

Petroleum Distribution Transportation, LLC

Employee # _____

Date Hired: _____ Date Left: _____

Terminated Quit Reason _____

Eligible for rehire Yes No After Review

Employee Name

Address

City State Zip

Phone Mobile

Birth date Social Security Number

Driver license # State Expiration

Emergency Contact Name Phone

Expiration Date

Medical Exam Due (every two years) _____

Driver Certification Due (every year) _____

MVR Due (every year) _____

Annual Review Due (every year) _____

Hazardous Material Training (every three years) _____

**Petroleum Distribution
Transportation, LLC
Application for Employment**

Position Applied For _____ Date _____

Name _____
Last First Middle

Current Address _____
P. O. Box or Street City State Zip code

Phone _____
Home Mobile

Address for _____

Previous
Three Years _____

Social Security Driver's License State Date of Birth

Have you worked for this company before? _____ Where _____

Dates _____ to _____ Rate of Pay _____ Position Held _____

Why did you leave? _____ Are you currently employed? _____

If not employed, how long since leaving your last employment? _____

Who referred you? _____

Employment History:

All drivers and other applicants are required to provide the following information on all employers during the preceding three (3) years.

In addition, all drivers are required to provide an additional seven (7) years of information on those employers for whom you operated commercial motor vehicles. Please complete the following page with all information.

Fill out the second page of this application completely; we need valid phone numbers to perform required previous employment verifications as required by policy and/or by Federal Motor Carrier Regulations

Your application will be rejected if not completed properly as requested with phone numbers

PLEASE READ THE INSTRUCTIONS

Previous Employers Information, past three years;

****List the Most Current Employer First****

In addition, applicants that are preparing to drive a commercial motor vehicle in intrastate or interstate commerce shall provide an additional seven (7) year history of former employers for whom you operated a commercial motor vehicle.

**- Must have address and PHONE number -
Previous Employer - Start with most Current**

=====

Name _____ from _____ to _____
Address _____ State _____ Zip _____
Contact Person _____ **Phone Number** _____
Position Held? _____ Reason for leaving? _____
Was your job a safety sensitive function and require drug/alcohol testing? Yes _____ No _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes _____ No _____

Name _____ from _____ to _____
Address _____ State _____ Zip _____
Contact Person _____ **Phone Number** _____
Position Held? _____ Reason for leaving? _____
Was your job a safety sensitive function and require drug/alcohol testing? Yes _____ No _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes _____ No _____

Name _____ from _____ to _____
Address _____ State _____ Zip _____
Contact Person _____ **Phone Number** _____
Position Held? _____ Reason for leaving? _____
Was your job a safety sensitive function and require drug/alcohol testing? Yes _____ No _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes _____ No _____

Name _____ from _____ to _____
Address _____ State _____ Zip _____

Contact Person _____ **Phone Number** _____
Position Held? _____ Reason for leaving? _____
Was your job a safety sensitive function and require drug/alcohol testing? Yes _____ No _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes _____ No _____

Name _____ from _____ to _____
Address _____ State _____ Zip _____
Contact Person _____ **Phone Number** _____
Position Held? _____ Reason for leaving? _____
Was your job a safety sensitive function and require drug/alcohol testing? Yes _____ No _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes _____ No _____

Name _____ from _____ to _____
Address _____ State _____ Zip _____
Contact Person _____ **Phone Number** _____
Position Held? _____ Reason for leaving? _____
Was your job a safety sensitive function and require drug/alcohol testing? Yes _____ No _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes _____ No _____

If more employers need to be listed, please ask for additional pages or continue on Back of Page if Necessary

Driver License Information:

State _____ License Number _____ Expiration _____

Have you ever been denied a driver license to operate a motor vehicle? Yes _____ No _____

Has any driver license ever been suspended or revoked? Yes _____ No _____

If you answered yes to either question, please give a statement of explanation. _____

Accident record for the Preceding Three (3) years – If none, indicate NONE

Date	Nature of Accident	Fatalities	Injuries
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Traffic Convictions for Past three (3) years – (other than parking and weight tickets)

Locations	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Driving Experience:

Type of Equipment	Approximate Miles	Dates
<u>Straight Truck</u>	_____	_____
<u>Tractor / Semi Trailer</u>	_____	_____
<u>Tractor / Two Trailers</u>	_____	_____
<u>Tractor / Liquid Cargo tank</u>	_____	_____

Applicant Please Read and Sign

My signature below certifies that this application was completed by me, and that all entries and information contained in it are true and complete to the best of my knowledge.

