

Frost Oil Company, Inc.

Employment Application (Driver)

P.O. Box 5632
1430 South 28th Street
Van Buren, AR 72956

Phone: 479-471-9992

Fax: 479-471-9996

www.frostoil.com

Answer all questions and please print

In compliance with Federal State Equal Employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, non-job related disability, or any other protected group status.

Name: _____

Date of Application: _____
Social Security Number: _____

Current Address: _____

Phone: _____
How Long at residence? _____

Previous Address: (1) _____

Phone: _____
How Long at residence? _____

Previous Address: (2) _____

Phone: _____
How Long at residence? _____

Previous Address: (3) _____

Phone: _____
How Long at residence? _____

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

Date of Birth: _____ (required for Commercial Drivers) Can you provide proof of age? Yes No

Have you worked for Frost Oil Company in the past? Yes No

If yes, when? _____ to _____.

Reason for Leaving? _____

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

Have you ever been convicted of a felony? _____ Please explain: _____

(conviction of a crime is not an automatic bar to employment - all circumstances will be considered)

Who Referred You? _____

Is there any reason you might be unable to perform the functions required of the job for which you have applied? _____

If yes, please explain: _____

Employment History

All driver applicants must provide the following information on all employers during the preceding 5 years. Please 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. All time must be accounted for including military service, self-employment and period of unemployment.

(Note: List employers in reverse order starting with the most recent. Add another sheet as necessary)

Employer			Date		
Name:			From:	To:	
Address:					
City:	State:	Zip Code:	Position Held:		
Contact Person:		Phone Number:	Salary/Wage:		
Where you subject to Federal Motor Carrier Safety Regulations (<i>FMCSR</i>) while employed?				Yes	No
Was your job considered a <i>Safety Sensitive</i> position?				Yes	No
Did you drive a vehicle requiring a CDL?			Yes	No	Reason for Leaving:

I was unemployed for more than 30 days from _____ to _____.
 To verify call: _____ Phone: _____

Employer			Date		
Name:			From:	To:	
Address:					
City:	State:	Zip Code:	Position Held:		
Contact Person:		Phone Number:	Salary/Wage:		
Where you subject to Federal Motor Carrier Safety Regulations (<i>FMCSR</i>) while employed?				Yes	No
Was your job considered a <i>Safety Sensitive</i> position?				Yes	No
Did you drive a vehicle requiring a CDL?			Yes	No	Reason for Leaving:

I was unemployed for more than 30 days from _____ to _____.
 To verify call: _____ Phone: _____

Employer			Date		
Name:			From:	To:	
Address:					
City:	State:	Zip Code:	Position Held:		
Contact Person:		Phone Number:	Salary/Wage:		
Where you subject to Federal Motor Carrier Safety Regulations (<i>FMCSR</i>) while employed?				Yes	No
Was your job considered a <i>Safety Sensitive</i> position?				Yes	No
Did you drive a vehicle requiring a CDL?			Yes	No	Reason for Leaving:

I was unemployed for more than 30 days from _____ to _____.
 To verify call: _____ Phone: _____

Employer			Date		
Name:			From:	To:	
Address:					
City:	State:	Zip Code:	Position Held:		
Contact Person:		Phone Number:	Salary/Wage:		
Where you subject to Federal Motor Carrier Safety Regulations (<i>FMCSR</i>) while employed?				Yes	No
Was your job considered a <i>Safety Sensitive</i> position?				Yes	No
Did you drive a vehicle requiring a CDL?			Yes	No	Reason for Leaving:

Education

Check Highest Grade Completed: High School College

Last School Attended _____
 City _____ State _____

Driver Experience and Qualifications

Please list all Driver's Licenses held in the last 5 years including endorsements

Driver Licenses	State	License Number	Class & Endorsements	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 suspended or revoked? Yes No

If the answer to either A or B is yes, give details: _____
 _____.

Class of Equipment	Equipment Type <small>(Van, Tank, Flatbed, etc.)</small>	Dates		Approximate No. Miles (total)
		From	To	
Straight Truck				
Tractor and semi-trailer				
Tractor – two trailers				
Motor coach – school bus				
Other				

List states operated in for last five years: _____

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

Which Safe Driving Awards do you hold and from whom? _____

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 those already shown): _____
 _____.

