



1015 N Oregon Ave
PO Box 3998
Pasco WA 99302
509-547-3326

Today's Date:

Location applying at: _____

COMMERCIAL DRIVER'S APPLICATION

WE CONSIDER ALL APPLICANTS FOR POSITIONS WITHOUT DISCRIMINATION BASED ON RACE, COLOR, RELIGION, SEX , NATIONAL ORIGIN, AGE, MILITARY STATUS OR ANY OTHER SIMILARLY PROTECTED STATUS.

You must complete all questions & provide all information requested. COI cannot accept incomplete applications.

APPLICANTS NAME (LAST) _____ (FIRST) _____ (MIDDLE INITIAL) _____			SOCIAL SECURITY NUMBER _____
HOME ADDRESS (STREET) _____ (CITY) _____ (STATE) _____ (ZIP CODE) _____			
HOME TELEPHONE NUMBER () _____	WORK TELEPHONE NUMBER () _____	CELL OR MESSAGE TELEPHONE NUMBER () _____	
OPEN POSITION APPLYING FOR / JOB NUMBER _____			DATE AVAILABLE FOR WORK _____
HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? <input type="checkbox"/> No <input type="checkbox"/> Yes, when? _____	STARTING SALARY EXPECTATIONS \$ _____	WORK PREFERENCE <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name, Title & Contact number of current Supervisor: _____			
Are you at least 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If not, employment is subject to minimum legal age for position applying)</i>			
Are you a U.S. Citizen & legal to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Proof of right to work in the U. S. will be required if hired.)</i>			
Are you eligible to receive any and all permits/licenses by law? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been discharged or asked to resign from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please explain _____ _____			
Are you able to perform the essential functions of the job for which you are applying with or without reasonable accomodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the function(s) that cannot be performed. _____			
If your above address is less than 3 years continue listing past addresses here to cover the previous 3 year period:			
Street _____ From _____ To _____			
City _____ State _____ Zip _____			
Street _____ From _____ To _____			
City _____ State _____ Zip _____			
Street _____ From _____ To _____			
City _____ State _____ Zip _____			

Driver's License Information

List all Licenses held in last 3 years

State: _____ Number: _____ Expiration Date: _____

State: _____ Number: _____ Expiration Date: _____

State: _____ Number: _____ Expiration Date: _____

Job Related Skills

Indicate your Commercial Driving Experience with appropriate CDL License:

Combination Vehicle (Class A) From: _____ - to _____ approximate mileage driven _____

Heavy Straight Vehicle (Class B) From: _____ - to _____ approximate mileage driven _____

Small Vehicle (Class C) From: _____ - to _____ approximate mileage driven _____

Indicate Current & Previous CDL Endorsements:

T Double/Triple Trailers From: _____ - to _____ expiration date: _____

N Tank Vehicle From: _____ - to _____ expiration date: _____

H Hazardous Materials From: _____ - to _____ expiration date: _____

X Combination tank vehicle/hazardous materials From: _____ - to _____ expiration date

Driver's Accident Information

List all accidents in last 3 years: (if none, write NONE; Use additional sheet if extra space is needed)

Date: _____ Describe: _____ Fatalities: _____ Injuries _____

Date: _____ Describe: _____ Fatalities: _____ Injuries _____

Date: _____ Describe: _____ Fatalities: _____ Injuries _____

Driver's Traffic Violations Convictions

List all violations/conviction in last 3 years: (if none, write NONE)

Date: _____ Violation: _____ State: _____ Commercial Vehicle: Yes No

Date: _____ Violation: _____ State: _____ Commercial Vehicle: Yes No

Date: _____ Violation: _____ State: _____ Commercial Vehicle: Yes No

Date: _____ Violation: _____ State: _____ Commercial Vehicle: Yes No

Date: _____ Violation: _____ State: _____ Commercial Vehicle: Yes No

Date: _____ Violation: _____ State: _____ Commercial Vehicle: Yes No

Have you ever had any driver's license denied, suspended, revoked or canceled by any issuing state agency?

