

DRIVER'S APPLICATION FOR EMPLOYMENT

**JOHNSON OIL COMPANY
P.O. BOX 1959
GONZALES, TX 78629**

PLEASE PRINT CLEARLY AND COMPLETE ALL BLANKS -- (Do not type -- print in black ink)

Level of Experience _____

Referred By _____

THIS APPLICATION WILL BE CONSIDERED FOR THIRTY (30) DAYS FROM THIS DATE. AFTER THAT TIME, THE APPLICATION MUST BE RENEWED TO BE CONSIDERED.

An individual is not permitted to drive a motor vehicle by the Department of Transportation unless he/she is physically qualified to do so. If, prior to a conditional offer of employment, you are uncertain as to whether or not you are capable of passing the DOT physical or have questions about the requirements, you may submit your application and, if contacted about employment, request additional information from our personnel. A conditional offer of employment may be made, thereafter; you will be required to answer some medical questions. You may still be sent for a physical examination. Any information provided to our company is strictly confidential and will be used only for the purposes allowed by the Department of Transportation.

Last Name	First	Middle	Date
Have you ever been known by any other name? If yes, give name.			Best time to reach you by phone.
Present Street Address			Phone ()
City	State	Zip	Phone ()
Permanent Address			
Residence for Past 3 Years			
Date of Birth (This information is required to obtain a motor vehicle record)			Do you have the legal right to work in the US? If hired, proof of status will be required. [YES] [NO]
Social Security Number	How did you hear about our company?(Circle all that apply) Radio TV Billboard Newspaper Magazine Other (List All)		
List any driving schools: Name, Phone Number, Location and Graduation. Date:			
Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4 Post-Grad			
MILITARY BRANCH	Dates: From	To	Highest Rank Achieved Rank at Discharge
Emergency Contact Name	Relation	Phone	Address
Reference Name	Occupation	Phone	Reference Name Occupation Phone
Circle Yes or No:			
A. Has any license, permit or privilege ever been revoked?			Yes No
B. Have you ever been arrested/convicted for driving under the influence of drugs or alcohol or have a current charge pending?			Yes No
C. Have you ever been arrested/convicted for possession, sale or use of a narcotic drug, amphetamine, or derivative thereof or have a current charge pending?			Yes No
D. Have you ever been convicted of a crime or have a current charge pending?			Yes No
E. Have you ever been convicted of an offense involving the use of drugs or alcohol?			Yes No
F. Have you ever tested positive on any drug test, tested at a breath alcohol concentration level of 0.02% or greater on a breath alcohol test, or refused to take a drug alcohol test when you were required to do so in accordance with any federal regulation or a previous/current employer's company policy?			Yes No
If answer to either A, B, C, D, E, or F is yes, you must state the circumstances and date.			

LIST ALL DRIVER'S LICENSES EVER HELD

SSN: _____

STATE	LICENSE NUMBER	TYPE	DATES SURRENDERED	EXPIRATION DATE	CURRENT STATUS
CURRENT LICENSE:					

Do you possess a Commercial Driver's License (CDL) _____ Which endorsements do you have, if any? _____

TRAFFIC CONVICTIONS AND FORFEITURES

LIST ALL TRAFFIC CONVICTIONS, FORFEITURES OR SUSPENSIONS OF LICENSE IN A MOTOR VEHICLE (other than parking violations) FOR THE PAST 5 YEARS (IF NONE, WRITE NONE)

DATE	TYPE OF VEHICLE	LOCATION (STATE)	CHARGE	PENALTY

ACCIDENT RECORD

LIST ALL ACCIDENTS YOU HAVE BEEN INVOLVED IN WHILE OPERATING A TRUCK, CAR, MOTORCYCLE, OR OTHER MOTORIZED VEHICLE INCLUDING PROPERTY DAMAGE, IN THE PAST 5 YEARS. INCLUDE ALL ACCIDENTS WHETHER AT FAULT OR NOT AT FAULT (IF NONE, WRITE NONE)

DATE	VEHICLE TYPE	NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSET, ETC.)	WERE YOU AT FAULT?	WERE YOU TICKETED?	FATALITIES?	INJURIES?	AMOUNT OF PROPERTY DAMAGE?

**EMPLOYMENT RECORD
FOR THE PAST 5 YEARS (10 OF COMMERCIAL DRIVING)**

Begin with your present or most recent job and work backwards in order, listing all employers for at least 5 years (10 years of commercial driving) including all full-time and part-time employment. All time must be accounted for including military service, school, self-employment and periods of unemployment. Use supplemental sheet if necessary for more than five employers. We must have telephone numbers for all employers and references.

If Unemployed: From _____ To _____ Did you receive unemployment benefits? Yes No

CURRENT EMPLOYER:
Dates of employment: From _____ To _____ Name: _____

Supervisor: _____ Are you presently employed? Yes No May we call your current employer? Yes No

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

Phone: _____ Position Held: _____ Rate of Pay: _____

List months of experience with each type of equipment: straight truck tractor & semi-trailer tractor & twin trailer
 tractor and flat bed tractor & tanker other

Why do you want to change employers? _____

No. of States Driven In _____ Comments _____

SSN: _____

Unemployed: From _____ To _____

Did you receive unemployment benefits? Yes No

SECOND LAST EMPLOYER:
Dates of employment: From _____ To _____

Name: _____

Supervisor: _____

Are you presently employed? Yes No May we call your current employer? Yes No

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

Phone: _____ Position Held: _____ Rate of Pay: _____

List months of experience with each type of equipment: straight truck tractor & semi-trailer tractor & twin trailer
 tractor and flat bed tractor & tanker other

