Farmers Union Oil Company
90 NE 1st Street
Beach ND 58621

DRIVER APPLICATION

Application for Employment as a Commercial Motor Vehicle (CMV) Driver (§391.21)

PERSONAL INFORMATION

Date: _____ Date of Birth:_____/_____/_____ Phone Number: ( ) _____-_____

Applicant Name: _____
Last First Middle

Social Security Number: _____-_____-_____

RESIDENCY INFORMATION

Residency Information is required for 3 years prior to the application date

Current Address: _____ Dates: _____
Street City State Zip Code From To

If not at current address for 3 years or more, list prior residency for past 3 years (REQUIRED)

Previous Address: _____ Dates: _____
Street City State Zip Code From To

Previous Address: _____ Dates: _____
Street City State Zip Code From To

Previous Address: _____ Dates: _____
Street City State Zip Code From To

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EMPLOYMENT HISTORY

All driver applicants must provide the following information on **all employers for the past 3 years** preceding this job application.

Current or Last Employer:

Employer: _____ Phone Number: _____

Address: _____
Street City State Zip Code

From _____/_____ To _____/_____ Position Held: _____
(Date) (Date)

Reason for Leaving: _____

All Driver Application documents must be retained for 3 years after termination.

Did you operate a Commercial Motor Vehicle (GVW/GVWR 10,001lbs or more or HazMat) for this employer? ☐ Yes ☐ No

1. When employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No
2. Was your job position designated as a safety-sensitive function in any DOT regulated transfer mode subject to the drug & alcohol testing requirements as required by 49 CFR Part 40? ☐ Yes ☐ No

Did you have a gap in employment between your Current/Last Employer and the previous employer below? ☐ Yes ☐ No

Reason for gap:_____

2nd to Last Employer:

Employer: _____ Phone Number: _____

Address: _____
Street City State Zip Code

From _____/_____ To _____/_____ Position Held: _____
(Date) (Date)

Reason for Leaving: _____

Did you operate a Commercial Motor Vehicle (GVWR 10,001lbs or more or HazMat) for this employer? ☐ Yes ☐ No

1. When employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No
2. Was your job position designated as a safety-sensitive function in any DOT regulated transfer mode subject to the drug & alcohol testing requirements as required by 49 CFR Part 40? ☐ Yes ☐ No

Did you have a gap in employment between your Current/Last Employer and the previous employer below? ☐ Yes ☐ No

Reason for gap:_____

3rd to Last Employer:

Employer: _____ Phone Number: _____

Address: _____
Street City State Zip Code

From _____/_____ To _____/_____ Position Held: _____
(Date) (Date)

Reason for Leaving: _____

Did you operate a Commercial Motor Vehicle (GVWR 10,001lbs or more or HazMat) for this employer? ☐ Yes ☐ No

1. When employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No
2. Was your job position designated as a safety-sensitive function in any DOT regulated transfer mode subject to the drug & alcohol testing requirements as required by 49 CFR Part 40? ☐ Yes ☐ No

Did you have a gap in employment between your Current/Last Employer and the previous employer below? ☐ Yes ☐ No

Reason for gap:_____

4th to Last Employer:

Employer: _____ Phone Number: _____

Address: _____
Street City State Zip Code

From _____/_____ To _____/_____ Position Held: _____
(Date) (Date)

Reason for Leaving: _____

Did you operate a Commercial Motor Vehicle (GVWR 10,001lbs or more or HazMat) for this employer? ☐ Yes ☐ No

1. When employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No
2. Was your job position designated as a safety-sensitive function in any DOT regulated transfer mode subject to the drug & alcohol testing requirements as required by 49 CFR Part 40? ☐ Yes ☐ No

Did you have a gap in employment between your Current/Last Employer and the previous employer below? ☐ Yes ☐ No

Reason for gap:_____

EMPLOYMENT HISTORY (CONT)

COMMERCIAL MOTOR VEHICLE ONLY – PRIOR 7 YEARS

List all additional employers for which you operated a commercial motor vehicle during the 7-year period prior to the 3 years or employment covered by the preceding section.

