



Locally Owned & Operated since 1922
 64 Main St. ~ LeRoy, NY 14482 ~ (800) 369-8185 ~ (585) 768-8188
 922 State St. Rt. 31F ~ Macedon, NY 14502 ~ (800) 779-2963 ~ (315) 986-3100
www.townsendenergy.com

DRIVERS APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard of race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT

Personal Information:

Date: _____

Last Name: _____

First Name: _____

Middle Name: _____

Address: _____

number

street

city

state

zip code

Telephone Number(s)

Home: _____

Cell phone: _____

Best time to contact you: _____

: _____ am/pm

Date of Birth: _____

Required for Commercial Drivers

Social Security Number: _____

Voluntary on application

Available to work:

Full time

Indicate Date Available to Start: _____

Desired Wage: _____

Part time

(Please Indicate: Mornings Afternoons Evenings)

Temporary

(Please Indicate Dates Available _____ through _____)

Are you willing to work overtime? Yes No

Are you willing to work nights and/or weekends? Yes No

If you are under 18 years of age, can you provide required proof of your eligibility to work ? Yes No

Have you ever filed an application with us before ? If Yes, give date: _____ Yes No

Have you ever been employed by with us before? If Yes, give date: _____ Yes No

Do you have friends or relatives, other than spouse, that work here ? Yes No

If Yes, state name, relationship and location: _____

Are you currently employed ? Yes No

Are you currently on layoff/recall Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

Have you ever been convicted of a felony ? If yes, please explain. Yes No

Are you currently obligated by a non-compete or similar type agreement with another employer? Yes No

Education:	Name and Address of School or College	Course of Study	Years	Diploma / Degree
High School:				
Undergraduate College:				
Graduate / Professional				
Trade or Other School				

State any additional information you feel may be helpful to us in considering your application, such as job related training in the U.S. Military:

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Townsend

Drivers License and Related Information

	STATE	LICENSE NUMBER	TYPE	EXPIRE DATE
Driver				
Licenses				

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes No

Has any license, permit or privilege ever been suspended or revoked?

Yes No

If Yes to either question, please explain _____

Accident Record for Past Three (3) Years or More (Attach Sheet if More Space is Needed) IF NONE, Write NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
Last Accident				
Next Previous				
Next Previous				

Traffic Convictions and Forfeitures for the Past Three (3) Years (Other than Parking Violations) IF NONE, Write NONE

LOCATION	DATE	CHARGE	PENALTY

Driving Experience

HAVE YOU EVER DRIVEN THE FOLLOWING CLASS OF EQUIPMENT?					DATES	APPROXIMATE No. of MILES	COMMENTS
Straight Truck - Stake Body	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	From: To:		
Fuel Oil Delivery	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	From: To:		
Propane Delivery	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	From: To:		
Tractor and Semi-Trailer	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	From: To:		
Tractor - Two Trailers	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	From: To:		

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

List special equipment or technical materials you can work with: _____

All driver applications to drive interstate commerce must provide employment history for all employers during the preceding 3 years. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 year's information on those employers for whom the applicant has operated such vehicle.

(on the next page, please list employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or protected status.

Employer: _____	Dates Employed: From: _____ To: _____
Address: _____	Hourly Rate/ Salary: Start: _____ End: _____
Telephone Number(s): _____	Work Performed: _____ _____
Job Title: _____	
Supervisor: _____	
Reason for leaving: _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer: _____	Dates Employed: From: _____ To: _____
Address: _____	Hourly Rate/ Salary: Start: _____ End: _____
Telephone Number(s): _____	Work Performed: _____ _____
Job Title: _____	
Supervisor: _____	
Reason for leaving: _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer: _____	Dates Employed: From: _____ To: _____
Address: _____	Hourly Rate/ Salary: Start: _____ End: _____
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Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer: _____	Dates Employed: From: _____ To: _____
Address: _____	Hourly Rate/ Salary: Start: _____ End: _____
Telephone Number(s): _____	Work Performed: _____ _____
Job Title: _____	
Supervisor: _____	
Reason for leaving: _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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APPLICANT'S STATEMENT

Must be read and signed

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 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 for cause. I also understand that I am required to abide all rules and regulations of the company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

I understand I have the right to:

- review information provided by previous employers;
- have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the perspective employer; and
- have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information

I understand that, under DOT regulations I am subject to pre-employment drug testing and random drug testing as a condition of my drivers license.

I understand that I may be subject to and I further give permission for Townsend to perform a credit check, motor vehicle check and/or criminal background check if required as a condition of employment.

I understand that this application shall be considered active for a time period not to exceed 45 days. Any applicant wishing to be considered for employment beyond that time should reapply.

Finally, if not otherwise bound by an employment agreement, employment by Townsend Oil Corporation is on an at-will basis and that, if employed, either Townsend Oil or I may terminate my employment at any time, for any reason.

_____ Signature of Applicant	_____ Date
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How Did You Learn About Us?

Advertisement
 Friend
 Employment Agency
 Relative
 Other _____

FOR COMPANY USE

Applicant Hire Date: _____	Starting Wage Rate: _____	Hours: Day / Evening
Hired as: _____ Driver	Other Hire Notes: _____	
Hired by: _____		

In Case of Termination of Employment: Termination Date: _____ Dismissed / Voluntarily Quit / Other: _____ Interviewed By: _____	Notes from Exit Interview: _____ _____ _____ _____
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