

R. M. Parks, INC

TRANSPORTATION SERVICES

Driver's Application for Employment Packet

To All Applicants:

Thank you for your interest in a position as a Petroleum Products Driver with R M Parks, Inc. Enclosed in this Driver Application for Employment Packet you will find the following:

- A job description for Petroleum Tanker Driver.
- A driver's application for employment with R M Parks, Inc. (DOT laws require that applicants account for all employment or non-working status for the past ten years).
- Previous Pre-Employment Employee Alcohol and Drug Test Statement
- Request for Employment Information from Previous Employer

Please read the Petroleum Tanker Driver job description and if you possess the necessary job requirements we encourage you to complete the Driver's Application for Employment.

Along with the Driver's Application for Employment all applicants must submit the following:

- Copy of your California Class A Driver's License with tanker and hazardous materials endorsement.
- Copy of your DOT Medical Examiners Certificate.
- Copy of your DMV printout no less than 10 days old.
- Completed Previous Pre-Employment Employee Alcohol and Drug Test Statement (sign and date only)
- Completed Request for Employment Information from Previous Employer (sign and date only)

Note:

The Driver's Application for Employment will remain active for a period of six months, during which time it will be reviewed as job openings occur in the area(s) of job interest and qualifications. Should you wish to continue being considered for job openings beyond the six month period you must reapply by completing a new Driver's Application for Employment and re-submitting all required documents as stated above.

R M Parks, INC

TRANSPORTATION SERVICES

Job Description

Job Title: **Petroleum Products Driver** Department: Operations
Reports to: Transportation Manager FLSA Status: Non-Exempt
Date Prepared: July 22, 2003

Position Purpose:

Loading and delivery of petroleum and petroleum related products in a safe efficient manner exceeding customer expectations.

Essential Functions:

- Receive daily loading and customer delivery schedule from dispatch either written or oral.
- Load and deliver petroleum and petroleum related products safely to customers as required, adhering to delivery schedules as set by dispatch.
- Perform pre-trip and post-trip inspections, including but not limited to: oil, fuel, truck brake systems and brake adjustments, tires and tire wear, truck air reservoir tanks, hoses and fittings and truck placards.
- Daily completion of all required paperwork, including but not limited to: R M Parks, Inc. transportation tickets, customer delivery invoices, log books, vehicle inspection reports (DOT required), time cards and Driver Inspection Report (Form CTA-23 DOT required).
- Maintain good housekeeping practices pertaining to truck cleanliness, hoses, fittings and truck-related equipment.
- Adhere to all company policies as well as state and federal laws pertaining to accidents, spills, contamination's and emergency situations.

Essential Job Knowledge, Skill and Ability:

The individual must possess the following knowledge, skills and abilities and be able to explain and demonstrate that he/she can perform the essential functions of the job, with or without reasonable accommodation.

- Basic mathematical skills.
- Ability to read, write and speak English to communicate with customers and employees.
- Ability to drive semi and truck trailer with Regular 10 and Super 10 transmissions.
- Knowledge of California Freeway systems and ability to read maps.

Minimum Qualification Standards:

Education:

Any combination of education, training or experience that provides the knowledge, skills and abilities to perform the job requirements. High School diploma or equivalent desired.

Experience:

Minimum of one year local, verifiable tanker experience.

Licenses or Certificates:

- California Class A Driver’s License with tanker and hazardous materials endorsements.
- DOT Medical Examiners Certificate.

Grooming:

All drivers must maintain a neat, clean, well-groomed, and professional appearance, wearing uniform shirts and hats provided by R M Parks, Inc.

Other:

- Must meet company age requirement of 25 years of age (for insurance purposes).
- Must provide a DMV printout no less than 10 days old.
- Must possess a clean driving record.
- Must be able to work on a rotating schedule that involves varied shifts and days off.

Essential Physical Requirements:

- Ability to stand, walk and/or sit and continuously perform essential job functions for a twelve-plus hour shift.
- Pre-placement drug/alcohol and functional capacity physical testing.
- Frequent bending and lifting to a maximum of 50 lbs.

I understand the above information and hereby state that I can perform the essential functions of the job and specific job knowledge, skill and ability with or without reasonable accommodation as determined by the Company.

