## RINEHART OIL, INC.

Employment Application - Petroleum Transportation Driver



Thank you for your interest in working for Rinehart Oil. At Rinehart Oil, our mission is to provide safe, dependable and efficient transportation service to our customer at a competitive cost. Our drivers serve our customer best when they demonstrate a safe driving record, a professional attitude, and a willingness to work as a team player. If this sounds appealing, then Rinehart Oil may be the right opportunity for you. Various Federal, State and local laws prohibit discrimination on the basis of race, sex, religion, national origin, age, disability, sexual orientation, marital status or other legally protected categories. Rinehart Oil is an equal opportunity employer, and your response to any question will not be used as a basis for discrimination, but will be judged on its relevance to the position you are seeking.

PLEASE ANSWER EVERY QUESTION COMPLETELY. PLEASE TYPE OR USE INK. INCOMPLETE APPLICATIONS AND APPLICATIONS SUBMITTED IN PENCIL WILL NOT BE CONSIDERED.

APPLICANT INFORMATION																
Last Name			First				M.I.		Date							
Social Security No.																
Street Address				Apartment/Unit #					nit #							
City	City				State		ZIP									
Phone					E-mail	ddress										
Date Available						Desired Salary										
Location/	Shift Ir	nteres	sted I	n Ukia	ah 🗌 Bay	√ □ Sacram	ento 🗌	Shift:			ı					
Are you a	citizer	n of tl	he Un	ited Stat	es?	YES 🗆	NO 🗆	If no, are	you a	uthorized	to wo	k in th	ne U.S.	? YE	s 🗆	NO 🗆
Have you ever been convicted of a crime or entered a plea of no contest, other than a minor traffic violation?				YES 🗆	NO 🗆	If yes	Explain fully on a separate sheet of paper. Convior of a crime is not an automatic bar to employment circumstances will be considered.									
Have you ever used another name?					NO 🗌	If yes, what name:										
Were you ever employed by Rinehart Oil?				YES 🗆	NO 🗌	If yes, from when to wand reason	If yes, from when to when and reason for leaving:									
Have you previously applied for a position with Rinehart Oil?				YES 🗆	NO 🗆		If so, when?									
Is there any reason you might be unable to perform the functions of the job for which you have applied (as stated in attached job description).			YES 🗆	NO 🗆	If yes, ple explain:	ase										
How did y	you hea	ar abo	out us	5?				'								
EDUCA <sup>-</sup>	TION															
High School				Address												
From		1	То		Did you g	raduate?	YES 🗌	NO   Degree								
College				Address												
From			То		Did you g	raduate?	YES 🗌	NO 🗆	Deg	ree						
Other							Address									
From		٦	То		Did you g	raduate?	YES	NO 🗆	Deg	ree						

DRIVER QUALIFICATION & EXPERIENCE										
Date of Birth* (m/d/y): * The U.S. Department of Transportation regulations require that driver applicants state their date of birth. 49 C.F.R. §391.21 (B)(2).										
DENIAL, SUSPENSION O	DENIAL, SUSPENSION OR REVOCATION OF LICENSE * If you answer yes, attach a statement giving all details:									
Have you ever been der	nied a l	license, permit or	privilege to operate a	motor ve	ehicle?			YES 🗆	NO 🗆	
Have you ever had a license, permit or privilege to operate a motor vehicle suspended or revoked?  YES  NO										
Have you ever been disc	qualifie	ed for violations of	f the Federal Motor Ca	ırrier Safe	ety Regulations?			YES 🗆	NO 🗆	
List your current Drivers	Licens	se and any Driver	s License that you hav	e held in	the past three (3	3) years:				
STATE	LICEN	NSE NO.		TYPE			EXPIRATION	N DATE		
Do you have a tanker en	Do you have a tanker endorsement on your CDL?									
Do you have a hazardous materials endorsement on your CDL?										
DRIVING EXPERIE	DRIVING EXPERIENCE									
CLASS OF EQUIPMEN	IT	TYPE OF EQUIF (Van, Tank, Fla			FROM	то	APPROX MILES	KIMATE TO	OTAL	
Straight Truck										
Tractor & Semi Trailer										
Twin Trailers										
Other										
List States operated in o	during	the last five years	:							
List special courses or tr	raining	that will help you	ı as a driver:							
List safe driving awards held and who awards were presented by:										
List any experience, special equipment or technical material (other than previously listed) that may be beneficial to your job with this company:										
ACCIDENT REVIEW	V FOR	PAST 10 YEA	RS (Attach a separate	e sheet if	more space is no	eeded)				
	_   C	Date	Nature of Accident	<b>t</b> (Head o	n, rear end, upse	et, etc.)	Fatalities	Injur	ries	
Last Accident										
Next Previous										
Next Previous										

