

EMPLOYMENT APPLICATION FOR CDL DRIVERS

VULCAN OIL COMPANY, INC.

APPLICANT INFORMATION (Please Print Clearly)

1. _____
(Date of Application)

2. _____
(Name)

3. _____
(Address)

4. _____
(City, State, Zip) (Telephone)

5. _____
(Date of Birth) (Social Security Number)

6. List all addresses where you have lived over the previous three years. Include length of time at each address.

7. List the issuing State, number and expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued to you.

8. List each type of commercial motor vehicle you have operated and for how long.

Have you ever.

9. List each motor vehicle accident in which you were involved during the past three years preceding the date of this application. Indicate the date, type of vehicle and circumstances of each accident and whether any personal injuries or fatalities were involved.

10. List all violations of motor vehicle laws or ordinances (other than parking violations) of which you were convicted, forfeited bond or collateral during the ~~three years preceding~~ the date of this application.

11. List each denial, revocation or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to you. Include a detailed explanation of the facts and circumstances for each denial, revocation or suspension.

12. List the names and addresses of all employers during the preceding three years.

13. List the names and addresses of each job at which you were employed during the last ten years preceding the date of this application. Include your job description, date of employment, reason for leaving and whether you were subject to U.S. Department of Transportation's alcohol and controlled substances testing requirements and the Federal Motor Carrier Safety Regulations for each job listed.

YOUR RIGHTS REGARDING SAFETY PERFORMANCE HISTORY

INFORMATION: The information you provided on this application may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. Pursuant to Federal Motor Carrier Safety Regulations 49 CFR Sec. 391.23 (i)(1) you have the following rights with regard to the safety performance history information provided by your previous employers:

THE RIGHT TO REVIEW SAFETY PERFORMANCE RECORDS: You have the right to review the records provided by your previous employers. You must make your request to review in writing and submit it to your prospective employer no later than thirty (30) days after employment begins or notification of employment is made. You will be provided with the records within five (5) business days of receipt of your written request. If the prospective employer has not received the records at the time of your request, then the five-day period to provide access will begin on the day the records are received from the previous employer. If you fail to arrange to pick up or receive the requested records within thirty (30) days of when they are first made available to you, then your right to review is considered waived.

THE RIGHT TO HAVE ERRONEOUS INFORMATION CORRECTED: If you believe there is an error in the records, you have the right to have your previous employer correct the error. Send your request for correction to the previous employer that provided the records in question. The previous employer must either correct and forward the record to the prospective employer or notify you within fifteen (15) days of receiving your request that they do not agree the record is in error. If the previous employer corrects and forwards the record as requested, that employer must also retain the corrected information as part of your safety performance history record and provide it to subsequent prospective employers when requests for this information are received.

THE RIGHT TO REBUT DISPUTED INFORMATION: If the previous employer does not agree that information in the records provided is in error, you may rebut the disputed information in writing and send it to the previous employer with instructions to include the rebuttal in your safety performance history file. Within five (5) business days of receiving your rebuttal, the previous employer must forward a copy of the rebuttal to the prospective employer; append the rebuttal to the your safety performance information and include it as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement period. You may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

THE RIGHT TO REPORT FAILURES TO CORRECT ERRONEOUS INFORMATION: You may report failures of a previous employer to correct information or include your rebuttal as part of the safety performance information, to the Federal Motor Carrier Safety Administration by following procedures specified at 49 CFR Section 385.12.

I certify that this application was completed by me and that the information provided is a correct, complete and true representation of the facts as known to me.

(Applicant's Signature)

(Date)

(NOTE: THE DATA ELEMENTS ON THIS EMPLOYMENT APPLICATION ARE NEW REQUIREMENTS UNDER THE FMCSA 49 CFR 391.21(b) and (d). THESE DATA ELEMENTS MUST BE COMBINED WITH YOUR EXISTING EMPLOYMENT APPLICATION)

DRIVER SAFETY PERFORMANCE HISTORY:
ALCOHOL AND DRUG RELEASE CONSENT FORM

Use this form to obtain the driver's alcohol and drug test results and history as required by Federal Motor Carrier Safety Regulations 49 CFR 391.23(e).

