



1543 West 16th Street • Long Beach, CA 90813

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COMMERCIAL DRIVER EMPLOYMENT APPLICATION

“An Equal Employment Opportunity Employer”

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS. RESUME WILL NOT BE ACCEPTED IN LIEU OF A COMPLETED EMPLOYMENT APPLICATION

| | | |
|---|----------------|------------|
| Date | Last Name | First Name |
| Address: | | |
| Home Phone | Message Phone | |
| Soc. Sec. No.: | Date of Birth: | |
| Location Desired: <input type="checkbox"/> Long Beach <input type="checkbox"/> Colton <input type="checkbox"/> San Diego <input type="checkbox"/> Van Nuys <input type="checkbox"/> Santa Paula | | |
| How did you hear about us/this position? | | |

READ, SIGN, DATE AND INTIAL BELOW WHERE INDICATED

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 employment and 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 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 the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application and I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize the references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment if for no definite or determinable period of time and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promise or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company’s designated representative.

Initials

COMMERCIAL DRIVER APPLICATION

Do you have the legal right to work in the United States? _____

Have you worked for or applied for Dion & Sons or Sawyer Petroleum before? _____ When/Where? _____

Reason for leaving? _____

Were you referred to us? _____ Who referred you? _____

Rate of pay expected for the position your are applying for? _____ When are you available to start? _____

Have you ever been convicted of a felony? _____ If yes, please explain fully. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered. _____

Is there any reason you might be unable to perform the functions of the job for which you are applying?

If yes, please list any accommodations needed to perform the functions of the job:

Employment History

Please provide 10 years of employment information listing employers in order starting with most recent.

DO NOT attach a resume. Must complete all fields of work history information requested.

| | | | | |
|---|--------|----------------------------|-------|-----|
| Employer Name: | | Dates of employment: From: | | To: |
| Address: | | Position Held: | | |
| City: | State: | Zip Code: | Wage: | |
| Contact Person/Department: | | Phone Number: | | |
| Email: | | Fax Number: | | |
| Reason for Leaving: | | | | |
| Were you subject to the FMCSR's† (Federal Motor Carrier Safety Regulations) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| May we contact this employer to verify employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: | | | | |

| | | | | |
|---|--------|----------------------------|-------|-----|
| Employer Name: | | Dates of employment: From: | | To: |
| Address: | | Position Held: | | |
| City: | State: | Zip Code: | Wage: | |
| Contact Person/Department: | | Phone Number: | | |
| Email: | | Fax Number: | | |
| Reason for Leaving: | | | | |
| Were you subject to the FMCSR's† (Federal Motor Carrier Safety Regulations) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| May we contact this employer to verify employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: | | | | |

| | | | | |
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| Address: | | Position Held: | | |
| City: | State: | Zip Code: | Wage: | |
| Contact Person/Department: | | Phone Number: | | |
| Email: | | Fax Number: | | |
| Reason for Leaving: | | | | |
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| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| May we contact this employer to verify employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: | | | | |

*Includes vehicles having a GVWR of 26,001 pounds. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSR's) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weights or has a GVWR or 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in the quantity requiring placarding.

Driving/Equipment Experience:

| | Circle Type | Dates (From/To) | | Approx. No. of Miles Driven |
|---|-----------------------|-----------------|-------|-----------------------------|
| Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No | Flat Van Refer Tanker | | | |
| Tractor & Semi Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No | Flat Van Refer Tanker | | | |
| Tractor – Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No | Flat Van Refer Tanker | | | |
| Other (explain): | | | | |
| PTO's <input type="checkbox"/> Yes <input type="checkbox"/> No | Length of experience: | Months | Years | |
| Mobile Fueling <input type="checkbox"/> Yes <input type="checkbox"/> No | Length of experience: | Months | Years | |
| Handheld Computers <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

Additional Experience/Qualifications:

List all states operated in for the last 5 years: _____

List special courses or training that will help you as a driver: _____

List any safe driving awards you hold and from whom: _____

List any trucking, transportation or other related experience that may help in your work for this company: _____

List any additional courses or training completed (related or unrelated to the position you are applying for: _____

List special equipment or technical materials you can work with not already listed: _____

Education:

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Degree: _____

DRUG FREE WORKPLACE NOTICE AND TESTING POLICY

Our Company is committed to maintaining a safe, healthy and efficient working environment for all of its employees. The presence of alcohol and drugs in the work place, and the influence of those substances on employees pose serious safety and health risks to both the user and to all those who work with him or her. Impairments from drugs or alcohol threaten everyone’s safety and the success of our operation.

We need not and will not accept any risk to safety, quality or productivity that may be caused by alcohol abuse and/or drug use by employees. Compliance with the Company’s alcohol and drug program is a term and condition of employment.

The Company has implemented a post-offer, post-accident and for cause drug and alcohol testing policy for all employees. All hires will be tested for drug and alcohol use. It is also a term and condition of employment that employees submit to a drug or alcohol test if the Company has reasonable cause to believe the employee is impaired while on the premises. Refusal to submit to a reasonable cause test or any positive test result is grounds for discipline up to and including termination.

APPLICANT ACCEPTANCE

I have read and understand the Company’s Alcohol and Drug Policy and understand if offered employment, I must agree to undergo drug and alcohol testing and to cooperate with the testing. I also understand if I become employed by the Company, I am subject to the drug and alcohol testing policy. I understand and accept that consent to drug and alcohol testing is a term and condition of employment with the Company. By signing below, I hereby and voluntarily agree to submit to the post-offer drug test as required by the Company’s policy.

By signing below, I certify:

1. *That I have read and understand the company’s Drug Free Workplace Notice and Testing Policy;*
2. *That I understand all questions on this application;*
3. *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.*

Signature

Printed Name

Date Signed