Employer: _____ Address: _____
Street City State Zip Code

From _____/_____ To _____/_____ Reason for Leaving: _____
(Date) (Date)

Employer: _____ Address: _____
Street City State Zip Code

From _____/_____ To _____/_____ Reason for Leaving: _____
(Date) (Date)

Employer: _____ Address: _____
Street City State Zip Code

From _____/_____ To _____/_____ Reason for Leaving: _____
(Date) (Date)

LICENSE INFORMATION

Section 383.21 FMCSR states:

"No person who operates a commercial motor vehicle shall at any time have more than one driver's license."

I certify that I do not have more than one motor vehicle license, the information for which is listed below:

_____	_____	_____	_____/____/_____
License #	State	Type (Class – A/B/C/D/Seasonal/Permit)	Expiration Date

When did you obtain your CDL license? _____*(month/year)*

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

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

If "yes" to either question, explain:_____

_____

DRIVING EXPERIENCE AND QUALIFICATIONS

Check this box if you have NO commercial motor vehicle driving experience: ☐

Years of Commercial Motor Vehicle (CMV) driving experience: Years: _____ Months: _____

Equipment Experience:	Type of Truck (tank, flat, dump)	Years Exp.	# of Miles
☐ Straight Truck	_____	_____	_____
☐ Tractor & Semi Trailer	_____	_____	_____
☐ Tractor – 2 Trailers	_____	_____	_____
☐ Tractor – 3 Trailers	_____	_____	_____

List states operated in (past 5 years): _____

List any driver training courses you have completed: _____

ACCIDENT RECORD

List accident record for the past **three (3) years**. If none, check box below.

Dates Month/Year	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Number of Fatalities	Number of Injuries	Chemical Spill?
/				☐ Yes ☐ No
/				☐ Yes ☐ No
/				☐ Yes ☐ No
/				☐ Yes ☐ No

☐ **I certify that I have had NO accidents in the past three (3) years.**

TRAFFIC CONVICTIONS AND FORFEITURES

For the **past 3 years**, list all traffic convictions and forfeitures (not including parking violations). If none, check box below.

Date Convicted Month/Year	Violation	State of Violation	Penalty (Forfeited bond, collateral, points)
/			
/			
/			
/			

☐ **I certify that I have had NO traffic convictions and/or forfeitures in the past three (3) years.**

RELEASE OF INFORMATION

I authorize the company to conduct a thorough background investigation in accordance with state and federal law and
authorize my previous employers to release any information requested by you, as well as hold the company and any previous
employers harmless of all liability from the release of said information.

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.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be
contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand
that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

Applicant Signature: _____ **Date:** _____

APPLICATION CERTIFICATION

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.

Applicant Signature: _____ **Date:** _____

APPLICANT STATEMENT OF PREVIOUS DRUG AND ALCOHOL TEST

Sec. 40.25(j) As an employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to

perform safety-sensitive functions for you, until and unless the employee documents successful completion of returntoduty process. (See Sec.40.25(b)(5) and (e))

The prospective employee is required by Sec. 40.25(j) to respond to the following questions:

1. Have you 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 DOT agency drug and alcohol testing rules during the past two years? ☐ Yes ☐ No
2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements? ☐ Yes ☐ No

I certify that the information provided on this document is true and correct.

Applicant Name: _____

Applicant Signature: _____ **Date:**_____

Witnesses' Signature: _____ **Date:**_____

**Examples of safety sensitive functions in Department of Transportation (DOT) regulated modes subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40 include, but are not limited to, pipeline controllers, airline mechanics, locomotive hostlers/helpers, bus drivers and any commercial driving position where a CDL is required.

