

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name: _____ Date of Application: _____

(print)

RAMOS / STRONG, INC.

P.O. Box 938
2481 Deaver Lane, Mojave Ca. 93501

Contact: Dave Johnson

Office# 661-824-4250 or Fax# 661-824-2946
E-MAIL to: dj@rsipetroleum.com

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries 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.

Signature _____ Date _____

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- * Review information provided by previous employers;
- * Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- * Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____
The U.S. Department of Transportation requires that driver applicants state their date of birth (391.21(b)(2)). Date of Birth ___/___/___

Answer all questions - please print - Must be completed by applicant

Position(s) Applied for _____ Temporary Part Time Full Time

Name _____ Social Security No. _____ - -

Print name as shown on drivers license.

List your addresses of residency for the past 3 years,

Current
Address Street _____ City _____ Phone _____ How Long? _____
State _____ Zip Code _____ yr/mo.

Previous
Address Street _____ City _____ State & Zip Code _____ How Long? _____
Street _____ City _____ State & Zip Code _____ yr/mo.

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? _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment all circumstances will be considered.

Is there any reasons you might be unable to perform the functions of the job for which you have applied ? Yes No

If yes, explain if you wish:

EMPLOYMENT HISTORY

All driver applicants 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 & Phone #.

Applicants 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			MO	TO: MO	YR
ADDRESS			POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE		
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING		
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?			YES	<input type="checkbox"/>	NO <input type="checkbox"/>
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?					
			YES	<input type="checkbox"/>	NO <input type="checkbox"/>
EMPLOYER			DATE		
NAME			MO	TO: MO	YR
ADDRESS			POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE		
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING		
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?			YES	<input type="checkbox"/>	NO <input type="checkbox"/>
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?					
			YES	<input type="checkbox"/>	NO <input type="checkbox"/>
EMPLOYER			DATE		
NAME			MO	TO: MO	YR
ADDRESS			POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE		
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING		
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?			YES	<input type="checkbox"/>	NO <input type="checkbox"/>
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?					
			YES	<input type="checkbox"/>	NO <input type="checkbox"/>
EMPLOYER			DATE		
NAME			MO	TO: MO	YR
ADDRESS			POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE		
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING		
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?			YES	<input type="checkbox"/>	NO <input type="checkbox"/>
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?					
			YES	<input type="checkbox"/>	NO <input type="checkbox"/>
EMPLOYER			DATE		
NAME			MO	TO: MO	YR
ADDRESS			POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE		
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING		
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?					
			YES	<input type="checkbox"/>	NO <input type="checkbox"/>

*Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle; (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD 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	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NON, WRITE-NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years

Drivers Licenses held in past 3 years must be shown	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, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES
		FROM(M/Y)	TO(M/Y)	
STRAIGHT TRUCK YES <input type="checkbox"/> NO <input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR AND SEMI-TRAILER YES <input type="checkbox"/> NO <input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR-TWO TRAILERS YES <input type="checkbox"/> NO <input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR-THREE TRAILERS YES <input type="checkbox"/> NO <input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REEFER)			
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)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) _____ (CITY, STATE) _____

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.

SIGNATURE: _____ DATE: _____

(Applicant's Signature)