

Driver Employment Application

Name: _____ Phone () _____

Address: _____

Where message can be left, if no phone: _____ Social Security #: _____

Position applying for: _____ Date Applying: _____

Referral Source: Advertisement Friend Relative Walk-In Agency Other Employee

1. If you are under 18, can you furnish a work permit? Yes No
2. On what date would you be available to start work? _____
3. List any days or hours you would be unable to work: Days: _____ Hours: _____
4. Can you work overtime, hours outside the normally defined work day or work week? Yes No
5. Can you provide proof after you are hired that you can legally work in the United States? Yes No
(Proof of citizenship or immigration status will be required upon employment)
6. Have you been convicted of any crime or entered a plea of nolo contendere? This item includes misdemeanors and felonies regardless of the length of time which had lapsed since their occurrence. Minor traffic violations resulting in a fine \$499 or less do not need to be disclosed convictions dismissed under Section 1203.4 of the Penal Code MUST be disclosed. Yes No
If yes, please explain: _____

(Conviction will not necessarily disqualify applicant from employment- all factors involved will be considered.)

7. Can you pass a drug screen? Yes No
8. Other than English what language do you speak? _____

SPECIAL SKILLS AND QUALIFICATIONS: Please describe any special skills or qualifications you have acquired from employment or other experience which may help to qualify you for the position for which you are applying. Include where and how acquired. _____

MILITARY EXPERIENCE:

1. Were you in the U. S. Armed Forces? Yes No
If yes, what branch? _____ Rank at separation: _____
2. Briefly describe your duties: _____

EDUCATION:

1. Have you ever graduated from high school? Yes No
Circle the highest grade completed: 9 10 11 12 College: 1 2 3 4
2. College of Training/ Vocational School which you have attended after High School graduation:

Name	Address	Major	Units	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TED JOHNSON PROPANE

DRIVING RECORD (complete if applying for a driving position)

1. Driver's License #: _____ State License: _____
Class: _____ Expiration Date: _____
(A DMV report will be required at time of hire as well as periodically during your employment)
2. Do you have a current HAZMAT endorsement? Yes No
3. Do you have a current Tank endorsement? Yes No
4. Do you have a valid Medical card? Yes No If yes, what is the expiration date? _____
5. Does your driving record have less than 3 moving violations in the last 3 years? Yes No
6. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No
7. Has any license, permit, or privilege ever been suspended or revoked? Yes No
8. List any special courses or training that will help you as a driver : _____
9. Which safe driving awards do you hold and from whom? _____

EMPLOYMENT EXPERIENCE:

1. Are you employed now? Yes No If yes, may we contact your present employer? Yes No
(If no, the job offer will be contingent upon receiving a satisfactory reference check)
2. Have you ever been discharged or forced to resign from any employment situation? Yes No
If yes, please explain: _____

LIST YOUR EMPLOYMENT HISTORY: beginning with your present or last job. At least 3 years of work history is required for interstate commerce. If you need more space, please use a separate sheet of paper.

1. Business Name: _____ From: _____ To: _____
Address: _____ Position held: _____
City: _____ State: _____ Zip Code: _____ Salary/ Wage: _____
Supervisor's Name: _____ Phone Number: _____
Reason for leaving: _____
Equipment Operated and Annual Mileage: _____
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 49CFR Part 40? Yes No
2. Business Name: _____ From: _____ To: _____
Address: _____ Position held: _____
City: _____ State: _____ Zip Code: _____ Salary/ Wage: _____
Supervisor's Name: _____ Phone Number: _____
Reason for leaving: _____
Equipment Operated and Annual Mileage: _____
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 49CFR Part 40? Yes No
3. Business Name: _____ From: _____ To: _____
Address: _____ Position held: _____
City: _____ State: _____ Zip Code: _____ Salary/ Wage: _____
Supervisor's Name: _____ Phone Number: _____
Reason for leaving: _____
Equipment Operated and Annual Mileage: _____
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 49CFR Part 40? Yes No

The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway 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 more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous material in a quantity requiring placarding.

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TO BE READ AND SIGNED BY APPLICANT

I give the Employer the right to investigate all references and to secure additional information about me, if job-related. Furthermore, I give the Employer the right to verify any educational reference given in this application. I hereby release from liability the Employer and its representatives for seeking such information and all other corporations, educational institutions, or organizations for furnishing such information. _____ Initial here

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. _____ Initial here

In the event of my employment by the Company, I agree to abide by all present and subsequently issued rules of the Company. _____ Initial here

I understand that just as I am free to resign at anytime, the Employer reserves the right to terminate my employment at any time, with or without cause, and without prior notice. _____ Initial here

I authorize the Employer to request a consumer and/or investigate consumer report for employment purposes.
 Yes No _____ Initial here

A consumer credit report is one that contains information about an individual's credit worthiness, credit standing, character, general reputation, personal characteristics and mode of living that is limited to factual record information. If such report is requested do you wish to receive a copy?

Yes No _____ Initial here

An investigative consumer report is one that contains information about an individual's character, general reputation, personal characteristics, or mode of living that is obtained through personal interviews with the individual's friends, colleagues, and other acquaintances. If such a report is sought do you wish a copy?

Yes No _____ Initial here

The employer will share any adverse information in a credit report with you before the employment decision is made so you can verify the information.

Signature of Applicant: _____ Date: _____

THIS SECTION TO BE FILLED IN BY COMPANY REPRESENTATIVE

1. Completed application	
2. Interview	
3. Received DMV print out*	
4. Verify Commercial Driver's License and medical card	
5. Verify employment history	
6. Complete appropriate exams	
7. Road test*	

* Driver applicants only

TED JOHNSON PROPANE

HANDWRITING SAMPLE FORM

Applied for job as _____

1. Please answer the following three questions in detail.
2. Use your natural handwriting. Neatness is not necessarily a positive or negative sign.
3. Write with the writing instrument of your choice, except pencil or felt tip pen.
4. If you normally print, use print for questions #1 and cursive writing for questions #2 and #3.
5. Write a minimum of one page; please write on the reverse side of this page.
6. If there is a physical limitation that affects your handwriting, please explain.

Questions:

1. What are your most important goals for the next six months?
2. What special qualities do you have to achieve these goals?
3. What kind of work environment do you prefer?

Date: _____ Printed Name: _____ Signature: _____

Consent and release:

As part of your employment process, your handwriting may be analyzed. Studies have determined that handwriting analysis is viable, nondiscriminatory procedure in understanding an individual's personality. the results can be valuable tool in identifying potential talents, interests and motivations. Decision will be made in conjunction with other data, observations and the interview process.

By Signing the above, I release Ted Johnson Propane Company and the analyst of any liability based upon their findings or recommendations.