in our employ, but subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test or refused to be tested.	<input type="checkbox"/> YES <input type="checkbox"/> NO

PERSON PROVIDING INFORMATION _____ TITLE _____

SIGNATURE _____ DATE _____

PLEASE RETURN BY FAX 330-262-1569 OR MAIL TO THE ADDRESS ABOVE



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EMPLOYMENT

APPLICANT'S NAME (PLEASE PRINT) _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

I hereby authorize this company to release all records of employment, including assessments of my job performance, ability, and fitness (including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with application for employment with said company. I hereby release this company, and its employees, officers, directors and agents from any liability of any type as a result of providing the following information to the below mentioned person and or company per 49 CFR Part 390 and 49 CFR Part 391.23(d)(1).

APPLICANT'S SIGNATURE _____ DATE _____

WITNESS SIGNATURE _____ DATE _____

List the name of EVERY employer you have worked for or have been qualified to work for during the past 10 years regardless of duration of employment. The list must include every employer, even if you were self employed. Account for the 10--year period preceding the date of this application.

REQUESTING EMPLOYER TO COMPLETE

PREVIOUS EMPLOYER _____

CITY/STATE _____

DATES APPLICANT WORKED FOR YOU FROM _____ TO _____

PREVIOUS COMPANY TO COMPLETE

CONFIRMED DATES OF EMPLOYMENT: FROM _____ TO _____

POSITION HELD _____ IF DRIVER, CIRCLE TYPE OF POSITION: LOCAL OTR

CIRCLE TYPE OF EQUIPMENT OPERATED:

- STRAIGHT TRUCK, TRACTOR TRAILER (REEFER), TRACTOR TRAILER (VAN), TRACTOR TRAILER (FLATBED), TRACTOR TRAILER (TANKER), DOUBLES TRIPLES, DUMP TRUCK, BUS, NO MOTOR VEHICLE OPERATED

ACCIDENTS (PAST 3 YEARS)

Table with 7 columns: DATE, DOT RECORDABLE?, LOCATION OF ACCIDENT CITY AND STATE, DESCRIPTION OF ACCIDENT, # OF FATALITIES, # OF PEOPLE INJURED, HAZMAT INVOLVED?

WORK RECORD

WORK RECORD SATISFACTORY? (CIRCLE ONE), REASON FOR LEAVING (CIRCLE ONE), ELIGIBLE FOR RE-HIRE? (CIRCLE ONE), YES DISCHARGED, NO RESIGNED, LAID OFF, RETIRED, MILITARY DUTY

PLEASE RETURN BY FAX 330-262-1569 OR MAIL TO THE ADDRESS ABOVE

DISCLOSURE AND RELEASE

In connection with my application for employment, and/or annual review of my driving record, I understand that consumer reports which may contain public record information may be requested by SOCI Petroleum, Inc. or its agents and used by them to evaluate me for employment. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such report may contain public record information concerning my driving record, credit, bankruptcy proceedings, criminal record, etc., from federal, state and other agencies which maintain such records as well as information concerning previous driving record requests made by others from such state agencies, and state-provided driving records.

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY SOCI PETROLEUM, INC. OR ITS AGENTS TO FURNISH THE ABOVE MENTIONED INFORMATION.

I hereby authorize procurement of consumer report(s). If hired, this authorization shall remain on file and serves as ongoing authorization for you to procure consumer reports and Motor Vehicle Records at any time during my employment period.

APPLICANT'S NAME (PLEASE PRINT) _____ DATE _____

APPLICANT'S SIGNATURE _____

PRE-EMPLOYMENT DRUG TESTING

Notification and Consent

I understand that as required by the Federal Motor Carrier Safety Regulations 49 CFR Part 342 and company policy, all prospective drivers must submit to a controlled substances test involving collection of a urine sample that will be tested for the following controlled substances: marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP).

I understand that if I test positive for use of controlled substances, I may not medically qualify to operate a commercial motor vehicle. I also understand that I will be given a reasonable opportunity to confer with the company's medical review officer before any positive drug test result is reported to the company.

The results of the drug tests will be maintained by the medical review officer of the company, who will report to the company whether the test result was negative or positive. The results of any tests will not be released to any additional parties, except as provided in § 40.37, without my written authorization.

I hereby agree to submit to a urine test.

APPLICANT'S NAME (PLEASE PRINT) _____ DATE _____

APPLICANT'S SIGNATURE _____