

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been bonded? YES NO Name of bonding company: _____

Have you ever applied or worked for this company? YES NO If yes, when? _____

Are you currently employed as a CDL Driver? YES NO Do you currently hold a valid NH Hazmat Endorsement? YES NO

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

Have you ever had any license, permit or privilege suspended or revoked? YES NO

Have you ever been convicted of a felony? YES NO

If yes, give date, place, charge and disposition: _____

Please explain if there is any reason you may not be able to perform the job functions you are applying for: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

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. 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.)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

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 NO

Were you subject to the FMCSRs while employed? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

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 NO

Were you subject to the FMCSRs while employed? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

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 NO

Were you subject to the FMCSRs while employed? YES NO

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 8 or more 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 Needed)

Dates (Most Recent First)	Nature of Accident (Head-On, Rear-End, Etc.)	Fatalities	Injuries	Hazardous Material Spill

Traffic Convictions (Attach Sheet If More Space Needed)

Location	Date	Charge	Penalty

Experience and Qualifications - Driver

State	License Number	Type	Expiration Date

Driving Experience

Class of Equipment (Check Yes or No)		Type Of Equipment (Van, Tank, Flat, Dump, Refer)	Dates From (M/Y) To (M/Y)		Approximate number of Miles (Total)
Straight Truck:	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Tractor & Semi-Trailer:	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Other:					

Experience & Qualifications - Other

Show any trucking, transportation or other experience that may help in your work for Fred Fuller Oil and Propane:

List any Oil and Propane experience you have:

List any courses and training other than shown elsewhere in this application:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

**** Please Mail, Fax or Hand deliver application ****

Fred Fuller Oil and Propane Co., Inc.
12 Tracy Lane
Hudson, NH 03051
Phone: 603-889-0407
Fax: 603-882-3277