Yes No If Yes, State of issuance/explain: _____

Employment History *You must list all employment history for the last 10 years without omission beginning with the most recent in order for your application to be considered complete and acceptable by COI. You must explain any gaps in employment. If owner/operator, list carriers leased to*

EMPLOYER		TELEPHONE NUMBER ()		Date Employed	
ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	
Were you subject to CFR part 40 Controlled Substance & Alcohol testing during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were you subjected to the Federal Motor Carrier Safety Regulations during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hourly Rate/Salary	
SUPERVISOR		REASON FOR LEAVING		Starting	To

EMPLOYER		TELEPHONE NUMBER ()		Date Employed	
ADDRESS (STREET)		(CITY)	(STATE)	(ZIP Code)	
Were you subject to CFR part 40 Controlled Substance & Alcohol testing during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were you subjected to the Federal Motor Carrier Safety Regulations during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hourly Rate/Salary	
SUPERVISOR		REASON FOR LEAVING		Starting	To

EMPLOYER		TELEPHONE NUMBER ()		Date Employed	
ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	
Were you subject to CFR part 40 Controlled Substance & Alcohol testing during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were you subjected to the Federal Motor Carrier Safety Regulations during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hourly Rate/Salary	
SUPERVISOR		REASON FOR LEAVING		Starting	To

EMPLOYER		TELEPHONE NUMBER ()		Date Employed	
ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	
Were you subject to CFR part 40 Controlled Substance & Alcohol testing during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were you subjected to the Federal Motor Carrier Safety Regulations during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hourly Rate/Salary	
SUPERVISOR		REASON FOR LEAVING		Starting	To

EMPLOYER		TELEPHONE NUMBER ()		Date Employed	
ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	
Were you subject to CFR part 40 Controlled Substance & Alcohol testing during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were you subjected to the Federal Motor Carrier Safety Regulations during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hourly Rate/Salary	
SUPERVISOR		REASON FOR LEAVING		Starting	To

EMPLOYER		TELEPHONE NUMBER ()		Date Employed	
ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	
Were you subject to CFR part 40 Controlled Substance & Alcohol testing during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were you subjected to the Federal Motor Carrier Safety Regulations during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hourly Rate/Salary	
SUPERVISOR		REASON FOR LEAVING		Starting	To

EMPLOYER		TELEPHONE NUMBER ()		Date Employed	
ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	
Were you subject to CFR part 40 Controlled Substance & Alcohol testing during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were you subjected to the Federal Motor Carrier Safety Regulations during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hourly Rate/Salary	
SUPERVISOR		REASON FOR LEAVING		Starting	To

COMMERCIAL VEHICLE DRIVER APPLICANT
 Controlled Substance and Alcohol Questionnaire pursuant to 49 CFR part 40.25(j)

APPLICANT'S NAME (LAST)	(FIRST)	(MIDDLE INITIAL)	SOCIAL SECURITY NUMBER
HOME ADDRESS (STREET)		(CITY)	(ZIP CODE)
HOME TELEPHONE NUMBER ())	WORK TELEPHONE NUMBER ())	CELL OR MESSAGE TELEPHONE NUMBER ())	
DATE OF BIRTH ____/____/____			

49 CFR 40.25(j)

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, **safety sensitive transportation work covered by DOT agency drug & alcohol testing rules** during the past two (2) years? Yes No

IF YES: Have you successfully completed the return-to-duty process? Yes No

IF YES: DOCUMENTATION MUST BE PROVIDED AS A CONDITION OF EMPLOYMENT WITH COI AS A DRIVER AND BEFORE ANY SAFETY SENSITIVE TRANSPORTATION FUNCTION IS PERFORMED.

PRINT NAME	SIGNATURE (Required)	DATE
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Education

	Name & Location of School	Years Completed	Graduated	Degree Earned
HIGH SCHOOL	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
VOCATIONAL	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**** Please provide a current Motor Vehicle Report from Dept. of Licensing in order to be considered for a position with Connell Oil.

For driver applicants of commercial motor vehicles that require a Commercial Driver’s License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25 (j)

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; 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. Driver employees who have previous Department of transportation 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 anytime, including applying or as late as thirty (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. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

APPLICANT’S CERTIFICATION

I certify that answers given herein are true and complete to the best of my knowledge. I also authorize Connell Oil, Incorporated (“company”) to investigate all statements contained in this application and to request information about me from previous employers, educational institutions, reviewing criminal conviction and driving records, and verifying any other relevant information about me. I expressly authorize my previous employers to provide information and opinions concerning my work & employment record and work habits. Further, I release all parties and persons connected with any requests for information from all claims, liabilities, and damages for whatever reason, arising out of furnishing any information that may be sought in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in dismissal.

AT-WILL EMPLOYMENT

I understand that if the company hires me, my employment is at-will, which means that it may be terminated by the company or me at any time, for any reason or no reason. I also understand that this employment at-will policy may not be modified except in writing by the CEO of the company.

