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				Firs	st					M.I.		Date				
Street Address							Apartment/Unit #									
City				Sta	ate	ZIP										
Phone	one				E-n	nail <i>A</i>	Address									
Date Available			Social Securit		No.	Des		Des	sired Salary							
Position Applied for																
Are you a	citizen	of the	United Sta	ites?	YES	NO [If no, are	you a	uthorized	d to w	ork in	the U.S	.? Y	ES 🗌	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 of a crime		ne is i	y on a separate sheet of paper. Conviction s not an automatic bar to employment – all ces will be considered.						
Have you ever used another name?				YES	NO [If yes, what name:									
Were you ever employed by Rinehart Oil?			YES 🗆	NO [If yes, from when to when and reason for										
Have you previously applied for a position with Rinehart Oil?			YES 🗌	NO [If so, whe	If so, when?									
Is there any reason you might be unable			YES 🗆	NO [If yes, please explain:										
How did	you hea	r about	us?							ı						
EDUCA																
High Sch	iool					Addre	ess									
From		То		Did you	graduate?	YES		NO Degree								
College				Addre	ess											
From		То		Did you	graduate?	YES		NO Degree								
Other						Addre	ess									
From		То		Did you	graduate?	YES		NO Degree								

DRIVER QUALIFIC	CATIC	ON & EXPERIE	NCE								
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	OR RE	VOCATION OF LI	CENSE * If you answe	er yes, a	ttach a statement	t giving all	details:				
Have you ever been denied a license, permit or privilege to operate a motor vehicle?											
Have you ever had a license, permit or privilege to operate a motor vehicle suspended or revoked?											
Have you ever been dis	squalifi	ied for violations	of the Federal Motor C	arrier S	afety Regulations	?		YES 🗆	NO 🗆		
List your current Driver	s Licer	nse and any Drive	ers License that you ha	ve held	in the past three	(3) years:			<u> </u>		
STATE	LICE	NSE NO.		TYPE			EXPIRATI	EXPIRATION DATE			
				<u> </u>							
Do you have a tanker e	endorse	ement on your CI	DL?	l				YES 🗆	NO 🗆		
Do you have a hazardous materials endorsement on your CDL?											
								·	1		
DRIVING EXPERIENCE											
CLASS OF EQUIPME	NT	TYPE OF EQUI (Van, Tank, Fla			FROM	то	APPR MILES	OXIMATE TO S	OTAL		
Straight Truck											
Tractor & Semi Trailer											
Twin Trailers											
Other											
List States operated in	during	the last five year	rs:								
List special courses or t	trainin	g that will help yo	ou as a driver:								
List safe driving awards	s held	and who awards	were presented by:								
List any experience, sp company:	ecial e	quipment or tech	nical material (other th	nan pre	viously listed) that	t may be b	eneficial to y	our job with	this		
ACCIDENT REVIEW	N FO	R PAST 10 YE	ARS (Attach a separa	te shee	t if more space is	needed)	_				
	I	Date	Nature of Acciden	t (Head	on, rear end, ups	set, etc.)	Fatalities	Injur	ries		
Last Accident											
Next Previous											
Next Previous											

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 7 YEARS (other than parking violations – Attach a separate sheet if needed)									
LOCATION	NALTY								
DRUG & ALCOHOL S	TATEMENT								
The U.S. Department of T questions:	ransportation regula	tions (49 Cl	FR §40.25) require	e that an employe	er ask	and the applicar	nt answer the f	ollowing	
In the last two years, hav alcohol test that resulted					ment	drug and	YES 🗌	NO 🗆	
	in the last two years, have you refused to take a pre-employment drug and alcohol test that resulted in you not peing offered a safety sensitive transportation position?								
REFERENCES									
Please list three profession	nal references.								
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									
PREVIOUS EMPLOYM The U.S. Department of Tr commercial driving employ include your entire work hi sheet if necessary.	ansportation required ment for the seven y	ears immed	diately preceding t	his three year pe	eriod.	49 CFG §391.21((b)(10),(11). Pl	lease	
1-Company				Phone					
Address				Supervisor					
Job Title			Starting Salary	\$		Ending Salary	\$		
Responsibilities	ı								
From To	Reason	for Leaving							
May we contact your previ	ous supervisor for a	reference?	YES	NO 🗆					
2-Company				Phone					

Address					Supervisor				
Job Title Starti				\$		Ending Salary	\$		
Responsibilities									
From	То	Reason for Leaving							
May we contact your	previous supervis	sor for a reference?	YES	NO 🗆					
3-Company			Phone						
Address			Supervisor						
Job Title			Starting Salary	\$		Ending Salary	\$		
Responsibilities									
From	То	Reason for Leaving							
May we contact your	previous supervis	sor for a reference?	YES	NO 🗌					
4-Company			Phone						
Address			Supervisor						
Job Title			Starting Salary	\$		Ending Salary	\$		
Responsibilities									
From	То	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					·				
From	То	Reason for Leaving							
May we contact your	previous supervis	sor for a reference?	YES	NO 🗆					
Have you ever been	terminated from a	any employment?	NO 🗆						
MILITARY SERV	ICE				ı				
Branch					From	То			
Rank at Discharge					Type o	f Discharge			
If other than honora	ble, explain								

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. 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 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 conditioned upon passing a drug test, U.S. Department of Transportation physical and a criminal background search. If hired, I agree to provide ROI a written authorization to check all previous employers, listed or not, pursuant to 49 §382.413(a).

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

Return Application to:

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