

## Commercial Driver Application for At-Will Employment

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT, but is merely intended to evaluate suitability for employment. It is our policy to provide equal opportunity for employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state or federal law. It is also our policy to conduct pre-employment drug screenings before a job offer is made. If a job offer is made, employment will be contingent upon successful completion of a pre-employment drug screen.

**Do not leave any blanks on this application**

**POSITION(S) APPLIED FOR:** \_\_\_\_\_

|                           |               |                        |   |                    |
|---------------------------|---------------|------------------------|---|--------------------|
| <b>Last Name</b>          |               | <b>First Name</b>      |   | <b>Middle Name</b> |
| <b>Address</b>            | <b>Street</b> | <b>City</b>            | <b>State</b>  | <b>Zip Code</b>    |
| <b>Phone (Home)</b>       |               | <b>Phone (Cell)</b>    | <b>Social Security #</b>                              |                    |
| <b>Driver's License #</b> |               | <b>Expiration Date</b> | <b>Medical Examiner's Certificate Expiration Date</b> |                    |

Have you worked for Humboldt Pacific Petroleum, LLC before? Y\_\_\_\_ N\_\_\_\_

Position: \_\_\_\_\_ Dates (From/To): \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Expected pay: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Are you eligible to work in the United States? Y\_\_\_\_ N\_\_\_\_

**COMMERCIAL DRIVING EXPERIENCE:**

Do you have a current Class "A" commercial driver's license? Y\_\_\_\_ N\_\_\_\_ How many years? \_\_\_\_\_

Total OTR Experience: \_\_\_\_\_ Tractor W/ Doubles: \_\_\_\_\_ Tractor W/Semi-Trailer: \_\_\_\_\_

Tanker \_\_\_\_\_ Other: \_\_\_\_\_



**LICENSE REQUIREMENTS:** (List all licenses held for the past 5 years)

| Driver's License Class | License Number | State | Expiration Date |
|------------------------|----------------|-------|-----------------|
| 1)                     |                |       |                 |
| 2)                     |                |       |                 |
| 3)                     |                |       |                 |
| 4)                     |                |       |                 |

(Attach additional page if needed)

|  |
|--|
| A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?<br>Y___ N___                 |
| B. Has any license, permit, or privilege ever been suspended or revoked?<br>Y___ N___                                |
| C. Have you ever been disqualified subject to Section 391 of the Federal Motor Carrier Safety Regulations? Y___ N___ |

**\*If the answer to either A, B, or C is yes, please attach sheet giving details, including dates\***

**WORK HISTORY:** Please explain all gaps in employment of 30 days or more. Applications must list ALL jobs held in the last 10 years. Please attach additional pages if needed.

|                                   |   |                            |   |       |
|-----------------------------------|---|----------------------------|---|-------|
| Last Employer (Company Name)      |   | Address (City, State, Zip) |   | Phone |
| Position Held                     | From  | To                         | Reason for Leaving  |       |
| May we contact?<br>Y____<br>N____ | Were you subject to the FMCSR's?<br>Y____ N____ |                            | Was the job designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49CFR part 40? Y____ N____ |       |

|                                   |   |                            |   |       |
|-----------------------------------|---|----------------------------|---|-------|
| Company Name                      |   | Address (City, State, Zip) |   | Phone |
| Position Held                     | From  | To                         | Reason for Leaving  |       |
| May we contact?<br>Y____<br>N____ | Were you subject to the FMCSR's?<br>Y____ N____ |                            | Was the job designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49CFR part 40? Y____ N____ |       |

|                                     |  |                            |  |       |
|-------------------------------------|--|----------------------------|--|-------|
| Company Name                        |  | Address (City, State, Zip) |  | Phone |
| Position Held                       | From   | To                         | Reason for Leaving   |       |
| May we contact?<br>Y_____<br>N_____ | Were you subject to the FMCSR's?<br>Y____ N_____ |                            | Was the job designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49CFR part 40? Y____ N_____ |       |

|                                     |  |                            |  |       |
|-------------------------------------|--|----------------------------|--|-------|
| Company Name                        |  | Address (City, State, Zip) |  | Phone |
| Position Held                       | From   | To                         | Reason for Leaving   |       |
| May we contact?<br>Y_____<br>N_____ | Were you subject to the FMCSR's?<br>Y____ N_____ |                            | Was the job designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49CFR part 40? Y____ N_____ |       |