<b>TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 7 YEARS</b> (other than parking violations – Attach a separate sheet if needed)									
LOCATION	LOCATION DATE CHARGE				PENALTY				
DRUG & ALCOHO	L STATEMEN	IT							
The U.S. Department questions:	of Transportation	on regulations (49 CF	R §40.25) require	that an employer a	sk and the applicant	answer the foll	owing		
In the last two years, have you tested positive for drugs and/or alcohol during a pre-employment drug and alcohol test that resulted in you not being offered a safety sensitive transportation position?									
In the last two years, being offered a safety			loyment drug and	alcohol test that re	sulted in you not	YES 🗆	NO 🗆		
PREVIOUS EMPLOTE The U.S. Department of commercial driving eminclude your entire woif necessary.	of Transportation	ne seven years immed	diately preceding	this three year perio	d. 49 CFG §391.21(b)	)(10),(11). Plea	ase		
1-Company				Phone					
Address				Supervisor					
Job Title			Starting Salary	\$	\$ Ending Salary \$				
Responsibilities									
From T	To Reason for Leaving								
May we contact your p	revious supervi	sor for a reference?	YES	NO 🗆					
2-Company	2-Company Phone								
Address				Supervisor					
Job Title			Starting Salary	\$	Ending Salary \$				
Responsibilities									
From T	ō	Reason for Leaving	l						
May we contact your p	revious supervi	sor for a reference?	YES	NO 🗆					
3-Company			Phone						
Address				Supervisor					
Job Title			Starting Salary	\$	Ending Salary \$				
Responsibilities									
From T	ō	Reason for Leaving	l						
May we contact your p	revious supervi	sor for a reference?	YES	NO 🗆					

4-Company		Phone					
Address		Supervisor					
Job Title		Starting Salary	\$	Ending Salary \$			
Responsibilities							
From To	Reason for Leaving						
May we contact your previous supervis	sor for a reference?	YES	NO 🗆				
5-Company			Phone				
Address			Supervisor				
Job Title		Starting Salary	\$	Ending Salary \$			
Responsibilities		1					
From To	Reason for Leaving						
May we contact your previous supervis	sor for a reference?	YES	NO 🗆				
Have you ever been terminated from a	any employment?	YES	NO 🗌				
MILITARY SERVICE							
LITETIAKI SEKATCE							
Branch			Fre	om To			
Branch				om To pe of Discharge			
Branch Rank at Discharge				om To pe of Discharge			
Branch							
Branch Rank at Discharge If other than honorable, explain	5.						
Branch  Rank at Discharge  If other than honorable, explain  REFERENCES	·S.						
Branch Rank at Discharge  If other than honorable, explain  REFERENCES  Please list three professional reference.	·5.		Ту				
Branch Rank at Discharge  If other than honorable, explain  REFERENCES  Please list three professional reference.  Full Name	S.		Relationship				
Branch Rank at Discharge  If other than honorable, explain  REFERENCES Please list three professional reference. Full Name  Company	S.		Relationship				
Branch Rank at Discharge  If other than honorable, explain  REFERENCES Please list three professional reference. Full Name  Company  Address	S.		Relationship Phone				
Branch Rank at Discharge  If other than honorable, explain  REFERENCES Please list three professional reference. Full Name  Company  Address  Full Name	S.		Relationship Phone Relationship				
Branch Rank at Discharge  If other than honorable, explain  REFERENCES Please list three professional reference. Full Name  Company  Address  Full Name  Company	S.		Relationship Phone Relationship				
Branch Rank at Discharge  If other than honorable, explain  REFERENCES Please list three professional reference. Full Name  Company  Address  Full Name  Company  Address	S.		Relationship Phone Relationship Phone				

## **DISCLAIMER AND SIGNATURE** (PLEASE READ CAREFULLY)

I certify that I have read and understand this employment application. I understand that false, misleading and/or omitted information on this application is sufficient grounds for rejection or if hired, termination. I hereby authorize Rinehart Oil (ROI), or its agents, to verify all statements made by me on this application and/or any resume to the extent permitted by Federal, State, or local law, including but not limited to my driving record, accident history, suspension, revocation, and/or denial of my driver's license, traffic convictions, employment, financial, medical, personal and criminal records. I understand that this application for employment will be kept for a period of one year. I understand that as an applicant, I may be asked to demonstrate that I am able to perform the essential functions of the position with our without a reasonable accommodation. I understand that I am required to abide by all rules and regulations of the company. I also understand that if I am offered a position with ROI, such employment will be conditional upon passing a drug test, U.S. Department of Transportation/Justice Department physical and a criminal background search.

Specifically, I hereby authorize ROI, and/or its agent, to obtain a current Motor Vehicle Record. I hereby release ROI and other persons named herein from all liability for any damages on account of obtaining or furnishing any such information.

I agree to provide ROI a written authorization to check all previous employers, listed or not, pursuant to Part 49 of FMCSR §382.413(a).

Signature	Date	

OFFICE USE ONLY MANAGER MUST COMPLETE UPON HIRING							
Department #	Location	Job Title	_ Hire Date				
Starting Wage \$	Date of Interview(s)	Interviewed by					

Return Application to:

Rinehart Oil, Inc. P.O. Box 725 2401 N. State Street Ukiah, CA 95482 (707) 462-8811