

Instructions for Driver's Application for Employment

Western Fuel Co. LLC

1240 6th Street

Maysville, OK 73057

Phone Number: 405-867-4466 Fax Number: 405-867-1262

Western Fuel Co. LLC would like to thank you for completing the attached application for employment. We ask you to provide us with as much information as possible about your experience and previous work history.

1. Please print in all areas except for signature.
2. Please complete all shaded areas.
3. Please show your name on the application as it appears on your driver's license.
4. In the area labeled "Driver Experience", please check or circle each type of truck you have driven in the past. The miles can be an estimate, unless you know the number.
5. For the areas labeled "Accident Record" and "Traffic Conviction and Forfeitures" please list all accidents and convictions. With your permission we will be ordering a MVR. Failure to disclose an accident or traffic conviction can prevent you from driving a company vehicle. If you have not had an accident or traffic convictions please write "None" across these sections.
6. On the second page you will find a place to list previous employers. Please list your last three employers or 10 years of commercial driving experience. If you need additional room to list employers, please list them on an additional page. **A correct address and/or phone number for each employer is very important as we are required by law to contact them.**
7. Please make sure you leave a legible copy of your driver's license with this application.
8. Please make sure you leave a legible copy of your "Medical Examiner's Certificate" (physical card) with this application.
9. We ask that you please read, sign, and date all sections of the application. This will assist us in gathering the information required by the Federal Motor Carriers Safety Administration.
10. The Certificate of Violations must list **all** traffic violations (other than parking violations) for which you have been convicted or forfeited bond or collateral during the past 12 months.
11. If you have questions, please ask for assistance. I will be glad to answer any questions.

Driver's Application for Employment

Western Fuel Co. LLC
1240 6th Street
Maysville, OK 73057

Name: _____
(First) (Middle) (Last) (Maiden name if any)

Address: _____
(Street) (City) (State) (Zip code) How long?

Date of birth: _____ **Social Security Number:** _____

Home phone number: _____ **Other contact number:** _____

Address for the past three years

Address: _____
(Street) (City) (State) (Zip code) How long?

Address: _____
(Street) (City) (State) (Zip code) How long?

Experience and qualification-driver (list all previous driver's license for past 10 years) (list additional on back of form)

Driver's license	State	License Number	Type	Expiration Date

Driving experience

Class of equipment	Type of equipment <small>(circle type of equipment)</small>	Dates		Approximate number of miles
		From	To	
Straight truck <input type="checkbox"/> Y <input type="checkbox"/> N	Van, Tank, Flat, Dump, RFER			
Tractor and semi-trailer <input type="checkbox"/> Y <input type="checkbox"/> N	Van, Tank, Flat, Dump, RFER			
Tractor and two trailers <input type="checkbox"/> Y <input type="checkbox"/> N	Van, Tank, Flat, Dump, RFER			
Other <input type="checkbox"/> Y <input type="checkbox"/> N				

Accident record for the past 3 years (attach sheet if more space is needed) (if none, write NONE)

Dates	Nature of accident <small>(head-on, rear-end, upset, etc.)</small>	Fatalities	Injuries
Last accident			
Next previous			
Next previous			

Traffic convictions and forfeitures for the past 3 years (other than parking violations) (if none, write NONE)

Location	Date	Charge	Penalty

Positive drug testing history

Per 49 CFR Part 40.25 (j). In the past two (2) years have you tested positive or refused to test on a pre-employment drug or alcohol test administered by a prospective employer who you applied with, but you did not obtain safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules? Yes No

If you answered yes to the above question can you provide us with documentation that you have successfully completed the return-to-duty process as outlined in 49 CFR Part 40.25 (b)(5) and (e). Yes No

Driving privileges

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 a statement giving details.

Employment Record

(Attach a sheet if more space is needed)

Note: DOT requires employment for at least 3 years and/or commercial driving experience for the past 10 years be shown.

Last employer:

Company name: _____ Phone number: _____

Address: _____ Fax number: _____

Position held: _____ From: _____ To: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? 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

Second last employer:

Company name: _____ Phone number: _____

Address: _____ Fax number: _____

Position held: _____ From: _____ To: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? 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

Third last employer:

Company name: _____ Phone number: _____

Address: _____ Fax number: _____

Position held: _____ From: _____ To: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? 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

To be read and signed by applicant

This certifies that this application was completed by me, and all entries on 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, 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 false or misleading information given in my application or interview(s) may result in discharge.

I also understand I am required to abide by all rules and regulations of the company.

