

# Application For Employment

Taylor Oil, Inc.  
504 Main, Wellsville, KS 66092  
(800) 883-2072

**\*Note: Substance & Alcohol Testing Is Required Of Applicant Driver**

Date of Application:	
Social Security Number	

(First Name)	(Middle Name)	(Last Name)

## List Addresses For Past Three Years

(Address)	(City)	(State)	(Zip Code)	

(Address)	(City)	(State)	(Zip Code)	

(Address)	(City)	(State)	(Zip Code)	

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## In Case Of Emergency Notify

(Name)		(Phone Number)		
(Street)	(City)	(State)	(Zip Code)	

## Education

Highest Grade Level Completed:	9	10	11	12	College:	1	2	3	4	5+
(Last School Attended)					(City)					
List Degree and/or Other Training										

## Employment History

Please provide history for past 10 years of employment. List employers starting with most recent first.

Company: _____	Job Title: _____		
(Address) _____	(City) _____	(State) _____	(Zip Code) _____
Phone Number: _____	Salary: _____		
Dates Employed: _____	Supervisor: _____		
Reason For Leaving: _____			

Company: _____	Job Title: _____		
(Address) _____	(City) _____	(State) _____	(Zip Code) _____
Phone Number: _____	Salary: _____		
Dates Employed: _____	Supervisor: _____		
Reason For Leaving: _____			

Company: _____	Job Title: _____		
(Address) _____	(City) _____	(State) _____	(Zip Code) _____
Phone Number: _____	Salary: _____		
Dates Employed: _____	Supervisor: _____		
Reason For Leaving: _____			

Company: _____	Job Title: _____		
(Address) _____	(City) _____	(State) _____	(Zip Code) _____
Phone Number: _____	Salary: _____		
Dates Employed: _____	Supervisor: _____		
Reason For Leaving: _____			

## Employment History Continued

Company: _____	Job Title: _____
(Address) _____	(City) _____ (State) _____ (Zip Code) _____
Phone Number: _____	Salary: _____
Dates Employed: _____	Supervisor: _____
Reason For Leaving: _____	

Company: _____	Job Title: _____
(Address) _____	(City) _____ (State) _____ (Zip Code) _____
Phone Number: _____	Salary: _____
Dates Employed: _____	Supervisor: _____
Reason For Leaving: _____	

Company: _____	Job Title: _____
(Address) _____	(City) _____ (State) _____ (Zip Code) _____
Phone Number: _____	Salary: _____
Dates Employed: _____	Supervisor: _____
Reason For Leaving: _____	

Company: _____	Job Title: _____
(Address) _____	(City) _____ (State) _____ (Zip Code) _____
Phone Number: _____	Salary: _____
Dates Employed: _____	Supervisor: _____
Reason For Leaving: _____	

## General

Date Of Birth: _____	Date Available To Start: _____
Who Referred You: _____	Rate Of Pay Expected: _____
License Number: _____	License State: _____
License Type: _____	License Expiration Date: _____

	Yes	No
Are you eligible to work in the United State?		
Have you filed an application here before?		
Are you currently employed?		
If no, explain:		
Have you ever been convicted of a criminal offense?		
If yes, explain:		
Do you understand requirements of this position?		
Are you able to meet the requirements of the job with or without reasonable accommodations?		
Do you currently have a valid drivers license?		
Do you have more than 3 moving violations in 3 years?		
Have you ever been denied a license, permit, or privilege to operate a motor vehicle?		
Have you ever had a driver's license, permit, or privilege suspended or revoked?		
Do you have a valid Commercial Driver's License?		
Do you have a current Federal DOT Medical Card?		
Do you have Haz-Mat Endorsement?		
Do you have Tanker Endorsement?		
Have you tested positive in a DOT required drug or alcohol test in the past 2 years?		

<b>Have you ever been disqualified from driving for any of the following reasons:</b>	Yes	No
Driving a commercial motor vehicle with blood alcohol concentration of 0.04 or more		
Driving under the influence of alcohol, as defined by State law		
Refusing to submit to an alcohol test at the direction of State, Local, or Enforcement personnel		
Driving a motor vehicle with a gross vehicle weight rating of 10,001 pounds or more while under the influence of an illegal drug (including the improper use of prescription drugs)		
Transporting, possessing, or using illegal drugs (including the improper use of prescription drugs) while on duty		
Leaving the scene of an accident while operating a commercial motor vehicle		
Committing a felony involving the use of a motor vehicle with a gross vehicle weight rating of 10,001 pounds or more		

List any special courses or training that have helped you as a driver:
List any safe driving awards you hold and from whom:
List any other experience that may help you in this position:
List additional information you would like us to consider:

## Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Reefer, Etc.)	Dates	Approx. # of Miles
Straight Truck			
Tractor and Semi-Trailer			
Tractor and Two-Trailers			
Other			

List states operated in for last 5 years:

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**List all accidents (regardless of fault) for past 7 years. Attach sheet if more space needed.**

Dates	Nature of Accident	Fatalities	Injuries
Last Accident			
Previous Accident			
Previous Accident			
Previous Accident			

**Traffic convictions and forfeitures for the past 7 years (other than parking violations).  
Attach sheet if more space needed.**

Location	Date	Charge	Penalty

## Personal References

Please List Three Personal References

Name: _____	Phone Number: _____
(Address) _____	(City) _____ (State) _____ (Zip Code) _____

Name: _____	Phone Number: _____
(Address) _____	(City) _____ (State) _____ (Zip Code) _____

Name: _____	Phone Number: _____
(Address) _____	(City) _____ (State) _____ (Zip Code) _____

**Employment References**  
Please List Three Employment References

Name: _____	Phone Number: _____
(Address) _____	(City) _____ (State) _____ (Zip Code) _____

Name: _____	Phone Number: _____
(Address) _____	(City) _____ (State) _____ (Zip Code) _____

Name: _____	Phone Number: _____
(Address) _____	(City) _____ (State) _____ (Zip Code) _____

**TO BE READ AND SIGNED BY APPLICANT**

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

Date	Applicant's Signature
<small>*Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.</small>	

**NOTICE BEFORE ORDERING CONSUMER REPORTS**  
(Including Motor Vehicle Reports and Credit Reports)

The Fair Credit Reporting Act (FCRA) provides individuals with certain rights regarding consumer reports and places certain obligations on employers using consumer reports for employment-related purposes. Consistent with the FCRA's requirements, this notice is provided to you in order to inform you that Taylor Oil, Inc may, for employment-related purposes (e.g., evaluating you for initial employment, promotions, transfers, assigned duties, retention as an employee, etc.), obtain from a consumer reporting agency one or more consumer reports containing financial information, criminal record information, driving record information and/or other relevant information about you. Taylor Oil, Inc will not obtain a consumer report without your signature below authorizing us to obtain one or more consumer reports.

**AUTHORIZATION TO OBTAIN CONSUMER REPORTS**

I hereby acknowledge that I have read and understand the contents of the above notice and, by signing below, specifically authorize Taylor Oil, Inc. to obtain one or more consumer reports on me for employment-related purposes as indicated above.

First Name (Please Print)	Middle Initial	Last Name
Signature		Date