APPLICANT CONSENT TO DRUG TESTING

I understand that a requirement for employment with Connell Oil Incorporated (“company”) is that I cooperate with and successfully complete drug screening for controlled substances. A positive test or lack of cooperation will disqualify me at this time from further consideration for employment and I will not be able to reapply for 6-months. Lack of cooperation includes alteration of my system or the specimen in a manner that prevents accurate testing, including but not limited to drinking excessive liquids. I understand and agree that any offer of employment which the company extends to me is conditioned upon my cooperation and satisfactory results from the drug testing; and if I begin work prior to taking this test or the results of the tests having been received, my employment is contingent on those results.

The sample collection, supervision of chain of custody, and testing procedures will be handled by an outside service designated by the company in a manner to insure, to the maximum practical extent, the objectivity and integrity of the process. If there is reason to believe you tamper with, adulterate or in any other way attempt to dilute the specimen, the second specimen will be collected under direct observation of a same gender collection person. By my signature I hereby agree, in the event that I am offered a position with the company, to provide a sample at the designated facility and agree and consent to have such sample tested for the presence of controlled substances. I authorize the release of test results to the company for its use in evaluating me for employment. I release the company from any and all liability and claims incident to the sample taking, testing and the use of the test results.

PRINT NAME	SIGNATURE (Required)	DATE
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The Federal Motor Carrier Safety Regulations require **ALL** previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Minnesota Division Office of the Federal Motor Carrier Safety Administration at 651-291-6150 during business hours.

TO: _____ DATE: _____

Former Employer's Name

Mailing Address

City/State/Zip

Telephone#

Fax#

I, _____, hereby authorize _____ to release to **Connell Oil, Inc.** all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby release the above named company, and its employees, officers, directors and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicants Signature & Date _____

Witness's Signature & Date _____

Request From:

Connell Oil, Inc
1015 N Oregon Ave
PO Box 3998
Pasco WA 99302
Ph: 509-547-3326 509 Fax: 547-1259
Human Resources _____

Name of Applicant: _____ SSN _____

Job Applying For: _____

Inquiry Into Employment History, Preceding 3 years

- Did applicant work for you as a _____ from ___/___/___ to ___/___/___ Yes No

If No explain: _____

- If employed as driver, please answer the following: Company Driver? _____ Owner/Operator? _____ Other? _____

Type of truck(s) and/or truck/tractor(s) operated: _____

Commodities transported: _____

- Accidents? Yes No

If Yes, please give date(s) and brief description of each accident:

- Why did this employee leave your company? _____

- Would you re-employ this person? Yes No

If No explain: _____

- Additional Comments:

Inquiry for Alcohol and Controlled Substances information, Preceding 2 years

- Alcohol tests with a result of 0.04 or greater? Yes No If yes, please give date(s): _____

- Verified positive controlled substance test results? Yes No If yes, please give date(s): _____

- Refusals to be tested? Yes No If yes, please give date(s): _____

- Was rehabilitation completed as required? Yes No If yes, please give date(s): _____

Person providing the above information:

Name: _____ Title: _____

Company: _____ Date: _____



VOLUNTARY APPLICANT IDENTIFICATION

AFFIRMATIVE ACTION EMPLOYER REQUIREMENT

Name: _____ Phone: _____

Job Number/Title Applied for : _____

Federal law requires us to ask for this information. Please sign and return this form even if you do not answer.

Its purpose is to ensure equal opportunity, and evaluate our good-faith recruiting efforts to attract ethnic minorities, women, veterans of the Vietnam era, and persons with disabilities. Hiring is based on qualifications. Quotas or preferences based on sex, race or ethnicity are prohibited by law.

We invite you to VOLUNTARILY identify yourself in the categories below, now or at any time in the future. You are not required to respond. If you decline, it will not subject you to adverse treatment. This is NOT part of your application file, it is confidential*, and will be used in conformance with the law.

1. GENDER: Male Female

2. ETHNIC AND RACIAL BACKGROUND

a. Hispanic or Latino? Yes No

If you checked "No" above, please check one of the following:

b. Racial Background - Non-Hispanic:

American Indian/Alaska Native

Asian, Asian American

Black, African American

Hawaiian/Pacific Islander

White/Caucasian

2 or more races, non-Hispanic

Please Sign here: _____

Date _____

* Supervisors and managers may be informed about restrictions on the work duties of persons with disabilities or on facts needed for accommodations, first aid or emergency treatment. Government officials may also review this.

Employer Use Only:

EEO-1 Occup

JOB

Category: _____

GROUP CODE: _____

Job Applied For: _____