

**Johnson Oil Company
P.O. Drawer 1959
Gonzales, TX 78629**

**DRIVER'S
APPLICATION FOR EMPLOYMENT**

(answer all questions- please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age marital status, or the presence of a non-job related medical condition or handicap

Date of application _____

Position(s) applied for _____

Name _____ Social Security No. _____
Last First Middle

Address _____ Phone _____
Street City State & Zip

ADDRESS _____ How long? _____

FOR PAST THREE YEARS Street City State & Zip Code

How long? _____
Street City State & Zip Code

Do you have the legal right to work in the United States? _____

Date of Birth ____/____/____ Can you provide proof of age? _____

(Required for Truck Drivers)

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 _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

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 if necessary.)

EMPLOYER	DATE
NAME	FROM / / TO / /
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	Reason for leaving
EMPLOYER	DATE
NAME	FROM / / TO / /
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	Reason for leaving
EMPLOYER	DATE
NAME	FROM / / TO / /
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NAME	FROM / / TO / /
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	Reason for leaving

EMPLOYER			DATE		
NAME			FROM / / TO / /		
ADDRESS			POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE		
CONTACT PERSON			Reason for leaving		
PHONE NUMBER					

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle 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)

DATES	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(Attach sheet if more space is needed)

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 _____ (Name) (City)

EXPERIENCE AND QUALIFICATIONS of DRIVER

DRIVER	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
LICENSES				

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, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO		APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR- TWO TRAILERS				
OTHER				

List states operated in for last five years _____

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

Which safe driving award do you hold and from whom _____

EXPERIENCE AND QUALIFICATIONS - OTHER

Show any trucking, transportation or other experiences 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)

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. 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. I hereby release employers, schools or persons from all liability in responding to inquiries 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, as permitted by Law.

Date

Applicant's Signature