I authorize Petroleum Distribution Transportation, LLC to make investigations / inquiries of my personal, employment, and or medical history and other related matters as may be necessary in arriving at an employment decision. In addition, I give my consent to check my driving record to assist in determining my eligibility for employment.

I hereby, release all previous employers, schools and any other persons or companies from any and all liability in responding to inquiries and releasing information in connection with my application for employment with this company. In addition, I have been given a copy of the company drug and alcohol statement and agree to abide by it.

I understand that a false statement or misleading information given in my application or interview may result in discharge if employed. I also understand that I am required to abide by all rules and regulations of this company. I may be terminated for a violation of law, company policy rules and regulations

I understand that my employment is temporary, and I will be on probation for ninety (90) days. During that ninety (90) day probation period, I will be evaluated on my general work ethics and skills. I understand that my continued employment will be based on my work evaluations according to the employee manual.

I also understand that I am applying for a driving position, should my driving record become unacceptable, I understand that I may be terminated for being uninsurable.

I have read ALL of the above statements and agree abide by all of them as written.

Date of Application _____

Applicants Name _____

Applicants Signature _____

Petroleum Distribution Transportation, LLC

Request for Check of Driving Record and Other Information

I authorize release of the following information for the purposes of investigation to the above named Company as required by section 391.23 of the FMCSR. Any person, organization, company, etc. is released from any and all liability which may result from furnishing such information. In addition, I authorize this company to continue to check my driving record throughout my employment at least every year during the DOT annual review process.

Name of Applicant

Applicants Address

Date of Birth

Social Security Number

Driver's License Number

State

Expiration Date

Applicants Signature

Date

The above named individual has made application with our Company for employment as a driver, or is being annual reviewed. The applicant has indicated that the driver's license listed above has been issued by a State agency and that it is in good condition

In accordance with Part 391.23 (a) (1) and (b) of the Federal Motor Carrier Regulations, we are required to make an inquiry into the driving history during the three preceding years in every state in which the applicant has held a motor vehicle operator's license during those three years.

Therefore, please certify to us a copy of the applicants driving record for the preceding three years, or certify that no record exists if that by the case.

In the event that this inquiry request does not satisfy your requirements for making such inquiries, please forward such forms to us for completion of our investigation in the driving history of this applicant.

In addition the above, I understand that a consumer report or an investigative consumer report may be requested that include information as to my character, work habits, job performance, and experience along with reasons for termination of my past employers. I understand that as directed by company policy and consistent with the job applied for, the company may request information for public and private sources about my workers compensation injuries, driving record, court records, education, credentials, credit, and references .

Medical and workers compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA), and/or any other applicable State law.

I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for Federal State, County and Private Agencies.

Company Official

Date

Petroleum Distribution Transportation, LLC

Pre- Employment Urinalysis Notification

The Federal Motor Carrier Safety Regulations, Section 391.103 – Pre-employment testing requirements, apply to driver applicants seeking a driving position with this company.

391.103 Pre-employment testing requirements

- (a) A motor carrier shall require a driver applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a prequalification condition.
- (b) A driver applicant shall submit to controlled substance testing as a prequalification condition.
- (c) Prior to collection of a urine sample under sec 391.107 of this subpart, a driver applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances bases on the urinalysis test will medically disqualify me from the operation of a commercial motor vehicle with this company.

The medical review officer will maintain the results of the urinalysis test. Negative and positive test will be reported to the company.

My written authorization is required for the urinalysis test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

Print Name _____

Signature _____ Date _____

**Petroleum Distribution
Transportation, LLC**

Pre-Employment Alcohol and Drug Statement

Section 40.25(j). As a motor carrier, we must also ask the prospective driver whether he/she has ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain safety sensitive transportation work covered by Department of Transportation Agency drug and alcohol testing rules during the past two years. If the driver admits that he/she has had a positive test or a refusal to test, we must not use the driver to perform safety sensitive functions for us, until and unless the potential driver documents successful completion of the return to duty process. See section 40.25 (b) (5) and (3).

Prospective Driver is required to respond honestly to the following questions

1. 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 Department of Transportation Agency drug and alcohol testing rules during the past two years?

