



**Aaron Oil
Company, Inc. ®**

Driver Application for Employment

An Equal Opportunity Employer

Position(s) applied for _____ Date of application ____/____/____

Referral Source

☐ Advertisement ☐ Employee ☐ Relative ☐ Government Employment Agency ☐ Walk-In

☐ Private Employment Agency ☐ Website ☐ Other _____

Name of source (if applicable) _____

Applicant's Name _____
First Middle Last

Current Address _____
Street City State Zip How Long _____

Previous Address _____
Street City State Zip How Long _____

Social Security # _____ **Date of Birth** _____
Month - Day-Year

E-mail Address _____

Home Telephone# (____) _____ Mobile/Pager/Other phone# (____) _____

If necessary, the best time to contact you at home is ☐ Morning ☐ Afternoon ☐ Evening

May we contact you at work ☐ Yes ☐ No

If yes, the best time to contact you at work is ☐ Morning ☐ Afternoon ☐ Evening

If you are under 18 and it is required, can you furnish a work permit ? ☐ Yes ☐ No

Have you ever submitted an application here before? ☐ Yes ☐ No

If yes, give date(s) and position(s) _____



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Have you ever been employed here before? ☐ Yes ☐ No
If yes, give dates From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? ☐ Yes ☐ No

Date available for work ____/____/____ What is your desired salary range \$_____

Type of employment desired ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal

Person to Contact in Case of Emergency _____ Relationship _____
Phone Number () _____

Are you willing to work overtime if required? ☐ Yes ☐ No
If no, please explain _____

Would you accept employment in another city? ☐ Yes ☐ No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? ☐ Yes ☐ No
If yes please provide date(s) and
details _____

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's License Information

CDL Class ____A or ____B What Year Obtained? _____
Driver's license number _____
State In Which License Issued _____
Date License Expires _____

Category Endorsements

HAZMAT Yes/No
TANKER Yes/No
TWIC Certification Yes/No
Other _____



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Employment History

Give the last 3 years of employment history.

*Employer	*Telephone# ()	*Date employed ____/____/____ to ____/____/____
*Street Address	City	State
		Compensation starting <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ Per
Starting Job Title/Final Job Title		Compensation Final <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ Per
Immediate Supervisor and Title		*While Employed by this employer, I was subject to the FMCSR. YES NO Circle One
*Reason for Leaving		May we contact this employer for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Essential job requirements/responsibilities. List all that apply.		*Was job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements, as required by 49CFR Part 40? YES NO Circle One
*Employer	*Telephone# ()	*Date employed ____/____/____ to ____/____/____
*Street Address	City	State
		Compensation starting <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ Per
Starting Job Title/Final Job Title		Compensation Final <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ Per
Immediate Supervisor and Title		*While Employed by this employer, I was subject to the FMCSR. YES NO Circle One
*Reason for Leaving		May we contact this employer for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Essential job requirements/responsibilities. List all that apply.		*Was job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements, as required by 49CFR Part 40? YES NO Circle One

Applicant Must Supply All Information Required*



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Employment History

Give additional 7 years of employment history

*Employer	*Telephone# ()	*Date employed ____/____/____ to ____/____/____
*Street Address	City	State
		Compensation starting <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ Per
Starting Job Title/Final Job Title		Compensation Final <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ Per
Immediate Supervisor and Title		*While Employed by this employer, I was subject to the FMCSR. YES NO Circle One
*Reason for Leaving		May we contact this employer for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Essential job requirements/responsibilities. List all that apply.		*Was job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements, as required by 49CFR Part 40? YES NO Circle One
*Employer	*Telephone# ()	*Date employed ____/____/____ to ____/____/____
*Street Address	City	State
		Compensation starting <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ Per
Starting Job Title/Final Job Title		Compensation Final <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ Per
Immediate Supervisor and Title		*While Employed by this employer, I was subject to the FMCSR. YES NO Circle One
*Reason for Leaving		May we contact this employer for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Essential job requirements/responsibilities. List all that apply.		*Was job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements, as required by 49CFR Part 40? YES NO Circle One

*Applicant Must Supply All *Information Required*

Use additional pages when needed to complete information.