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 Section 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations

Applicant's Signature: _____

Date: _____

The Federal Motor Carriers Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway (a) to transport passengers, or property: (1) in interstate commerce with a GVWR of 10,001 pounds or more or (2) intrastate commerce with a GVWR of 26,001 pounds or more, (b) is designed or used to transport 9 or more passengers, or (c) is of any size and is used to transport hazardous materials in quantity requiring placarding.

Motor Vehicle Driver's Certification of Compliance with Driver's License Requirements

The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 passengers, or transports hazardous material that requires placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing or rated at 10,001 pounds or more, can transport more than 15 people, or transports hazardous material that requires placarding.

Driver Requirements: Contained in Parts 383 and 391 of the Federal Motor Carrier Safety Regulations are certain requirements you as a driver must comply with. They include the following:

- 1) You, as a commercial vehicle driver, may not possess more than one license.
 - a) If you have more than one license, keep only the license issued by your state of residence and return the additional licenses to the state(s) that issued them. Simply destroying a license does not close the record in the issuing state. If a multiple license has been lost, stolen, or destroyed you must notifying the state of issuance you no longer want to be licensed by that state.
- 2) If at any time you violate a state or local traffic law (other than parking) you must report it to your employing motor carrier. If the violation occurred out of state you must also report it to the state that issued your license. The reports must be submitted in writing within 30 days.
- 3) Section 383.23(a)(2) requires your commercial driver's license be issued by your state or jurisdiction of domicile. Upon relocating your residence to another state you are required to transfer your CDL to that state within 30 days.

Section 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulation requires you to notify your employer by the end of the **next business day** of any revocation, suspension, cancellation, or disqualification of your driver's license or privileges.

Driver's Certification: I certify that I have read and understand the above requirements and the following license is the only one I will possess:

Driver's license No: _____ State: _____ Exp. Date: _____
Driver's Signature: _____ Date: _____

Statement to Previous Employer

As the applicant I am authorizing my previous employer to supply Western Fuel Co. LLC all information regarding my service, character, and conduct while in their employment, and they are released from any and all liability which may result from furnishing such information to the above named company.

Applicant's signature: _____ Date: _____

Alcohol & Controlled Substance Testing Information

I, the undersigned, hereby authorize my previous employers to release and forward all information on their Alcohol and Controlled Substances Testing/Training records to Western Fuel Co. LLC.

Applicant's signature: _____ Date: _____

Driver/Applicant Safety Performance History Records Request

I understand that by checking the boxes below I have the options to either review the information from my previous employer or I do not want to review the information from my previous employer. If I state that I do want to review the information, I will be required to complete additional paper work as required by 49 CFR 319.23 (i)(2).

- I do not want to review the information that is sent by my previous employer
- I would like to review the information that is sent by my previous employer
- I would like to review the information that is sent by my previous employer if an adverse action is going to be taken that would affect my employment

Applicant's Signature: _____ **Date:** _____

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 Section 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Print name: _____ Social security number: _____

Applicant's signature: _____ Date: _____

Motor Vehicle Driver's Certification of Violations

I certify that the following is a true and complete list of all traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months. (If None, Write NONE)

Date	Offense	Location	Type of vehicle operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Date of certification _____

Western Fuel Co. LLC

Motor carrier's name _____

Driver's signature _____

Maysville, Ok

Motor carrier's address _____

Reviewed by: signature _____

Title _____

U.S. Department of Transportation Motor Carrier Safety Program Annual Review of Driving Record 391.25

Name (Last, First, M.I.) _____

Commercial driver's license number _____

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations such as speeding, reckless driving and operating while under the influence of alcohol or drugs that indicate the driver has exhibited a disregard for the safety of the public. Having done the above, I find that

the driver meets the minimum requirements for safe driving, or

the driver is disqualified to drive a motor vehicle pursuant to 391.15

Date of review _____

Western Fuel Co. LLC

Motor carrier's name _____

Reviewed by: (signature and title) _____

Comments: _____

Driver's Statement of On-Duty Hours

(For newly hired drivers)

395.8 (j)(2) states that a "Motor carriers, when using a driver for the first time or intermittently, shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the motor carriers". This includes both motor carrier and non-motor carrier duties.

The following license is the only one I will possess:

Driver's name: _____

Driver's license number: _____ State: _____

Day	Yesterday 1	2	3	4	5	6	7	
Date								Total hours
Hours worked								

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

A.M. P.M. On

Time Day Month Year

Driver's signature

Date

Drug and Alcohol Testing Driver's Acknowledgement Form

I hereby acknowledge I have read and understand Western Fuel Co. LLC's policy for Drug and Alcohol Testing which is required by Part 382 of the Federal Motor Carrier Safety Regulations.