Yes _____ No _____

2. Have you ever tested positive, or refused to test on any random, post-accident, reasonable suspicion, or other substance abuse test covered by Department of Transportation Agency drug and alcohol testing rules during the past two years?

Yes _____ No _____

3. If yes, can you provide/obtain proof that you have successfully completed the required Department of Transportation return to duty requirements?

N/A _____ Yes _____ No _____

Print Name

Social Security Number

Signature

Date

Petroleum Distribution
Transportation, LLC
Drivers Certification of Violations

Name of Driver

Driver's License Number

I certify that the following is a true and complete list of traffic violations (other than parking tickets) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violations required to be listed during the past 12 months.

(Date of Certification)

X

(Drivers Signature)

Petroleum Distribution Transportation, LLC
(Motor Carrier Name)

11010 Coachlight St. San Antonio, TX. 78216
(Motor Carrier Address)

Petroleum Distribution Transportation, LLC
Annual Review of Driving Record

This day I reviewed the driving record of the above named driver in accordance with part 391.25 of the Federal Motor Carrier Regulations. I considered any evidence that the driver has violated applicable provisions of the regulations and the hazardous materials regulations. I considered the drivers accident record and any evidence that he/she has violated laws governing the operation of commercial motor vehicles. I gave great weight to violations such as speeding, reckless driving, drug and alcohol violations that might indicate the driver has exhibited a disregard for the safety of the motoring public. In addition, I reviewed the driver certification of violations above this annual review form.

I find that;

- () the driver meets the minimum requirements for safe driving, or
- () the driver is placed on probation, or
- () the driver is disqualified to drive a commercial motor vehicle pursuant to 391.15

Date of Review

Reviewed by: Signature

Petroleum Distribution Transportation, LLC
11010 Coachlight St, San Antonio, TX. 78216
Motor Carriers Name and Address
Manager

Title

Petroleum Distribution Transportation, LLC

Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382, 413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicants Name (p r i n t)

Social Security Number

Applicants Signature

Date

Petroleum Distribution Transportation, LLC

Driver Certification of Compliance with Driver's License Requirements

Parts 383 and 391 of the Federal Motor Carrier Safety Regulations (FMCSR) contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver may not possess more than one license
2. If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them. Destroying a license does not close the record in the issuing state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed in that state.
3. Section 383.31 requires that any time you violate a state or local law (other than parking violations), you must report it to your employing motor carrier, and their state that issued you license within 30 days. In addition, Section 383.33 of the (FMCSR) requires that you notify your employer the next business day of any revocation or suspension of your driver's license.

Certification:

I certify that I have read and understand the above requirements. The following license information is the only driver's license that I possess.

Driver's License Number	State	Expires
Drivers Signature	Date	

**Petroleum Distribution
Transportation, LLC
Drivers Road Test and Certificate of Road Test**

Name _____ Date _____

Address _____

Driver's License Number _____ State _____ Expires _____

Type of Truck or Truck Tractor _____ Trailer _____

The road test shall be given by the motor carrier or a person designated by it. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Road Test

- _____ Pre-Trip Inspection
- _____ Coupling and uncoupling units, if combination
- _____ Placing equipment in operation
- _____ Use of vehicle controls and emergency equipment
- _____ Operating in traffic, passing and turning
- _____ Braking, and slowing the vehicle by means other than braking
- _____ Backing and parking the vehicle
- _____ Proper use of shifting gears
- _____ Other, explain _____

Certificate of Road Test

This is to certify that the above named driver what given a road test under my supervision on the above named date, consisting of approximately _____ miles of driving. It is my considered opinion that this driver possesses sufficient driving skills to operate safely the type of commercial motor vehicle listed above.

Examiners Signature _____ Title _____

**Petroleum Distribution
Transportation, LLC**
Hours of Service Record
Driver Data Sheet
First time or Intermittent Drivers

Name _____

Driver's License Number _____

Type of License _____ Issuing State _____

At the time of initial employment as a driver, the regulations of the Department of Transportation require you to furnish a statement of time worked during the preceding (7) seven consecutive days. In the spaces below, show the number of hours worked in each of the last 7 days.