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Employment History

Give additional 7 years of employment history operating a Commercial Motor Vehicle.

*Employer	*Telephone# ()	*Date employed ____/____/____ to ____/____/____
*Street Address	City	State
		Compensation starting <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ Per
Starting Job Title/Final Job Title		Compensation Final <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ Per
Immediate Supervisor and Title		*While Employed by this employer, I was subject to the FMCSR. YES NO Circle One
*Reason for Leaving		May we contact this employer for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Essential job requirements/responsibilities. List all that apply.		*Was job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements, as required by 49CFR Part 40? YES NO Circle One
*Employer	*Telephone# ()	*Date employed ____/____/____ to ____/____/____
*Street Address	City	State
		Compensation starting <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ Per
Starting Job Title/Final Job Title		Compensation Final <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ Per
Immediate Supervisor and Title		*While Employed by this employer, I was subject to the FMCSR. YES NO Circle One
*Reason for Leaving		May we contact this employer for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Essential job requirements/responsibilities. List all that apply.		*Was job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements, as required by 49CFR Part 40? YES NO Circle One

*Applicant Must Supply All *Information Required*

Use additional pages when needed to complete information.



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Education Background

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School 1 2 3 4 College: 1 2 3 4
If you did not complete High School have you obtained your G.E.D.? _____

Operator's License Number	State	Type	Expiration Date

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

Has any license, permit or privilege ever been suspended or revoked? ☐ Yes ☐ No

Have you ever been disqualified subject to Section 391 of the Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No

Driver Experience

Class of Equipment	Dates	Have you ever driven in:	How long?	Miles Operated
Straight Truck		<input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Ice		
Tractor and Semi-Trailer		<input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Ice		
Tractor- Two Trailers		<input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Ice		
Tanker		<input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Ice		
Auto Carrier		<input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Ice		
Refrigerated Equipment		<input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Ice		
Other _____		<input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Ice		

List geographic areas 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? _____



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Accident Review for the Past 3 years

Failure to disclose information may result in termination.

Date	Nature of Accident	Fatalities	Injuries

Traffic Convictions and Forfeitures for the Past Three Years

Failure to disclose information may result in termination. (other than parking violations)

Date	Location	Charge	Penalty

Additional Information

List professional, trade, business, or civic associations and any offices held.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status

List any additional information you would like us to consider.



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Applicant Statement

I understand that the Fair Credit Reporting Act, Public Law 91-508, requires that I be advised that routine inquiry may be made during the Company's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided to me. I also understand that I am entitled to a free copy of the written report generated by the inquiry, if one is made.

I authorize the Company and its representatives to inquire of all former employers or others who know me or know of me. It is agreed and understood that the Company and its agents may conduct background evaluations to ascertain and all information of concern, whether same is of record or not, and release all employers and persons names herein from all liability for any damages on account of their furnishing such information. Prior employers will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations.

I certify 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. I further certify that all entries on and information in any subsequently executed medical questionnaire are true and correct to the best of my knowledge, and that I have read, understand, and agree to the above. I understand that any false information which I give may result in termination of my candidacy or any subsequent employment.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

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.

Signature of Applicant

____/____/_____
Date



**Aaron Oil
Company, Inc.®**

Request for Check of Driving Record

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

Applicant's Signature

Date

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act. Public Law No. 91-508. I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act. And that the information received will be used for no other purpose.
2. I further certify that if the applicant named below is denied employment based upon the information received. I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

Signature of Potential Employer

Date

Previous Employer Name: _____

Address _____

City _____

State/Zip _____

Gentlemen:

The following named person has made application with our Aaron Oil Company, Inc. for the position of _____. As in accordance with Section 391.23. Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

Name of Applicant _____

Address _____
(Street) (City) (State) (Zip Code)

Date of Birth _____

Social Security Number _____ License Number _____

Requested By

Aaron Oil Company, Inc.