Accident Record (Preventable)

If no accidents for past 3 years or more (attach sheet if more space is needed) If none, write **None**

Number of **Preventable** Accidents: _____ Comments: _____

Dates	Location	Nature of Accident	Number of Fatalities	Number of Injuries	Was HazMat Involved?
1.					
2.					
3.					
4.					
5.					

Accident Record (Non-Preventable)

If no non-preventable accidents in past 3 years or more (attach sheet if more space is needed) If none, write **None**

Number of **Non-Preventable** Accidents: _____ Comments: _____

Dates	Location	Nature of Accident	Number of Fatalities	Number of Injuries	Was HazMat Involved?
1.					
2.					
3.					
4.					
5.					

Traffic Convictions and Forfeitures

If no traffic convictions and forfeitures in the past 3 years (other than parking violations) if none, write **None**

Location	Date	Charge	Penalty
1.			
2.			
3.			
4.			
5.			

(Attach sheet if more space is needed)

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 Frost Oil Company Inc or Liberty Transport LLC 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 to 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 Frost Oil Company, Inc., and Liberty Transport LLC.

Date

Applicant's Signature

Motor Vehicle Record (MVR) Policy

It is the policy of **Frost Oil Company** to obtain and review the Motor Vehicle Record (MVR) on each prospective employee operating a company owned vehicle before an offer of employment is extended to the individual. Management will review the MVR to ascertain the applicant or employee holds a valid license and their driving record is within the parameters set by the company driving policy.

Management will conduct a review of each employees driving performance as many times as the company deems necessary where driving is a part of his or her job. If the employee's driving record does not meet the criteria set by management, driving privileges may be revoked, or other disciplinary action may be taken up to and including termination.

I acknowledge that I have read and understood the above policy on Motor Vehicle Records.

Name (please print)

X _____
(Applicant's Signature)

(Date)

Motor Vehicle Driver's

**CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS**

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require a placard.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require a placard.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELTION:** Sections 391.15 (b) (2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report if within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License Number: _____ State _____ Expiration Date: _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed) _____

Driver's Signature: _____

Date: _____

Notes: _____

**Motor Vehicle Driver's
Certification of Violations/Annual Review of Driving Record**

Motor Carrier Instructions: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish if with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account on which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

Completed by Driver – Certification of Violations

Name of Driver: (Print)	Social Security Number:	Date of Employment:
Home Terminal	Driver's License Number and State	Expiration Date:

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 8383) for which I have been convicted or forfeited bond or collateral during the past 12 months.
(If you have had no violations, check the following box: None)

Date	Offense	Location	Type of Vehicle

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those provided under Part 383) required to be listed during the past 12 months.

Date of Certification: _____ Driver's Signature: _____

Completed by Motor Carrier – Annual Review of Driving Record

Motor Carrier Instructions: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one)

- Meets minimum requirements for safe driving Is disqualified to drive a motor vehicle pursuant to Section 391.15
Does not adequately meet satisfactory safe driving performance.

Action taken with driver: _____

Reviewed By: _____
Signature

Date: _____

Printed Name

Frost Oil Company, Inc.
P.O. Box 5632
1430 South 28th Street
Van Buren, AR 72956

Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604(b) (2) (A) of the Fair Credit Reporting Act. You are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Further, in accordance with Section 604(b)(2)(A)(i) of the Fair Credit Reporting Act, if the position for which you are applying requires access to sensitive company information, or money; a consumer credit report may be obtained.

This form is formal notice of report gathering and with your signature below you acknowledge your understanding, and authorize Frost Oil Company to obtain any or all reports necessary for employment consideration.

(Print Name)

(Date)

X

(Applicant's Signature)

(Social Security Number)

Inquiry to Past Employer

From: _____
Individual: _____
Address: _____

To: _____

Human Resource Manager – The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. Please reply to this inquiry with regard to this applicant. As you will note from the waiver signed below, the applicant has waived any claim of liability against your company and its agents for information submitted in response to this inquiry. For your convenience we have enclosed a stamped, self-addressed envelope.
Thank You.

