

Driver Notification

Right to Review/Right of Rebuttal

Rights regarding the investigative information that will be provided:

- i. The right to review information provided by previous employers;
- ii. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- iii. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who have previous DOT regulated employment history in the preceding three (3) years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request.

Drivers wishing to rebut information in records received must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

This notification supplied by **Aaron Oil Company, Inc.** at time of application for employment.

Applicants Signature

Date Signed



**AFFIRMATIVE ACTION
VOLUNTARY INFORMATION**

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

**To be completed by applicant on a voluntary basis. Not for interview purposes.
To be filed separately from application.**

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is NOT a part of your official application for employment. It will not be used in any hiring decision. This information will be used and kept confidential in accordance with applicable laws and regulations.

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

Referral Source

Walk-In Employment Agency
 Advertisement Other _____
Name of person who referred you (if applicable) _____

Applicant Information

Name _____ Telephone# _____
Last First Middle
Address _____
Street City State/Zip
 Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- Black, not Hispanic Asian Hispanic
 White, not Hispanic American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander Two or More Races

Administrative Use Only

Position(s) applied for _____ Available Not Available Other
Other positions considered for _____
Hired YES NO Position hired for _____ Date of hire ____/____/____

- From the EEO job classifications listed below, which one best describes the position filled?
 First/Mid-Level Officials/Managers Executive/Senior Level Officials/Managers Sales Workers
 Operatives (semi-skilled) Professionals Administrative Support Workers Laborers and Helpers (unskilled)
 Technicians Craft Workers (skilled) Service Workers

Completed by: _____ Date ____/____/____



Driver Application for Employment
An Equal Opportunity Employer

713 Bill Myles Drive
Saraland, Alabama 36571

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

Address _____

Street City State Zip

How Long _____

Provide at least the last 3 years of previous residence

Previous Address _____

Street City State Zip

How Long _____

Date of Birth __/__/__

E-mail Address _____

Home Telephone# _____ Mobile/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) _____

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



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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 felony within the last 10 years?

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. Material misrepresentation may be cause for termination.

Driver's License Information

Category Endorsements

CDL Class ____A or ____B

What Year Obtained? _____

Driver's license number _____

HAZMAT Yes No

State In Which License Issued _____

TANKER Yes No

Date License Expires _____

TWIC Certification Yes No

Other _____



Driver Application for Employment
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Employment History

Note: DOT requires that employment for at least 3 Years and/or Commercial Driving Experience for the past 10 years be shown.

*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
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Applicant Must Supply All* Information Required



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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.? _____

List all States current & previous where driver's licenses have been held.

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

If so explain: _____

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

If so explain: _____

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.

List types of products hauled.

Show special courses or training that will help you as a driver.



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Which safe driving awards do you hold and from whom?

Accident Review for the Past 3 years

Failure to disclose information may result in termination.

Date	Nature of Accident	Fatalities	Injuries	Hazmat/Chemical Spills

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, and 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.



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



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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 _____
Day - Month -Year

EMPLOYER NAME

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.



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 its affiliates. I also authorize the release of my scholastic records (transcripts). I hereby 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.

I acknowledge that I have been given driver notification of my right to review/right of rebuttal information provided by previous employers.

Signature of Applicant

Date

Other Name(S) By Which You Have Been Known

CONSENT & AUTHORIZATION FOR EMPLOYMENT BACKGROUND INVESTIGATION

I, hereby authorize Aaron Oil Company, Inc. hereinafter referred to as Employer, and/or its designated agents to procure a consumer report and/or an investigative consumer report on me for the purpose of evaluating me for employment, promotion, discipline, retention, assignment or reassignment and to make an independent investigation of my background, including but not limited to; references, character, mode of living, personal interviews with those acquainted with me, past/present employment, education, credit, motor vehicle records, drug screening records, federal, civil, criminal and other police records, including those maintained by both public and private organizations and all public records for the purpose of confirming information contained on my application, resume, or in other supporting documentation and/or obtaining other information, which may be material to my qualifications. I hereby authorize the Employer to release all information contained in this investigation to all parties involved in the evaluation process for the purpose of confirming my qualifications and/or eligibly.

I understand that the Employer, and/or its designated agents will adhere to applicable state and federal statutes concerning the securing of the information, handling and release of information obtained in the investigation. I further understand, pursuant to Section 606(b) & Section 604(b)(3) set forth in the federal Fair Credit Reporting Act, I have the right to request additional disclosures as to the nature and scope of the investigation and understand if an adverse decision is made, due to the contents of this investigative report, I will receive a free copy of the report and a summary of my rights as defined by the Federal Trade Commission under the FCRA. The following is my true and complete legal name and all information on this document is true and correct to the best of my knowledge. Any falsification of the facts or omission of material facts under any circumstances, found during the investigation or at anytime thereafter, constitutes the basis for immediate disqualification as a candidate or termination of my employment. I understand that the information requested below is for the sole purpose of gathering information accurately and positive identification and will not be used to discriminate against me in violation of any law. I understand any initial offer will be contingent until all information is obtained and processed and may be subsequently withdrawn based on the results of the investigation. I further understand this signed consent hereby authorizes the Employer, and/or its designated agents, to conduct at anytime during my employment, all necessary, random and/or periodic background investigations as a requirement of my continued qualifications. I acknowledge receipt of my copy of the FTS's "Summary of Your Rights" Under the Fair Credit Reporting Act and certify that I have read and understand my rights. I hereby assert a telephonic facsimile (FAX) or a photographic copy of this authorization shall be as valid as the original.

Applicant First Name	Middle Name (No initials please)	Last Name
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Maiden Name	And/or Any Other Names Used	Nickname
-------------	-----------------------------	----------

Present Address	City	State/Zip	County	How long there?
-----------------	------	-----------	--------	-----------------

*Date of Birth	*Sex	*Race	Social Security Number
----------------	------	-------	------------------------

Drivers License Number	State of License	Expiration Date
------------------------	------------------	-----------------

PROVIDE ADDRESS LISTINGS FOR THE LAST SEVEN (7) YEARS

Former Address	City	State/Zip	County	How long there?
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Former Address	City	State/Zip	County	How long there?
----------------	------	-----------	--------	-----------------

Former Address	City/State/Zip	County	Please list seven years of residence	How long there?
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CALIFORNIA, MINNESOTA and OKLAHOMA APPLICANTS ONLY: [†] Check here if you wish to receive a copy of any formal report generated as a result of this investigation. (CA.AB655 as amended)

Applicant's Signature (Required) PLEASE DO NOT PRINT

Date

8/6/09