P.O. Box 2304

Mobile, Alabama 36652

Attn: Human Resources Manager



**Aaron Oil
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Driver Prior 7 Days On-Duty Record

Driver's Name _____ Social Security Number _____

License Number _____ Type License _____ State _____

Instructions: The Department of transportation regulation (395.8 (j)(2)) requires temporary casuals, and new hires to furnish a statement of the amount of time worked during the seven (7) consecutive days prior to employment. In the space provided below, show the number of on-duty hours worked during each of the last 7 days.

Day	1	2	3	4	5	6	7	Total
Date								
Hours Worked								

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was relieved from work at:

_____ on _____
EMPLOYER NAME Day Month Year

Driver Signature _____ Date _____

Witness _____ Date _____

DO NOT WRITE BELOW THIS LINE- FOR COMPANY USE ONLY

TO BE COMPLETED FOR CASUAL DRIVER'S ONLY

The Motor Carrier Safety Regulations (391.51) also require that the driver qualification file for an intermittent, occasional, or casual driver who is employed under the rules in subparagraph 391.63 must include the following: (Check each item below when on file.)



Medical Examiner's Certificate- The medical examiner's certificate of the driver's physical qualification to drive or a legible (photographic) copy.



Certificate of Road test- The original signed road test form and the certificate of driver's road test or a copy of the license or certificate which the motor carrier accepted as its equivalent.



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Acknowledgement and Release

I, _____, having filed an application for employment with **Aaron Oil Company, Inc.** or any of its affiliates, herby authorize every corporation, organization, institution, person or other entity having possession, custody, or control of any records, to provide such records to Aaron Oil Company, Inc. or it's affiliates. I also authorize the release of my scholastic records (transcripts). I herby release from any and all liability every corporation, organization, institution, person, or other entity, which produces documents or other information in accordance with this acknowledgement and release. I agree that photocopies if this acknowledgement and release may be accepted with the same authority as the original.

I understand that in the event my application for employment is accepted, the effective date of acceptance and of my employment shall be the time I actually commence work. If I am employed, I agree to comply with and be bound by the safety and work rules and other regulations of the company. By signing this acknowledgement and release, I acknowledge that Aaron Oil Company, Inc. and its affiliated subsidiaries have a drug and alcohol substance abuse screening program, which includes a urinalysis test. Also, I understand that the drug and alcohol substance abuse test is required as part of the employment application process and that, in order to be considered for employment, the results of the test must be negative. I agree to participate in this drug and alcohol abuse testing which includes the urinalysis test. If, I refuse to submit to this test or fail this drug and alcohol-screening program, my employment application will be rejected/my employment will be terminated. I, fully release **Aaron Oil Company, Inc.** and its employees, agents and subsidiaries from all liability in connection with drug and alcohol substance abuse testing and any pre-placement application for employment. I agree that, if I am offered employment, I will, upon request, submit to a medical examination and will submit to periodic medical examinations thereafter, as required.

I understand that I must notify the company of any driving violation, accident, or license suspension I incur, and a copy of the citation must be provided to the company. (Applicable only to those with an AOC company owned vehicle)
I consent to Aaron Oil Company, Inc. or any of its subsidiary companies or designated agents, seeking and obtaining job related information and I give consent to every corporation, organization, institution, or person having possession, custody or control of such information and release them from all liability in connection with their providing to **Aaron Oil Company, Inc.**, or its subsidiary companies or designated agents, job related information concerning my application for employment.

My signature below indicates that I have read, understand and consented to the above statements and that I have made true, correct and complete answers and statements on this applications and any supplements to it, with the knowledge that they will be relied upon in considering my application for employment, and I understand that any omission, false answer or statements made by me on this application, or any supplements to it, will be sufficient grounds for rejection of my application or for my discharge from employment.

Signature of Applicant

Date Signed

Applicant Social Security Number

Other Name(S) By Which You Have Been Known