If position applying for requires driving:

Driver's License #: _____

State: _____ ***DOB:*** _____

Frost Oil Co.
EMPLOYMENT APPLICATION - Clerical

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

479-471-9992 **Fax: 479-471-9996**

Answer all questions and please print

These companies are equal employment opportunity employers. 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. These companies will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of the job

Date of Application: _____

Name: _____ **Social Security Number:** _____
(Last four digits)

Current Address: _____ _____ _____ **Phone:** _____ **How Long at residence?** _____

Previous Address: _____ _____ _____ **Phone:** _____ **How Long at residence?** _____

Previous Address: _____ _____ _____ **Phone:** _____ **How Long at residence?** _____

May we contact your current employer? (contact name) _____. ☐ **Yes** ☐ **No**

If employed and under age 18, can you furnish a work permit? ☐ **Yes** ☐ **No**

Are you available for work? ☐ **Full-Time** ☐ **Part-Time** ☐ **Overtime**

Type of work desired: _____.

Do you have a legal right to work in the United States? ☐ **Yes** ☐ **No**

Have you worked for Frost Oil Company or Liberty Transport 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

.

(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:	
What did you like most about your job?			Reason for Leaving:	

Employer			Date	
Name:			From:	To:
Address:				
City:	State:	Zip Code:	Position Held:	
Contact Person:		Phone Number:	Salary/Wage:	
What did you like most about your job?			Reason for Leaving:	

Employer			Date	
Name:			From:	To:
Address:				
City:	State:	Zip Code:	Position Held:	
Contact Person:		Phone Number:	Salary/Wage:	
What did you like most about your job?			Reason for Leaving:	

Employer			Date	
Name:			From:	To:
Address:				
City:	State:	Zip Code:	Position Held:	
Contact Person:		Phone Number:	Salary/Wage:	
What did you like most about your job?			Reason for Leaving:	

Employer			Date	
Name:			From:	To:
Address:				
City:	State:	Zip Code:	Position Held:	
Contact Person:		Phone Number:	Salary/Wage:	
What did you like most about your job?			Reason for Leaving:	

Employer			Date	
Name:			From:	To:
Address:				
City:	State:	Zip Code:	Position Held:	
Contact Person:		Phone Number:	Salary/Wage:	
What did you like most about your job?			Reason for Leaving:	

Education

Check Highest Grade Completed: High School ☐ 1 ☐ 2 ☐ 3 ☐ Grad College ☐ 1 ☐ 2 ☐ 3 ☐ Grad

Last School Attended _____ City _____ State _____

Special Skills, Qualifications and Considerations:

References:

List three (3) non-relatives who are familiar with your qualifications and work history and ability.

Name	Relationship	Years Known	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

X_____ Applicant's Signature

PROCESS RECORD

Applicant Hired: _____ Rejected: _____

Date Employed: _____ Department: _____

Inquiry to Past Employer

From: Frost Oil Co.
Individual: Nikki Harger
Address: 1430 So. 28th St.
Van Buren, AR 72956

Please return via
Fax 479-471-9996

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 #: _____ *(Last four digits)*
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

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 senisitive company information, or money; a consumer credit report will be obtained.

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

_____ _____
(Print Name) (Date)

X_____ _____
(Applicant's Signature) *(SSN: Last four digits)*

Frost Oil Co.
P.O. Box 5632
1430 S. 28th St.
Van Buren, AR 72956

COMPLETE ONLY IF APPLYING FOR DRIVING POSITION

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** _____