Reason for leaving? _____

No. of States Driven In _____ Comments _____

If Unemployed: From _____ To _____

Did you receive unemployment benefits? Yes No

THIRD LAST EMPLOYER:
Dates of employment: From _____ To _____

Name: _____

Supervisor: _____

Are you presently employed? Yes No May we call your current employer? Yes No

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

Phone: _____ Position Held: _____ Rate of Pay: _____

List months of experience with each type of equipment: straight truck tractor & semi-trailer tractor & twin trailer
 tractor and flat bed tractor & tanker other

Reason for leaving? _____

No. of States Driven In _____ Comments _____

If Unemployed: From _____ To _____

Did you receive unemployment benefits? Yes No

FOURTH LAST EMPLOYER:
Dates of employment: From _____ To _____

Name: _____

Supervisor: _____

Are you presently employed? Yes No May we call your current employer? Yes No

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

Phone: _____ Position Held: _____ Rate of Pay: _____

List months of experience with each type of equipment: straight truck tractor & semi-trailer tractor & twin trailer
 tractor and flat bed tractor & tanker other

Reason for leaving? _____

No. of States Driven In _____ Comments _____

If Unemployed: From _____ To _____

Did you receive unemployment benefits? Yes No

FIFTH LAST EMPLOYER:
Dates of employment: From _____ To _____

Name: _____

Supervisor: _____

Are you presently employed? Yes No May we call your current employer? Yes No

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

Phone: _____ Position Held: _____ Rate of Pay: _____

List months of experience with each type of equipment: straight truck tractor & semi-trailer tractor & twin trailer
 tractor and flat bed tractor & tanker other

Reason for leaving? _____

No. of States Driven In _____

Have you ever been discharged from a job? If so, explain: _____

TO BE READ AND SIGNED BY THE APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are to the best of my knowledge. I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires regarding medical history and are 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.

Date

Applicant's Printed Name

Applicant's SSN

Applicant's Signature

DRUG TESTING NOTICE TO APPLICANTS

It is the policy of Johnson Oil Company to maintain a work environment free from the use of illegal drugs. In order to commence employment, applicants who are offered a position must submit a drug screening by urinalysis. Applicants whose drug test results indicate the presence of more than a trace of any illegal drug or controlled substance will not be hired. Due consideration will be given, however, to applicants taking medication under prescription. If you have any questions concerning this policy, ask the person to whom you submit you application.

Johnson Oil Company

Employee Benefits

Enrollment in insurance plans is not automatic. If eligible, please complete your insurance enrollment forms at least 2 weeks prior before your effective date and forward to Human Resources

FT	PT	Plan	Benefit	Eligibility	Cash Value
•		Paid Time Off	<ul style="list-style-type: none"> • 10 vacation days for full-time employees. Additional days for 5, 10, 15 and 20 years of service. • 3 sick days for full-time employees. 	One half available after 6 months of full time service.	Two weeks of regular pay.
•		Holidays	<ul style="list-style-type: none"> • Includes 6 paid holidays per year. (New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day.) 	Immediate.	6 days pay.
•		Jury Duty Pay	<ul style="list-style-type: none"> • Jury Duty paid for up to 10 days. 	After 4 months of service.	Up to 2 weeks pay.
•		Bereavement	<ul style="list-style-type: none"> • Bereavement pay for up to 2 days for family members. 	After 4 months of service.	Up to 2 days pay.
•		BlueCross/BlueShield *	<ul style="list-style-type: none"> • Comprehensive health benefits for employees. • Includes choice of own doctor as well as PPO Network. • \$25 co-pay in network office visits. 	1st of month after 90 days of full-time service.	\$389.13 per month. Employee pays \$46.70 per month. Employee paid dependent coverage available (rates vary.)
•		Prescription Plan Coverage*	<ul style="list-style-type: none"> • Drug card accepted at most major pharmacies. • Prescriptions covered at either \$20.00, \$35.00 or \$50.00 for one-month supply. • Mail-in option available for maintenance prescriptions. 	1st of month after 90 days of full-time service.	Included with medical plan premium.
•		Shenandoah Dental Plan *	<ul style="list-style-type: none"> • 100% preventive with no deductible. Includes one exam every 6 months. • Restorative services covered at 80%; major services covered at 50%. • \$50.00 deductible per year. • Choice of any dentist. • Orthodontic care available also. 	1st of month after 90 days of service.	Employee paid.
•	•	401(k) Profit Sharing Plan	<ul style="list-style-type: none"> • Option to save with pre-tax dollars. • 25 investment options. • Company matches 100% of first 3% employee contributes. 	1st open enrollment after 3 months employment with a minimum of 250 hours within this time. Must be 18 years of age.	Employer Portion: Up to 3% of salary.
•		Life Insurance *	<ul style="list-style-type: none"> • Free coverage includes: \$10,000 coverage per employee. • \$10,000 accidental death & dismemberment per employee. 	1st of month after 90 days of full-time service.	\$2.60 per month.
•	•	Section 125 Cafeteria Plan	<ul style="list-style-type: none"> • Option to purchase dependent coverage and supplemental insurance plans with pre-tax dollars. 	Enrollment only during December each year.	Tax savings on enrolled premiums.
•	•	Supplemental Insurance Plans *	<ul style="list-style-type: none"> • Short & Long Term Disability, Cancer, Vision, Heart, Accident and additional Life policies available. 	1st of month after 90 days of full-time service.	Employee paid.

*Dependent Coverage Available

FT = 30+ hours per week

This summary sheet is not a guarantee of benefits. Please contact Mita Schauer at the main office for specific benefit coverages.