



MOTOR VEHICLE DRIVER APPLICATION FOR EMPLOYMENT
*Must be completed in its entirety and signed
mail or email form to address above*

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, union affiliation, sexual orientation, the presence of a non-job related medical condition or handicap, or another category protected by laws.

DRIVER APPLICANT INFORMATION

Applicant's Name _____ Date of Application _____
Current Address _____
City, State, ZIP _____
Social Security Number _____ Date of Birth _____ Phone _____
Cell _____

ADDRESSES FOR THE PAST THREE YEARS (prior to date of application)

Street	City	State, ZIP	How Long?
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

GENERAL QUESTIONS

Position applying for _____ Full Time Part Time Temporary
Who referred you _____ Rate of pay expected _____
Have you worked here before? Yes No If yes, from _____ to _____
Which location _____ Position Held _____
List rate of pay _____ Reason for leaving _____
Names of any relatives employed by this company _____
Are you employed now? Yes No If not, how long since leaving last employment? _____
What date are you available to start work? _____
Are you legally qualified to work in this country? Yes No
Have you ever been convicted of a felony? Yes No If yes, please attach explanation statement.

EDUCATION

Type of School <i>(Elem, High, Tech, College)</i>	Name of Institution(s)	City, State	Highest grade completed or degree earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DRIVING LICENSES FOR PAST (3) YEARS PRIOR TO APPLICATION DATE *(complete for each license/permit)*

State of Issue	License Number	Expiration Date	Type of class or license	Endorsements

DRIVING EXPERIENCE IN THE OPERATION OF MOTOR VEHICLES

Equipment operated	Equipment type <i>(please specify)</i>	Years of experience	# Miles Driven <i>(total)</i>
Tractor Trailer			
Straight Truck			
Bus			
Other			
Other			

ACCIDENT RECORD FOR PAST 3 YEARS PRIOR TO APPLICATION *(use extra sheet if more space needed)*

Accident date <i>(starting with most recent)</i>	Nature of Accident <i>(passenger vehicle, head-on, rear-end, etc.)</i>	Injuries/Fatalities	Comments

TRAFFIC CONVICTIONS & FORFEITURES IN PAST 3 YEARS PRIOR TO APPLICATION *(other than parking)*

Conviction date	Location (state)	Charge	Penalty

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

Have you ever had any license, permit, or privilege to operate ever suspended or revoked? Yes No

If yes, please explain _____

All driver applicants must provide the following information on all work references during the preceding three (3) years from the date the application is submitted. Those drivers applying to operate a commercial motor vehicle as defined in §383.5 (requiring a CDL) shall also provide ten (10) years of employment history. NOTE: Please list companies in reverse order starting with the most recent and leave no gaps in employment history

COMPANY NAME

Company Address _____ City _____ State _____ ZIP _____

Contact _____ Phone number _____

Employed from _____ Month _____ Year to _____ Month _____ Year Total Months _____

Position(s) held _____

 Yes No Were you subject to Federal Motor Carrier Safety Regulations while employed here? Yes No Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?Reason for leaving Resignation Lay Off Termination Other (please describe):

_____**COMPANY NAME**

Company Address _____ City _____ State _____ ZIP _____

Contact _____ Phone number _____

Employed from _____ Month _____ Year to _____ Month _____ Year Total Months _____

Position(s) held _____

 Yes No Were you subject to Federal Motor Carrier Safety Regulations while employed here? Yes No Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?Reason for leaving Resignation Lay Off Termination Other (please describe):

_____**COMPANY NAME**

Company Address _____ City _____ State _____ ZIP _____

Contact _____ Phone number _____

Employed from _____ Month _____ Year to _____ Month _____ Year Total Months _____

Position(s) held _____

 Yes No Were you subject to Federal Motor Carrier Safety Regulations while employed here? Yes No Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?Reason for leaving Resignation Lay Off Termination Other (please describe):

COMPANY NAME

Company Address _____ City _____ State _____ ZIP _____

Contact _____ Phone number _____

Employed from _____ Month _____ Year to _____ Month _____ Year Total Months _____

Position(s) held _____

 Yes No Were you subject to Federal Motor Carrier Safety Regulations while employed here? Yes No Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?Reason for leaving Resignation Lay Off Termination Other (please describe):

_____**COMPANY NAME**

Company Address _____ City _____ State _____ ZIP _____

Contact _____ Phone number _____

Employed from _____ Month _____ Year to _____ Month _____ Year Total Months _____

Position(s) held _____

 Yes No Were you subject to Federal Motor Carrier Safety Regulations while employed here? Yes No Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?Reason for leaving Resignation Lay Off Termination Other (please describe):

_____**COMPANY NAME**

Company Address _____ City _____ State _____ ZIP _____

Contact _____ Phone number _____

Employed from _____ Month _____ Year to _____ Month _____ Year Total Months _____

Position(s) held _____

 Yes No Were you subject to Federal Motor Carrier Safety Regulations while employed here? Yes No Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?Reason for leaving Resignation Lay Off Termination Other (please describe):

DRIVER APPLICANT

I hereby authorize you to release the following information to Waguespack Oil Company for the purposes of investigation as required by §391.23 and §40.321(b) of the Federal Motor Carrier Safety Regulations. You are hereby released from any and all liability which may result from furnishing such information.