Preceding 7 Day Record before Driving

Day	Date	Time on Duty
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____

**Total
Hours** _____

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work on

Date of Last Day Worked

Date _____

Driver Signature _____

**Petroleum Distribution
Transportation, LLC
11010 Coachlight St., San Antonio, TX.
78216
Phone 210-824-3892**

**Drivers Safety Performance History & Previous Employer Inquiry &
Controlled Substance and Alcohol History Information
From Previous Employer**

My signature below is an authorization to the Company receiving this Previous Employer Inquiry to release and forward all information concerning my employment history to the above named company at the above address. This Includes any and all alcohol and controlled Substance information submitted on page 2 of this inquiry.

I, _____
Driver Applicant Name *Social Security Number*

Applicants Authorization Signature for Release of Information *Date*

The above referenced individual has applied for employment with this Company as a CDL driver. The Federal Motor Carrier Safety Administration (FMCSA) requires prospective employers to obtain from previous employers a copy of the applicant's safety performance history records during the preceding three years. (391.23(a) (2). Will you please reply to the inquiry below in reference to this applicant? Your reply will be held in strict confidence. Thank you very much for your time.

Respectfully submitted, Safety Department

Part one: Drivers Safety Performance History

The applicant states that he/she was employed as a driver by you from _____ to _____

Is the applicant's employment record correct as stated above? _____ If no, please

indicate _____ was the applicant a safe and efficient driver for you? _____

Did the applicant have any accidents while in your employment? _____. If so, please list below.

Reason for Leaving your Employment? Discharged _____ Laid Off _____ Resigned _____ Other _____

What type of interview? personal _____ phone _____ faxed _____ letter _____

Signature of Former Employer *Date*

Part Two: Controlled Substance and Alcohol Testing Information from Previous Employers

Sec. 382.405 (f) and (h) which states;

Records shall be made available to a subsequent employer upon receipt of a written request from the driver. Disclosure by that subsequent employer is permitted only as expressly authorized by the terms of the driver's request.

An employer shall release information regarding driver records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the request is permitted only in accordance with the terms of the employee's signed consent.

Sec. 382.413 (a) (b) (c) (e) (f) further state;

An employee may obtain, pursuant to driver's consent, any of the information concerning the driver which is maintained under this part by the driver's previous employer.

An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration result of 0.04 or greater, positive controlled substances test result, and refusals to be tested within the preceding three years, which are maintained by the driver's previous employers under sec 382.401 (b) (1) (i) through (iii).

The information in paragraph (b) of this section must be obtained and reviewed by the employer no later than 14 days after the first time a driver performs safety sensitive functions for an employer.

The prospective employee must provide to each of the driver's employers within the three preceding years the driver's, the driver's specific written authorization for release of the information in paragraph (b)

The release of any information under this part may take the form of personal interviews, telephone interviews, letters, or any other method of obtaining information that ensures confidentiality. Each employer must maintain a written confidential record with respect to each past employer contacted.

Previous Employers Please Complete

Has this driver applicant ever tested positive for controlled substance with your company? Yes No

Has this driver applicant ever been tested and had an alcohol concentration of 0.04 or greater? Yes No

Has this driver applicant ever refused to submit to an alcohol or controlled substance test? Yes No

Are there any violations of DOT Agency drug or alcohol testing of which you are aware? Yes No

With respect to this driver applicant violating a DOT drug or alcohol regulation, do you have any documentation of the driver applicant's successful completion of DOT returning to duty requirements?

If yes, Please forward a copy of documentation. N-A Yes No

Have you received information from other previous employers that this driver applicant has violated any DOT drug or alcohol regulations within the past three (3) years?

Yes No

In answering these questions, please include any drug or alcohol testing information obtained from previous employers under Part 40 .25 or other applicable FMCSA agency regulations.

Signature of Previous Employer

Date

Petroleum Distribution
Transportation, LLC

Entry Level Training as Required by Part 380

We certify to All That

Drivers Name

This certifies that the above named individual has completed the
required
Entry level commercial motor vehicle operations training class

Driver Qualifications
Hours of Service
Driver Wellness
Whistleblower

Date

Trainer Signature

Print Name

Petroleum Distribution

Transportation, LLC

Uninsurable Driver Policy

As you may be aware, liability insurance coverage is a very significant concern, not only in transportation but business in general.

So there will be no future misunderstanding in this regard, please acknowledge in the space provided below that you have read and understand the following statement.

The Uninsurable Driver

An "uninsurable driver" is a person who cannot or will not be covered by our existing insurance company due to his/her driving and/or accident record.