Name (Please Print): _____

Date: _____

Signature: _____

R. M. Parks, INC

TRANSPORTATION SERVICES

Driver's Application for Employment

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability. **R M Parks, Inc.** is an At-Will employer, there is no agreement, express or implied, between employee and the Company for any specific period of employment, nor for continuing or long-term employment. Employee and the Company each have a right to terminate employment, with or without cause.

Position Applied for: _____ Date of Application: _____

Name: _____ Social Security Number: _____
Last First Middle

List your addresses of residency for the past 3 years:

Current Address: _____
Street City
State Zip Code Telephone Number: (____) _____ How Long? _____

Previous Address: _____ How Long? _____
Street City State & Zip Code
Street City State & Zip Code How Long? _____
Street City State & Zip Code How Long? _____

Do you have the legal right to work in the United States? _____

Date of Birth: _____ Can you provide proof of age? _____
(Required for Commercial Drivers Only)

Have you worked for this company before? _____ Where? _____

Dates: From: _____ To: _____ Rate of Pay: _____ Position: _____

Reason for leaving: _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____ Yes _____ No

If yes, explain if you wish _____

Have you ever been convicted of a felony? _____ Yes _____ No

If yes, please explain

Employment History

All drivers applying to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants applying to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Employer		Date	
Name		From: Mo. Yr.	To: Mo. Yr.
Address		Position Held	
City	State	Zip	
Contact		Telephone	
		Reason for Leaving	

Employer		Date	
Name		From: Mo. Yr.	To: Mo. Yr.
Address		Position Held	
City	State	Zip	
Contact		Telephone	
		Reason for Leaving	

Employer		Date	
Name		From: Mo. Yr.	To: Mo. Yr.
Address		Position Held	
City	State	Zip	
Contact		Telephone	
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Employer		Date	
Name		From: Mo. Yr.	To: Mo. Yr.
Address		Position Held	
City	State	Zip	
Contact		Telephone	
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Employer		Date	
Name		From: Mo. Yr.	To: Mo. Yr.
Address		Position Held	
City	State	Zip	
Contact		Telephone	
		Reason for Leaving	

Employer		Date	
Name		From: Mo. Yr.	To: Mo. Yr.
Address		Position Held	
City	State	Zip	
Contact		Telephone	
		Reason for Leaving	

Employer		Date	
Name		From: Mo. Yr.	To: Mo. Yr.
Address		Position Held	
City	State	Zip	
Contact		Telephone	
		Reason for Leaving	

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passenger, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Accident records for past 3 years or more (attach sheet if more space is needed) (if none, write none)

Dates	Nature of Accident (head-on, rear-end, upset, etc)	Fatalities	Injuries
Last Account			
Next Previous			
Next Previous			

Traffic convictions and forfeitures for the past 3 years (other than parking violations) (if none, write none)

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

Education

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended: _____
 (School Name) (City) (State)

Experience and Qualifications – Driver Licenses

State	License No.	Type	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____
 B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____
 (If the answer to either A or B is yes, attach a statement giving details)

Driving Experience (if none, write none)

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Date From	Date To	Approx. No of Miles (total)
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Motor-Coach – School Bus				
Other				

List states operated in for last five years: _____
 Show special courses or training that will help you as a driver: _____
 Which safe driving awards do you hold and from whom? _____

Experience and Qualifications – Other

Show any trucking, transportation or other experience that may help in your work for this company: _____

List courses and training other than shown elsewhere in this application: _____

List special equipment or technical materials you can work with (other than those already shown): _____

To Be Read and signed by Applicant

Please Read Carefully, Initial Each Paragraph and Sign Below

Initial I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate termination if I am employed, regardless of the time elapsed before discovery.

Initial I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release R M Parks, Inc., my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initial I understand that R M Parks, Inc. is an **At-Will Employer** and there is no agreement, express or implied, between employee and the Company for any specific period of employment, nor for continuing or long-term employment. Employee and the Company each have a right to terminate employment, with or without cause. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or R M Parks, Inc.