**EDUCATION:**

|  |                                      |
|--|--------------------------------------|
| Circle highest grade completed:<br><br>1 2 3 4 5 6 7 8    High school: 1 2 3 4<br>College: 1 2 3 4 | Last school attended (Name, Address) |
|--|--------------------------------------|

**MILITARY STATUS:**

|  |                      |                                 |
|--|----------------------|---------------------------------|
| Have you served in the military?<br>Y____ N_____ | If yes, what branch? | Dates:<br>From: _____ To: _____ |
|--|----------------------|---------------------------------|

**ACCIDENTS:** (List all accidents or incidents for any vehicle regardless of fault for the past 5 years)

|   |
|---|
| <b>Last accident:</b><br>Date: _____ Fatalities: _____ Damage: Under \$500 _____ Over \$500 _____<br>Cause: Preventable _____ Non-preventable _____<br>Explain: _____ |
| <b>Next previous:</b>   |



|   |
|---|
| Date: _____ Fatalities: _____ Damage: Under \$500 _____ Over \$500 _____<br>Cause: Preventable _____ Non-preventable _____<br>Explain: _____                          |
| <b>Next previous:</b><br>Date: _____ Fatalities: _____ Damage: Under \$500 _____ Over \$500 _____<br>Cause: Preventable _____ Non-preventable _____<br>Explain: _____ |

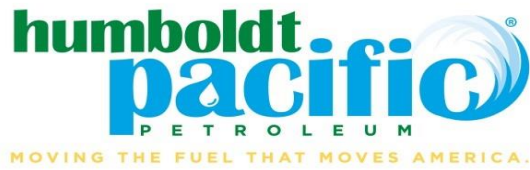
**TRAFFIC CONVICTIONS:** Traffic Convictions and Forfeitures for the Past 3 Years: (Other than parking violations)

| Location | Date  | Charge | Penalty |
|----------|-------|--------|---------|
| 1.       | _____ | _____  | _____   |
| 2.       | _____ | _____  | _____   |
| 3.       | _____ | _____  | _____   |
| 4.       | _____ | _____  | _____   |

**ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT:**

The Federal Motor Carrier Safety Regulations 49CFR 40.25(j) requires all persons applying for a driving position requiring a commercial driver's license to answer the following questions:

|   |
|---|
| 1) Within the last three years, have you ever 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?<br><br><div style="text-align: center;">Y _____ N _____</div> |
| 2) Within the last three years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work?<br><br>Y _____ N _____   |
| 3) If you answered yes to either 1 or 2 above, can you provide and/or obtain proof that you have successfully completed the DOT return-to-duty requirements?<br><br>Y _____ N _____   |



**APPLICANT’S STATEMENT:**

I, (print name) \_\_\_\_\_ understand that the information in this Employment Application will be used and that prior employers will be contacted for purposes of investigation as required by SEC. 391.23 and 49 CFR Part 40.25 FMCSR. I understand that I have the right to review information provided by previous employers and resubmit to Humboldt Pacific, LLC a rebuttal statement to erroneous information if a previous company and I cannot agree on the accuracy of the information. I understand that I must request past company information obtained by Humboldt Pacific Petroleum, LLC in writing within 30-days of my application.

Furthermore, I understand there will not be a job offer, any pay, or any reimbursement of funds from Humboldt Pacific Petroleum, LLC until I complete the orientation process including but not limited to; (1) passing a pre-employment drug test, (2) background investigation, (3) completion of a personal interview, (4) passing a driving test, (5) meet all the legal requirements to drive a commercial truck in the USA, and (6) meet the insurance requirements of Humboldt Pacific Petroleum, LLC based upon the sole discretion of the insurance provider and Humboldt Pacific Petroleum, LLC.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE OF AN “AT-WILL” NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS “AT-WILL” EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR CONDUCT UNLESS AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION SPECIFICALLY ACKNOWLEDGES SUCH CHANGE IN WRITING.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*To be considered for employment as a Commercial Driver, applicants are required to provide Humboldt Pacific Petroleum, LLC with a completed and signed Employment Application containing truthful and accurate information, a current DMV driving record (must be original copy, dated within at least 30 days of Employment Application), a copy of your current Driver’s License, and a copy of your current Medical Examiners Certificate at the time of submission of this Employment Application.