Name of Applicant: _____
Social Security #: _____
Job Applied For: _____

1. This applicant list dates of employment with your firm from: _____ to _____ Is this correct? Yes No
If no, please explain: _____.
2. What kind(s) of work did he/she do? Driver (type of vehicle) _____ Warehouse Office Maintenance
(Other): _____.
3. If employed as a driver, please indicate type of equipment driven: Tractor trailer Straight Truck Other: _____.
4. Number of recordable accidents: ____; number of accidents in which applicant was ticketed ____; number of accidents in which the applicant was at fault ____ (please explain) _____ Date of Accident: _____.
5. To your knowledge, was this person's Commercial Driver's License (CDL) suspended while in your employ? If so, please explain:
_____.
6. Was this applicant involved with any "Safety Sensitive" function of your company? Yes No
Type: HazMat Construction Equipment Warehouse Equipment (forklift, cranes, etc)
Did this applicant comply with your company's Safety Policy? Yes No
Did this applicant have any safety incidents? Yes No (if yes, please explain) _____.
7. Did this applicant pose either repeated or severe disciplinary problems? Yes No (if yes, please explain _____
_____.
8. Would you re-employ this applicant? Yes No (If no, please explain): _____
_____.
9. Any special remarks or circumstances we should consider in our decision to employ this applicant? _____
_____.

By: _____
(Signature of person supplying information)

Date

Detach for your records

WAIVER

Former Employer

Date

I hereby authorize you to release all information concerning my employment including oral assessments of my job performance, ability, and fitness to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby absolve you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

Applicant's Signature

Witness's Signature

Accident Record (Preventable)

If no accidents for past 3 years or more (attach sheet if more space is needed) If none, write **None**

Number of **Preventable** Accidents: _____ Comments: _____

Dates	Location	Nature of Accident	Number of Fatalities	Number of Injuries	Was HazMat Involved?
1.					
2.					
3.					
4.					
5.					

Accident Record (Non-Preventable)

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Number of **Non-Preventable** Accidents: _____ Comments: _____

Dates	Location	Nature of Accident	Number of Fatalities	Number of Injuries	Was HazMat Involved?
1.					
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Traffic Convictions and Forfeitures

If no traffic convictions and forfeitures in the past 3 years (other than parking violations) if none, write **None**

Location	Date	Charge	Penalty
1.			
2.			
3.			
4.			
5.			

(Attach sheet if more space is needed)

Frost Oil Company Inc.
P.O. Box 5632
Van Buren, AR 72956

Phone: 479-471-9992

Fax: 479-424-1748

Driver's Name: _____

Driver's Social Security Number: _____

I hereby authorize and request prior employer,

Name: _____ ATTN: _____

Address: _____ FAX #: _____

To release ALCOHOL and CONTROLLED SUBSTANCES information as listed in 49 CFR Section 40.25(b) to the above named company. You are released from any and all liability, which may result from releasing such information. Per 49 CFR Section 40.25(h) you are required to immediately release this information.

DRIVER'S SIGNATURE: _____ **DATE:** _____

Required Information from Section 382.413 and 40.25(b)		Yes	No
1	Has the above named individual had an alcohol test with a breath alcohol concentration of 0.04 or greater while in your employ?		
2	Has the above named individual had a controlled substance test with a positive result while in your employ?		
3	Has the above named individual refused a controlled substances test or alcohol test while in your employ?		
4	Other violations of DOT Agency Drug and Alcohol testing regulations? () Attached () Not Attached		
5	Do you have documentation of the employee's successful completion of the 49 CFR Subpart O return to duty requirements? () Attached () Not Attached		

Signed By: _____ **Date:** _____
(Please Print)

Signature & Title: _____

With reference to question number 5 please identify the Substance Abuse Professional you referred the driver to if he/she tested positive or refused testing:

Name: _____ Phone #: _____

Street: _____ City: _____ State: _____ Zip Code: _____

NOTE: Failure to furnish information as required by 49 CFR 382.413 and 40.25 will result in the above named individual being removed for any CDL position.
You are required to release this information immediately per 49 CFR 382.405(f) and 40.25(h)
Fines and penalties for not releasing this information is found in 49 CFR 382.507 under 49 USC 521(b)
We reserve the right to notify the US DOT Federal Motor Carrier Safety Administration in the event the above information is not received.



P.O. Box 5632
Van Buren, AR 72957
479-471-9992
479-471-9996 (fax)

Motor Vehicle Report authorization – Prospective Employee

**Performed by:
Federated Insurance Co.
P.O. Box 328, 121 East Park Square
Owatonna, MN 55060**

1-800-333-4949

Driver Name _____

Address _____

City _____ **State** _____

Driver's License Number _____ **Issuing State** _____

Date of Birth _____

Driver's Signature _____ **Date** _____