APPLICANT'S SIGNATURE _____**DATE** _____**PREVIOUS EMPLOYER**

Please complete the following information and return as soon as possible to

WAGUESPACK OIL COMPANY**PHYSICAL LOCATION: 1818 HIGHWAY 3185, THIBODAUX, LA 70301****MAILING ADDRESS: PO BOX 326, THIBODAUX, LA 70302****USDOT# 354930**Are the dates of employment correct as stated above? Yes No

If no, please provide correct dates of employment _____

Did the applicant drive commercial motor vehicles for your company? Yes NoWas the applicant a safe and efficient driver? Yes NoWas the applicant involved in any vehicle accidents while employed with your company? Yes No

If yes, please provide the details _____

Reason for leaving your employment Resignation Discharged Lay OffHas the applicant tested positive for a controlled substance in the last 2 years? Yes NoHas the applicant had an alcohol test with a B.A.C. of 0.04 or more in the last 2 years? Yes NoHas the applicant refused a required test for drugs or alcohol in the last 2 years? Yes NoDid the applicant complete a substance abuse rehabilitation program, if required? Yes No

If yes, please provide documentation of the employee's successful completion of DOT return to duty requirements.

Has the applicant ever violated any other DOT agency drug and alcohol testing regulations? Yes No

Comments _____

SIGNATURE _____ **TITLE** _____ **DATE** _____

Any additional Information _____

PROSPECTIVE EMPLOYER**WAGUESPACK OIL COMPANY, INC.**
1818 HIGHWAY 3185, THIBODAUX, LA 70301
PO BOX 326 THIBODAUX, LA 70302 // 985-447-3668

Applicant _____

Previous Employer _____

Address _____

USDOT No _____ Supervisor _____

Phone _____ Fax _____

Email _____

1ST ATTEMPTMethod of Contact Fax Email Mail Phone Other _____

Date(s) _____

Remarks _____

_____**2ND ATTEMPT**Method of Contact Fax Email Mail Phone Other _____

Date(s) _____

Remarks _____

_____**FINAL ATTEMPT**Method of Contact Fax Email Mail Phone Other _____

Date(s) _____

Remarks _____

_____**COMPANY REPRESENTATIVE** _____ **TITLE** _____**SIGNATURE** _____ **DATE** _____Any additional Information _____

MOTOR CARRIER REQUIREMENTS

Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations motor vehicle traffic laws and ordinances (other than parking violations) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (§391.27).

CERTIFICATION OF VIOLATIONS

completed by driver/applicant

Driver Name _____ Social Security No _____

Driver's License Number _____ Driver's License State _____

I certify that the following is true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Violations are listed below

I have had no violations

Date	Offense	Location	Type of Vehicle Operated

SIGNATURE _____ **DATE** _____

ANNUAL REVIEW OF DRIVING RECORD

completed by motor carrier

I have hereby reviewed the driving record of the above named driver in accordance with §391.25 and find that

- Meets the minimum requirements for safe driving
- Is disqualified to drive a motor vehicle pursuant to §391.15
- Does not adequately meet satisfactory safe driving performance.

Action taken with driver _____

Reviewed by _____

SIGNATURE _____ **DATE** _____

PRINTED NAME _____ **TITLE** _____

DRIVER APPLICANT

I hereby authorize you to release the following information to Waguespack Oil Company for the purposes of investigation as required by §391.23 and §391.25 of the Federal Motor Carrier Safety Regulations. If hired, I authorize an annual check of my motor vehicle record as required by §391.25 of the Federal Motor Carrier Safety Regulations. You are hereby released from any and all liability which may result from furnishing such information.

APPLICANT'S SIGNATURE _____ **DATE** _____

MOTOR CARRIER

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 51-908, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report.
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose
4. The information being obtained will not be used in violation of federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based on whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

REQUESTER'S SIGNATURE _____ **DATE** _____

PRINTED NAME _____ **REQUESTER'S COMPANY** _____

Street _____ City _____ State _____ ZIP _____

The following named person applied with our company for the position of _____
In accordance with §391.23 of the U.S. Department of Transportation Regulations, please furnish the above signed with the applicant's driving record for the past three (3) years.

The following named person is employed with our company in the position of _____
In accordance with §391.25 of the U.S. Department of Transportation Regulations, please furnish the above signed with the employee's driving record for the past year.

Name of Applicant/Employee _____

Street _____ City _____ State _____ ZIP _____

Former Street _____ City _____ State _____ ZIP _____

Date of Birth _____ Social Security No _____

Driver's License No _____ Driver's License State _____