Applicant's signature: _____

Date: _____

State of Oklahoma
Department of Public Safety
RECORDS REQUEST and CONSENT TO RELEASE

INDIVIDUAL REQUEST

RECORD FEE
\$25.00

I hereby request an Oklahoma driving record summary (Motor Vehicle Report, or MVR)
[state law limits this summary to three years]

For:

Driver's Name: _____ Sex: _____

Driver License Number: _____ Date of Birth: _____

Check the following applicable statement:

I am the person named in the record sought. I am requesting the record of another person.

If you are not the person named in the record sought, provide the reason(s) you are entitled to this record without approval of the named person
(please check all that apply). If none of these reasons apply, you must have the named person sign the Consent to Release below:

1. **Government Agency** (federal, state, or local, including court or law enforcement): for carrying out its functions †
2. **Legal**: in connection with any court, administrative, arbitral, or self-regulatory body; service of process; investigation in anticipation of litigation; execution or enforcement of judgment or order ; order of any court.
3. **Research Activities and Statistical Reports**: personal information shall not be published, redisclosed, or used to contact individuals †
4. **Insurance Company, Insurance Support Organization, Self-insured Entity**: for claims investigation, antifraud, rating or underwriting activities †
5. **Licensed Private Investigative Agency or Licensed Security Service**: for any purpose permitted under 18 U.S.C. §2721, subsection (b) †
6. **Employer of Commercial Driver License Holder**: to obtain or verify information required under 49 U.S.C., Chapter 313 †
7. **Other**: for use specifically authorized under the laws of the State of Oklahoma related to public safety

Statutory citation: _____

CONSENT TO RELEASE by Person Named in Request [if none of the reasons above apply, consent to release is required. Employers MUST have consent to release a driving record when it is to be used for purposes other than 49 U.S.C., Chapter 313.]

Printed Name of Person Named in Request

Signature of Person Named in Request

By signing above, I voluntarily give consent to the Motor License Agency to release the above-named record to the person making this Records Request. I understand, as required by the Federal Driver Privacy Protection Act (DPPA), 18 U.S.C. Section 2721, et seq., the Department of Public Safety or Motor License Agency will not release personal information from my driving record unless I consent by waiving my right to privacy under the DPPA, or unless the Department is required or authorized by DPPA to release personal information without my consent as enumerated above.

AFFIRMATION of Person Making Request

Pursuant to 12 O.S. §426, I state under the penalty of perjury that the requested information is being solicited solely for the reason(s) checked above or at the consent of the named person. I understand the personal information furnished is confidential under Federal and State laws and is being released to me only for the reason I have indicated above or at the consent of the named person, and that it is unlawful for me to furnish the information to any unauthorized person or entity or to be used for any unauthorized purpose.

Josh Kirby

Printed Name of Person Making Request

Signature of Person Making Request

Triangle Insurance Company/Western Fuel Co. LLC

† Print Agency/Company Name(if item 1,3,4,5, or 6 was checked above)

Date

P.O. Box 516

Maysville

Oklahoma

73057

Address

City

State

Zip

To be completed by Motor License Agency: The record requested has been approved for release and issued by:

Printed Name of motor license agent or employee

Signature of motor license agent or employee

Motor license agency name and number

**WESTERN FUEL CO., L.L.C.
P.O. BOX 516
MAYSVILLE, OK 73057
405-867-4466**

INTERVIEW QUESTIONS

Tell us about yourself.

What software are you familiar with or particularly skilled in?

How would you describe your work habits and ethics?

What would your co-workers tell us about your attention to detail?

How do you manage stress in your workday?

Describe a professional skill you've developed in your current job?

Why do you think customer service is such an important issue?

"Your Local, Full Service Propane Company"
1-888-700-0007

WESTERN FUEL CO., L.L.C.
P.O. BOX 516
MAYSVILLE, OK 73057
405-867-4466

What personal skill or work habit have you struggled to improve?

We have lots of personalities to deal with. How do you handle dealing with a fellow employee that may not agree with the mission you are trying to accomplish?

What are or were the most rewarding aspects of your past jobs?

Describe your ideal job?

In the workplace (current or past), what excites you and motivates you?

Describe a time when you have worked under intense pressure?

How do manage your time in a typical day?

What is your biggest weakness?

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1-888-700-0007

WESTERN FUEL CO., L.L.C.
P.O. BOX 516
MAYSVILLE, OK 73057
405-867-4466

Would you be able to work extended hours or weekends as necessary to perform the job or to attend required training?

Tell us why you are the best candidate for this position. Why should we hire you?

"Your Local, Full Service Propane Company"
1-888-700-0007