

Driver's Application for Employment

Dime Oil Transport

93 Industry Lane
Waterbury, CT 06704

Date of Application ____/____/____

Position Applied for _____

Name _____
Last
First
Middle

Social Security No. _____ - _____ - _____ Date of Birth: ____/____/____

List your addresses of residency for the past 3 years.

Current Address _____
Street
City
State
 _____ Phone Number _____ How Long ? _____
 Zip Code _____

_____ How Long ? _____
Street
City
State & Zip Code

Previous Addresses _____ How Long ? _____
Street
City
State & Zip Code

_____ How Long ? _____
Street
City
State & Zip Code

Do you have the legal right to work in the United States? YES NO

Date of Birth ____/____/____ Have you worked for this company before? _____
 (Required for Commercial Drivers)

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of Pay expected _____

Employment History

Please list employers in reverse order starting with the most recent (please go back at least 3 years prior to today's date).

EMPLOYER	DATE			
Name	FROM MO.	YR.	TO MO.	YR.
Address	POSITION HELD			
City State Zip Code	SALARY / WAGE			
Contact Person Phone Number	REASON FOR LEAVING			

EMPLOYER	DATE			
Name	FROM MO.	YR.	TO MO.	YR.
Address	POSITION HELD			
City State Zip Code	SALARY / WAGE			
Contact Person Phone Number	REASON FOR LEAVING			

EMPLOYER		DATE	
Name		FROM MO. YR.	TO MO. YR.
Address		POSITION HELD	
City	State	Zip Code	
Contact Person	Phone Number	REASON FOR LEAVING	

EMPLOYER		DATE	
Name		FROM MO. YR.	TO MO. YR.
Address		POSITION HELD	
City	State	Zip Code	
Contact Person	Phone Number	REASON FOR LEAVING	

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
Last Accident:			
Next Previous:			
Next Previous:			

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

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____

Please list issuing State, number, and expiration date of each unexpired commercial motor vehicles operator's license or permit that has been issued to the applicant

DRIVER	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
LICENSES				

- (1) Have you ever been denied a license, permit or privilege to operate a motor vehicle?
 (2) Has any license, permit or privilege ever been suspended or revoked?

YES _____ NO _____
 YES _____ NO _____

(3) Have you ever been arrested or convicted of a felony

YES _____ NO _____

If yes to Question any of the above 3 please explain on separate piece of paper.

DRIVING EXPERIENCE IF NONE, WRITE NONE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc)	Dates		Approx. # of Miles Or Time Driving
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
School Bus or Motor Coach				
Other				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, motor vehicle records and other related matters as may be necessary in arriving at an employment decision. I hereby release employers from all liability in responding to inquires and releasing information in connection with my application. Please also know that your previous employers may be contacted for the purpose of investigating your safety performance history information as required by §391.23. You have also been notified of your rights of due process as specified in §391.23(i) regarding information received as a result of these investigations. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date

Applicant's Signature

PLEASE PLACE COPY OF MEDICAL CARD AND DRIVERS LICENSE BELOW.

According to CFR §391.23 prospective employees must be notified of the following Driver's Bill of Rights:

(i)(1)(i) The right to review information provided by previous employers:

(i)(1)(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;

(i)(1)(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.

(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three 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. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days 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 his/her request to review the records.

(j)(1) Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

(j)(2) After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

(j)(3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

(j)(4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

(j)(4)(i) Forward a copy of the rebuttal to the prospective motor carrier employer;

(j)(4)(ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

(j)(5) The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

(j)(6) The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at §386.12.

(k)(1) The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of this section only as part of deciding whether to hire the driver.

(k)(2) The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.

(L)(1) No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against-

(L)(1)(i) A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as commercial motor vehicle driver,

(L)(1)(ii) A person who has provided such information; or

(L)(1)(iii) The agents or insurers of a person described in paragraph (L)(1)(i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

(L)(2) The protections in paragraph (L)(1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

(Approved by the Office of Management and Budget under control number 2126-0004)

[35 FR 6430, Apr. 22, 1970, as amended at 35 FR 17420, Nov. 13, 1970; 69 FR 16684 March 30, 2004; 72 FR 55703, Oct. 1, 2007]

Please initial below:
