



# BECK OIL, INC.

## DRIVER'S EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applied For		Date of Application	
Last Name	First Name	Middle Name	
Current Address	City	State	Zip Code
Home Phone	Cell Phone	How Long? (M/Y)	Social Security Number

**Previous Addresses**

Street	City	State	How Long?
Street	City	State	How Long?

Date of Birth (Required for Commercial Drivers)	Can you provide proof of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you filed an application before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give date: <input style="width: 100px;" type="text"/>	
Have you ever been employed with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give date: <input style="width: 100px;" type="text"/>	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, how long: <input style="width: 100px;" type="text"/>	
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have the legal right to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
On what date would you be available to work?	<input style="width: 100px;" type="text"/>		
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Is there any reason you might be unable to perform the functions of the job for which you have applied?  Yes     No

If Yes, explain if you wish:

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**Beck Oil, Inc  
16640 D Street, Victorville, CA 92395**

**ACCIDENT RECORD** FOR PAST 3 YEARS OR MORE. IF NONE, WRITE **NONE**. START WITH MOST RECENT.

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC)	FATALITIES	INJURIES

**TRAFFIC CONVICTIONS** AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

DATES	LOCATION	CHARGE	PENALTY

**EDUCATION**

SCHOOL TYPE	NAME OF SCHOOL	HIGHEST GRADE COMPLETED	MAJOR OR DEGREE
High School			
College			
Other			

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

DRIVER  LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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

If Yes, Please explain:

Has any license, permit or privilege ever been suspended or revoked?  Yes  No

If Yes, Please explain:

**DRIVING EXPERIENCE** IF NONE, WRITE NONE

CLASS OF EQUIP.	TYPE OF EQUIP. (TANKER, FLATBED)	DATE FROM	DATE TO	APPROX NO MILES
STRAIGHT TRUCK				
TRACTOR & SEMI TRAILER				
MOTOR COACH - SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS:

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

# Employment History

All drivers applicants to drive in interstate commerce must provide the following information on all employers during the preceding three 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.)

NAME:		FROM	TO
		MO: YR:	MO: YR:
ADDRESS:		POSITION:	
CITY:	STATE:	ZIP:	REASON FOR LEAVING:
CONTACT PERSON:		PHONE:	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No			

NAME:		FROM	TO
		MO: YR:	MO: YR:
ADDRESS:		POSITION:	
CITY:	STATE:	ZIP:	REASON FOR LEAVING:
CONTACT PERSON:		PHONE:	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No			

NAME:		FROM	TO
		MO: YR:	MO: YR:
ADDRESS:		POSITION:	
CITY:	STATE:	ZIP:	REASON FOR LEAVING:
CONTACT PERSON:		PHONE:	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No			

NAME:		FROM	TO
		MO: YR:	MO: YR:
ADDRESS:		POSITION:	
CITY:	STATE:	ZIP:	REASON FOR LEAVING:
CONTACT PERSON:		PHONE:	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No			

NAME:		FROM	TO
		MO: YR:	MO: YR:
ADDRESS:		POSITION:	
CITY:	STATE:	ZIP:	REASON FOR LEAVING:
CONTACT PERSON:		PHONE:	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No			

NAME:		FROM	TO
		MO: YR:	MO: YR:
ADDRESS:		POSITION:	
CITY:	STATE:	ZIP:	REASON FOR LEAVING:
CONTACT PERSON:		PHONE:	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No			

\*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.

SHOW ANY TRUCKING, TRANSPORTATION, OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

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LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THE APPLICATION:

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WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

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**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. (Generally, inquiries regarding medical history will be 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.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**PROCESS RECORD - FOR PERSONNEL DEPARTMENT ONLY**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

**THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE**

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL & TRAFFIC						

Signature of interviewing Officer \_\_\_\_\_ Date \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED: \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED  VOLUNTARILY QUIT  OTHER  \_\_\_\_\_

TERMINATION REPORT PLACED ON FILE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

# APPLICATION REQUEST FOR SUBMISSION OF URINE SAMPLES AND AUTHORIZATION TO TEST URINE SAMPLES

**BECK OIL, INC.**, hereby requests that you, as an applicant for employment, provide a urine sample and consent to the testing of said urine sample for the presence of drugs.

You are hereby advised:

1. That the request for you to provide a urine sample to be tested for drugs is not the result of a random selection but is based upon BECK OIL, INC.'S policy.
2. That you as an applicant for employment of BECK OIL, INC., are required as a condition of employment to provide a urine sample and to agree that it may be tested for drugs.
3. That your refusal to provide urine sample and/or refusal to consent to its testing for drugs may have an effect on your application for employment.
4. That in the event you agree to provide a urine sample and consent to its testing for the presence of drugs and drugs are found to be present in your urine, such findings may result in rejection of your application for employment.
5. That your refusal to provide urine sample and/or to consent to its testing for drugs may be cause for rejection of your employment.

I have read the foregoing request for submission of urine samples and authorization to test urine samples. I understand that I may refuse to comply with this request; however, my refusal may result in rejection of my application for employment. I agree to provide a urine sample to a laboratory selected by BECK OIL, INC., and I consent to the testing of said sample by the laboratory for the presence of drugs, and I further consent that the results of that testing may be given to BECK OIL, INC.

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**DATE**

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**APPLICANT SIGNATURE**

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**SOCIAL SECURITY NUMBER**

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**DATE**

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**WITNESS SIGNATURE**