



Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Address: _____

Telephone: _____ Cell: _____

Email address: _____

Type of employment desired: _____ full-time _____ part-time _____ temporary

Date you will be available to start work: _____

Are you able to meet the attendance requirements? _____ Yes _____ No

Do you have any objection to working overtime if necessary? _____ Yes _____ No

Can you travel if required by this position? _____ Yes _____ No

Have you ever been previously employed by our organization? _____ Yes _____ No

Can you submit proof of legal employment authorization and identity? _____ Yes _____ No

If you are under 18, can you furnish a work permit if it is required? _____ Yes _____ No

Have you ever been convicted of a crime? _____ Yes _____ No

If yes, please explain (a conviction will not automatically bar employment): _____

Drivers license number and issuing state (if driving is an essential job duty): _____

How were you referred to us? _____



Employment History

Please provide all employment information for your past four employers, beginning with the most recent. **If you are applying for a fuel delivery position, you must list all employers over the past three years where you were subject to Federal Motor Carrier safety regulations.**

Employer: _____ Position held: _____
Address: _____ Telephone #: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____
Job summary: _____

Reason for leaving: _____

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Reason for leaving: _____



Employment History *(Continued)*

Employer: _____ Position held: _____
Address: _____ Telephone #: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____
Job summary: _____

Reason for leaving: _____

Other Skills and Qualifications: Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History: List school name and location, years completed, course of study, and any degrees earned:

High school
Name: _____
Course of Study: _____
Level Completed: _____ Graduated: Yes No

College /Technical School
Name: _____
Course of Study: _____
Level Completed: _____ Graduated: Yes No

Other
Name: _____
Course of Study: _____
Level Completed: _____ Graduated: Yes No



References

List 3 references names, telephone numbers, and years known (do not include relatives or employers):

| Name | Address | Phone # | Relationship | Years Known |
|------|---------|---------|--------------|-------------|
| | | | | |
| | | | | |
| | | | | |

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

If applying for a position that is subject to the Federal Motor Carrier Safety Regulations, I understand that the information supplied in this application may be used to investigate my safety performance history. I also understand that I have the right to review any information provided by previous employers and correct any errors by the previous employer and resent to the prospective employer, the right to have a rebuttal statement attached to any information that the previous employer and I can not agree on.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____



(This section to be completed if you are applying for a Fuel Delivery Driver position.)

COMMERCIAL MOTOR VEHICLE OPERATOR SUPPLEMENT

If you are a commercial motor vehicle operator applying for employment with Daigle Oil Company, you are required by DOT Regulations to provide a prospective employer with the following information:

- 1) List all addresses where you have lived over the previous three years. Include length of time at each address.

- 2) List the issuing State, number and expiration date of each unexpired commercial motor vehicle operator’s license or permit that has been issued to you.

- 3) List each type of commercial motor vehicle you have operated and for how long.

- 4) List each motor vehicle accident in which you were involved during the past three years preceding the date of this application. Indicate the date, type of vehicle and circumstances of each accident and whether any personal injuries or fatalities were involved.

- 5) List all violations of motor vehicle laws or ordinances (other than parking violations) of which you were convicted, forfeited bond or collateral during the three years preceding the date of this application.

- 6) List each denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to you. Include a detailed explanation of the facts and circumstances for each denial, revocation or suspension.



- 7) Give a **Complete Record** of all commercial driving experience for the past 10 years. List the names and addresses of each job at which you were employed during the last ten years preceding the date of this application. Include your job description, date of employment, reason for leaving and whether you were subject to U.S. Department of Transportation’s alcohol and controlled substances testing requirements and the Federal Motor Carrier Safety Regulations for each job listed.

YOUR RIGHTS REGARDING SAFETY PERFORMANCE HISTORY INFORMATION: The information you provided on this application may be used, and the applicant’s prior employers may be contacted, for the purpose of investigating the applicant’s safety performance history information. Pursuant to Federal Motor Carrier Safety Regulations 49 CFR Sec. 391.23 (i)(1) you have the following rights with regard to the safety performance history information provided by your previous employers:

THE RIGHT TO REVIEW SAFETY PERFORMANCE RECORDS: You have the right to review the records provided by your previous employers. You must make your request to review in writing and submit it to your prospective employer no later than thirty (30) days after employment begins or notification of employment is made. You will be provided with the records within five (5) business days of receipt of your written request. If the prospective employer has not received the records at the time of your request, then the five-day period to provide access will begin on the day the records are received from the previous employer. If you fail to arrange to pick up or receive the requested records within thirty (30) days of when they are first made available to you, then your right to review is considered waived.

THE RIGHT TO HAVE ERRONEOUS INFORMATION CORRECTED: If you believe there is an error in the records, you have the right to have your previous employer correct the error. Send your request for correction to the previous employer that provided the records in question. The previous employer must either correct and forward the record to the prospective employer or notify you within fifteen (15) days of receiving your request that they do not agree the record is in error. If the previous employer corrects and forwards the record as requested, that employer must also retain the corrected information as part of your safety performance history record and provide it to subsequent prospective employers when requests for this information are received.

THE RIGHT TO REBUT DISPUTED INFORMATION: If the previous employer does not agree that information in the records provided is in error, you may rebut the disputed information in writing and send it to the previous employer with instructions to include the rebuttal in your safety performance history file. Within five (5) business days of receiving your rebuttal, the previous employer must; forward a copy of the rebuttal to the prospective employer; append the rebuttal to your safety performance information and include it as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement period. You may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

THE RIGHT TO REPORT FAILURES TO CORRECT ERRONEOUS INFORMATION: You may report failures of a previous employer to correct information or include your rebuttal as part of the safety performance information, to the Federal Motor Carrier Safety Administration by following procedures specified at 49 CFR Section 385.12

I certify that this application was completed by me and that the information provided is a correct, complete and true representation of the facts as known to me.

Applicant signature: _____ **Date:** _____



Voluntary Survey

In order to comply with the United States Government equal opportunity requirements, we are asking all applicants to complete this voluntary survey. The data collected will be used for statistical purposes. This information will NOT be kept with your application and will not be used in any way to discriminate on the basis of race, color, age, sex, national origin, religion, or disability.

Name: _____

Date: _____

Position Applied For: _____

Location: _____

Check the block for the racial or ethnic group with which you identify:

| | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> African American | <input type="checkbox"/> American Indian/Alaskan |
| <input type="checkbox"/> Hispanic | |

Check the block to indicate your veteran status:

| | |
|---|---|
| <input type="checkbox"/> Vietnam Veteran | <input type="checkbox"/> Other Protected Veteran |
| <input type="checkbox"/> Special disabled Veteran | <input type="checkbox"/> Recently separated veteran; discharge date _____ |
| <input type="checkbox"/> Armed Forces Service Medal Veteran | <input type="checkbox"/> not a veteran |

Gender: Male Female

I do not wish to disclose this information.

This form is to be returned to the Human Resources Department.



Employee Owned,
Community Driven

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date



Employee Owned,
Community Driven

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.