Initial I understand that if I am being considered for employment by R M Parks, Inc. I will be required to submit to a post-offer physical and drug/alcohol testing (all of which will be at R M Parks, Inc. expense) and to authorize the release of the physical examination and test results to R M Parks, Inc. Applicants whose test results are positive (prohibited substances present) will not be eligible for further employment consideration.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquire of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date

Applicant's Signature

R. M. Parks, INC

TRANSPORTATION SERVICES

Request for Employment Information From Previous Employer

Name and Address of
Previous Employer:

This Form Was (check appropriate box)

Mailed, Date: _____
 Faxed, Date: _____
 Received by Phone, Date: _____
Name of Person Contacted: _____

To Whom It May Concern:

The below named individual has made application to R M Parks, Inc. for a position as a Driver and states that your company employed him/her as a _____ from _____ to _____. R M Parks, Inc. appreciates your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience or you may fax to the number listed below. Thank you for your courtesy.

I, the undersigned, hereby authorize you to release the following information to R M Parks, Inc. for the purpose of investigation as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

Date

Applicant's Signature

Name of Applicant: _____

Social Security Number: _____

Date Employed: From: _____

To: _____

Position: _____

Ending Wage: _____

Did he/she drive a motor vehicle for you? _____

Yes

No

If yes, please state type: _____

Was his/her driver's license ever revoked or suspended? Yes No If yes, Why? _____

Number of accidents: _____ Number Preventable _____ Number Non-Preventable _____

Any disciplinary problems? Yes No If yes, please explain _____

Please Rate the Following:

Category	Excellent	Good	Average	Fair	Poor
General Driving Skills					
Reliability					
Logs/paperwork					
Customer Relations					
Employee Relations					

Reason for leaving your employ? Resignation Lay Off Military Duty Involuntary Termination

Eligible for rehire? Yes No

Please advise history of past driving record if available for the past three years: _____

Signature: _____

Title: _____

Printed Name: _____

Date: _____

P.O. Box 469, Porterville, Ca. 93258 (559) 784-2384 (559) 784-1098 Fax

R. M. Parks, INC

TRANSPORTATION SERVICES

Request for Drug & Alcohol Information From Previous Employer

Previous Employer: _____

Street Address: _____ Telephone: _____

City, State, Zip: _____ Fax No.: _____

The below named individual has made application to R M Parks, Inc. for a position as a Driver and lists you as a previous employer. R M Parks, Inc. appreciates your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience or you may fax to the number listed below. Thank you for your courtesy.

I, the undersigned, hereby authorize you to release the following information to R M Parks, Inc. for the purpose of investigation as required by Section 40.25(j) Department of Transportation. You are released from any and all liability, which may result from furnishing such information.

Date _____
Applicant's Signature

Name of Applicant: _____ Social Security Number: _____

Date Employed: From: _____ To: _____

Position: _____

To Be Completed By Previous Employer

If driver was not subject to Department of Transportation testing requirements while employed by you, please check here sign below, and return.

Under Department of Transportation testing requirements:	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person had a verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of DOT agency drug and alcohol testing regulations?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this documentation back with this form, if applicable).	<input type="checkbox"/>	<input type="checkbox"/>

In answering these questions, include any drug or alcohol testing information obtained from previous employers under 40.25 or other applicable DOT agency regulations.

Name: _____

Company: _____

Street Address: _____

City, State, Zip: _____ Telephone: _____

Signature: _____ Date: _____

To Be Completed By Prospective Employer

This form was (check one) Faxed to previous employer Mailed to previous employer Date: _____

Information received from: _____

Recorded by: _____ Date: _____

P.O. Box 469, Porterville, Ca. 93258 (559) 784-2384 (559) 784-1098 Fax

Request for Information Drug/Alcohol (849-F)

R M Parks, INC

TRANSPORTATION SERVICES

**Previous Pre-Employment Employee
Alcohol and Drug Test Statement**

Sec. 40.25(j) As the employer, you must also ask the employee whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he/she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

R M Parks, Inc.
P.O. Box 469
1061 N. Main St.
Porterville, CA 93258
(559) 784-2384
(559) 784-1098 Fax

Prospective Employee Name (Please Print): _____

ID Number: _____

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

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

Check one: Yes No

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____