



DRIVER'S APPLICATION FOR EMPLOYMENT

KOLKHORST PETROLEUM CO., INC.
1685 E. Washington Ave. Navasota, Texas 77868

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job-related disability.
(Answer all questions - please print)

Date of application ___/___/_____ Name: _____

Position(s) applied for _____

List your addresses of residency for the past 3 years

Current Address

Street _____ City _____
State _____ Zip Code _____ Phone _____ How Long? _____

Previous Addresses

Street _____ City _____
State _____ Zip Code _____ Phone _____ How Long? _____

Street _____ City _____
State _____ Zip Code _____ Phone _____ How Long? _____

Street _____ City _____
State _____ Zip Code _____ Phone _____ How Long? _____

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

Date of Birth ___/___/_____ Can you provide proof of age? _____

Have you worked for this company before? _____ Where? _____

Dates: ___/___/_____ to ___/___/_____ Rate of pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied as described in the attached job description? _____

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 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.)

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE		REASON FOR LEAVING	

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.
 ACCIDENTS IN THE PAST 3 YEARS OR MORE. (Attach sheet if more space is needed. If none, write "NONE".)

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
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	(HEAD-ON, REAR-END, UPSET, ETC.)		
LAST ACCIDENT:			
NEXT PREVIOUS:			
NEXT PREVIOUS:			
NEXT PREVIOUS:			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS, OTHER THAN PARKING VIOLATIONS.
(Attach sheet if more space is needed. If none, write "NONE".)

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: Name _____ City _____

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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 revoked? YES ____ NO ____

If the answer to either A or B is "YES", attach a statement giving the details.

DRIVING EXPERIENCE (If none, write "NONE".)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
MOTORCOACH - SCHOOL BUS				
OTHER				

List states operated in for the past 5 years: _____

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

Which safe driving awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

Show any trucking, transportation, or other experience that may help in your work for this company

List courses and training other than shown elsewhere in this application

List special equipment or technical materials you can work with (other than already shown):

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 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.

Date ____/____/____

Applicant's Signature _____

PROCESS RECORD APPLICANT HIRED _____ REJECTED _____

Date employed ____/____/____ POINT EMPLOYED _____

Department _____ CLASSIFICATION _____

(If rejected, summary report of reasons should be placed in file.)

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

	SUPERIOR	GOOD	FAIR	BELOW AVG	POOR	WRITTEN RECORD ON FILE
APPLICATION						
INTERVIEW						
PAST EMPLOYMENT						
WRITTEN EXAM						
ROAD TEST						
CRIMINAL AND TRAFFIC CONVICTIONS						

Signature of interviewing officer _____

TRANSFERS

FROM:	TO:
DATE:	
REASON FOR TRANSFER:	

FROM:	TO:
DATE:	
REASON FOR TRANSFER:	

FROM:	TO:
DATE:	
REASON FOR TRANSFER:	

FROM:	TO:
DATE:	
REASON FOR TRANSFER:	

TERMINATION OF EMPLOYMENT

DATE TERMINATED ____/____/____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE? _____ SUPERVISOR _____