If at any time while in our employment your driving record becomes such that our insurance company will not insure you, you will be disqualified from driving for our company.

I have read the uninsurable driver statement above and fully understand the consequences of a bad safety/driving record. If and when my record becomes so that the insurance company will not cover me, I understand that my driving position will be terminated from Petroleum Distribution Transportation, LLC.

Name of Driver (print) _____

Signature of Driver _____

Date _____

Petroleum Distribution Transportation, LLC

DRIVING POLICY

Petroleum Distribution Transportation, LLC has made a commitment of safety, service, and quality to both our employees and customers. Petroleum Distribution Transportation, LLC mandates that our employees operate all vehicles owned or used by Petroleum Distribution Transportation, LLC in a safe and economical manner. The following summarizes policy guidelines:

1. Vehicles are not to be operated unless in a safe operating condition.
2. Drivers must be physically and mentally able to drive safely.
3. Drivers must confine to all traffic laws with allowances made for adverse weather and traffic conditions.
4. Respect the rights of other drivers and pedestrians. Courtesy is contagious.
5. Drivers may not use drugs or alcohol, or be under the influence of drugs or alcohol, while operating a vehicle owned by or used by Petroleum Distribution Transportation, LLC.

ACCIDENTS

All accidents are to be reported to management of Petroleum Distribution Transportation, LLC twenty-four (24) hours after the accident occurs. All accidents will be reviewed and determination made as either preventable or non-preventable. *A preventable accident is defined as an accident in which the driver failed to do everything reasonably possible to avoid the accident.*

MVR STANDARDS

Motor Vehicle Records (MVRs) will periodically be checked on all employees where driving is a part of their job. The MVR will be reviewed to ascertain if the employee holds a valid license and their driving record is within the parameters set by company management. MVR checks which reveal:

1. Three (3) or more traffic violations and/or at fault accidents over a three (3) year period for drivers age 25 and older, two (2) traffic violations and/or at fault accidents for drivers age 18 through 24, or one (1) traffic violation and/or at fault accident for drivers 17 and under; or
2. One or more of the following type of serious traffic convictions within the past 3 years:
 - + Possession of a controlled substance;
 - + driving while under the influence or while disabled by use of drugs;
 - + Refusal to take a breath analyzer test;
 - leaving the scene of an accident without reporting it;
 - + Homicide, assault, or criminal negligence resulting from the operation of a vehicle;
 - + driving while license is suspended or revoked;
 - + Reckless or dangerous driving, which results in injury to a person;
 - racing; and/or
 - passing a stopped schoolbus;

Will disqualify the employee from driving company vehicles, or those vehicles in the care and custody of Petroleum Distribution Transportation, LLC. Violations include seat belt violations, but do not include such non-moving violations as weight violations or improper or inadequately maintained equipment.

RADAR DETECTORS

The use of radar detectors is forbidden in all vehicles owned or used by Petroleum Distribution Transportation, LLC. Drivers using radar detectors will have their driving privileges revoked.

SEAT BELTS

All occupants must wear seat belts whenever the vehicle is in motion.

SECURING CARGO

Cargo will be secured and all doors locked while en route and while the vehicle is in motion

Driver

Date

**Petroleum Distribution
Transportation, LLC
Employee Assistance Policy
Alcohol and Substance Abuse Policy**

Acknowledgement and Consent to Searches, Inspections, and Testing

I acknowledge that I have received and read the EAP policy and the Alcohol and Controlled Substance Policy issued by this Company. I understand and acknowledge the prohibited use of alcohol and or controlled substances, on all Company premises, all trucks and equipment, or any site for the performance of work done for or on behalf of this company. I understand that unannounced searched may be conducted of my person and my personal property. This includes my vehicle if it is on the Company premises. I further understand and acknowledge that testing for drugs and/or alcohol may be administered without prior notice or announcement and may be used in determining the possession or use of controlled substances, drugs and/or alcohol. I understand that any violation of this Policy may subject me to termination of my application, or discharge from my employment with this Company.

I give my consent to the Company listed below to abide by the above paragraph. Additional, I release Petroleum Distribution Transportation, LLC, its entities and subsidiaries, agents, employees, clients, or representatives from any claim(s) resulting from the exercise of any rights or actions conferred, permitted or taken pursuant to the Company's Policy, or my violations of same.

Print Name _____

Signature _____

Date _____