I, _____ understand that as a condition of employment with
(Applicant's Name)

Vulcan Oil Company, I must provide the Company with written
(Company Name)
authorization to obtain the results of all U.S. Department of Transportation-required alcohol and drug tests, refusals to test, rehabilitation and follow-up testing when I was employed as a driver or other safety-sensitive employee positions I held for the preceding three years. I also understand that signing this authorization does not constitute an offer of employment or any guarantee of future employment with the Company.

I hereby authorize the Company to obtain from my previous employers listed below, and hereby authorize the below named previous employers, to release to the Company the following information from my personnel and alcohol and drug files for the preceding three years.

- Instances of reporting for duty or remaining on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater.
- Instances of performing safety-sensitive functions within four hours after using alcohol.
- Any use of alcohol for eight hours following an accident, while waiting for a post-accident test.
- Any refusals to submit to a post-accident alcohol or controlled substances test.
- Refusals to submit to a random alcohol or controlled substances test.
- Refusals to submit to a reasonable suspicion alcohol or controlled substances test.
- Refuse to submit to a follow-up alcohol or controlled substances test.
- Instances of reporting for duty or remaining on duty requiring the performance of safety-sensitive functions when under the influence of any unauthorized controlled substance.
- Reporting for duty, remaining on duty or perform a safety-sensitive function, after testing positive for, or adulterating or substituting a test specimen for a controlled substances.
- Records pertaining to completion, or failure to complete alcohol and/or drug rehabilitation prescribed by a Substance Abuse Specialist.
- Any post rehabilitation positive test for alcohol with a result of 0.04 or higher concentration.
- Any post rehabilitation verified positive drug test or refusal to test for alcohol or drug (including verified adulterated or substituted drug test results).

The following is a list of my previous employers during the preceding three years for whom I am authorizing the release of the aforementioned alcohol and drug information to the Company.

Employer Name

Period of Employment

I have carefully read and fully understand this authorization to release my alcohol and drug testing information. I certify that all information provided on this form is true and complete and that I have identified all of my previous employers for the preceding three years.

(Signature of Applicant)

(Print Name of Applicant)

(Date)

ATTENTION APPLICANT: PLEASE SIGN AND PUT SSN ONLY.

INQUIRY TO PREVIOUS EMPLOYER

COMPANY: _____ FAX#: _____

ATTN: _____

APPLICANT: _____ SSN: _____

The following information is being requested under 49 CFR Part 391.

This applicant lists date of employment with your firm as _____ to _____ and _____ to _____
Is this correct? ___ Y ___ N If not, please list correct dates _____ to _____ and _____ to _____

What type of work did he/she do: Driver ___ Dock ___ Shop ___ Other (please explain) _____

Please indicate type of equipment used: Tractor/Trailer ___ Other (please explain) _____

Please provide accident information for past three (3) years:

DOT ___ Non-DOT ___

Preventable ___ Non-Preventable ___ Dates: _____

Details: _____

This applicant will be operating a vehicle weighing more than 26,000 pounds and is subject to the alcohol and controlled substance provision of the FMCSR 49 Part 382. Pursuant to 49 CFR 382, we must request the results of such testing while in your service. Federal Regulations require that we receive your reply within 30 days.

To your knowledge at anytime within the proceeding three years, did this person ever:

Test positive for controlled substance Y N

Have a breath alcohol test 0.04 or greater Y N

Refused to be tested for alcohol or a controlled substance Y N

For a driver who successfully completed a SAP's rehabilitation referral and remained in your employment, did this driver subsequently have an alcohol test result .04 or greater, a verified positive drug test, or refused to be tested?

Y N

Why did this person leave your employment? Resign Discharge Laid Off Other

Would you re-employ this person? Y N Upon Review

Remarks: _____

APPLICANT PLEASE READ AND SIGN:

I hereby authorize you to release all information concerning my employment, including oral assessment of my job performance, ability, alcohol and controlled substance testing results. I hereby release you from any liability of any type as a result of providing this information.

APPLICANT SIGNATURE

COMPANY REPRESENTATIVE