The Federal Motor Carrier Safety Administration regulates drivers of any self-propelled or towed motor vehicle used on a highway in interstate commerce to transport passengers or property when the vehicle—(1) Has a gross vehicle weight rating or gross combination weight rating, or gross vehicle weight or gross combination weight, of 4,536 kg (10,001 pounds) or more, whichever is greater; or (2) Is designed or used to transport more than 8 passengers (including the driver) for compensation; or (3) Is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or (4) Is used in transporting material found by the Secretary of Transportation to be hazardous under 49 U.S.C. 5103 and transported in a quantity requiring placarding under regulations prescribed by the Secretary under 49 CFR, subtitle B, chapter I, subchapter C.

DRIVER STATEMENT OF ON-DUTY HOURS

(For new hires or intermittent drivers)

Instructions: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total on-duty time during the immediately preceding seven days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8 (j)(2) Federal Motor Carriers Safety Regulations.

Note: Hours for any compensated work during the preceding seven days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print):_____ SSN (last 4): _____

Driver's License Number: _____ License Class: _____ Issuing State: _____

Compensated Worked Time (Prior 7 Days)

DAY	1	2	3	4	5	6	7	
DATE	/	/	/	/	/	/	/	TOTAL HOURS
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 at:

_____:_____ AM / PM on_____/_____/_____
Time Day Month Year

Are you currently working for another employer? ☐ Yes ☐ No

At this time do you intend to work for another person while still employed by this company? ☐ Yes ☐ No

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I hereby certify that the information given above is true and I understand that once I become employed with the company, if I begin work for any additional employer(s) for compensation that I must inform this company immediately of such employment activity. (395.2 (8) and (9))

Driver Signature: _____ Date: _____

Witness Signature: _____ Date: _____

PREVIOUS EMPLOYMENT VERIFICATION

In accordance with 391.23(c)(4), this form must be completed for drivers with no previous employment experience working for a DOT-regulated employer during the preceding 3 years.

Location Name: _____

Applicant's Name: _____
(print) Last First Middle

☐ No investigation was possible – applicant had no previous employment experience working for a DOT regulated employer during the preceding three (3) years from application date.

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

Facility Representative's Signature: _____ **Date:** _____

MEDICAL CERTIFICATE

1) **The motor carrier must obtain an original or copy of the medical examiner's certificate issued in accordance with §391.43, and any medical variance on which the certification is based.**

   All sections of the Medical Examiner's Certificate must be filled in completely any sections left blank will result in this document to be non-compliant. Verify that the date of examination and the expiration date have been filled in by the doctor.

   Photo copy the medical certificate or keep the original designated for the motor carrier.

2) **Beginning on or after May 21, 2014, verify the driver was certified by a medical examiner listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate, and place the records in the driver qualification file, before allowing the driver to operate a CMV.**

   To verify that the medical examiner is listed on the National Registry, visit:
   https://www.fmcsa.dot.gov/national-registry-certified-medical-examiners-search
   Search for the medical examiner and print a copy of the page indicating the name of the examiner and their certification date. Staple this to driver's medical certificate.

3) **For operators who hold a Commercial Drivers License (CDL) or Commercial Learners Permit (CLP) who operate in interstate commerce, a Motor Vehicle Report (MVR) must be obtained to verify that the operator is medically certified. A new MVR must be run each time a new medical certificate is received from the operator.**

   The motor carrier may use a copy of the paper medical certificate for up to 15 days as proof of medical certification, to give the state licensing agency time to update the MVR. The motor carrier must have the updated MVR in place by the end of those 15 days.

DRIVERS LICENSE

Provide a readable photocopy of the front AND back of the driver's license to keep in the driver file.

The original driver's license must be retained with the original application for the time the driver is employed with the company and three years after termination.

PRE-EMPLOYMENT DRUG TEST RESULTS

The pre-employment drug test results must be retained along with the original driver file for the time the employee is employed with the company and three years after termination.