

Associated Petroleum Products, Inc.
DOT Commercial Driver Application

2320 Milwaukee Way
Tacoma, WA 98421
(800) 929-5243



Date of Application _____

TO BE READ AND SIGNED BY DRIVER APPLICANT

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 that I have the right to:

- Review information provided by previous employers;
- Have errors on the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective 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.

Signature _____ Date _____

The U.S. Department of Transportation requires that driver applicants state their date of birth (391.21(b)(2))

Date of Birth _____ (month/day/year)

Applicant Name _____
(print) First Middle Last Social Security No. _____

*Current Address _____ Phone () _____
Street City State Zip Code

*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street City State Zip Code

Street City State Zip Code

Position applying for _____ Temporary _____ Part Time _____ Full Time _____

Who referred you? _____ Rate of pay expected? _____

Have you worked for this company before? _____ Dates: From _____ To _____

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

Names of any relatives employed by this company _____

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

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment; all circumstances will be considered.

Have you ever worked for this company under another name? _____ If so, under what name? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last School Attended _____
Name City/State

DRIVER EXPERIENCE & QUALIFICATIONS

LICENSES

Drivers Licenses held in past 3 years must be shown	State	License No.	Class	Endorsement(s)	Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a vehicle? Yes _____ No _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

DRIVING EXPERIENCE: CHECK: YES _____ NO _____

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN, TANK, FLAT, DUMP, REFER		
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN, TANK, FLAT, DUMP, REFER		
TRACTOR – TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN, TANK, FLAT, DUMP, REFER		
TRACTOR – THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN, TANK, FLAT, DUMP, REFER		
MOTORCOACH -SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO			
OTHER			

List states operated in during last five years: _____

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

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

ACCIDENT RECORD for past 3 years (Attach separate sheet of paper if more space is needed)

Dates	Nature of Accident (Head-On, Rear-End, etc.)	Fatalities	Injuries	Hazardous Material Spill

TRAFFIC CONVICTIONS AND FORFEITURES for the past 3 years (other than parking violations) if none, write none

Location	Date	Charge	Penalty

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 vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

DRIVERS MUST INCLUDE THE PAST 10 YEARS, INCLUDING EMPLOYMENT GAPS!

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

EMPLOYER		DATE			
NAME		FROM MO.	YR.	TO MO.	YR.
ADDRESS		POSITION HELD			
CITY		SALARY/WAGE			
CONTACT PERSON	Phone	REASON FOR LEAVING			
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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* Includes vehicles having GVWR of 26,000 lbs. Or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in quantity requiring placarding.

† The federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

APPLICANT MUST READ AND SIGN

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 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 Company.

Applicant's Signature

Date



Associated Petroleum Products, Inc.
2320 Milwaukee Way
Tacoma, WA 98421

Applicant Affirmative Action Information

Required Information

Name: _____

Date: _____

Position for which you are applying: _____

How did you learn about us? (please circle)

- Help Wanted Advertisement
- Employment Agency
- Referred by Company Employee
- Website

- State Employment Service
- Walk-In _____
- Other _____

Voluntary Information

We are an affirmative action government contractor. To comply with government regulations, we must track the number of our applicants by gender, race/ethnicity, and position for which applied. For this reason, we invite you to indicate your information below. This information is kept separately from your application and is used only in accordance with federal and state regulations. **This section is voluntary. You are not required to provide this information.** Your application for employment will be considered in the same manner whether or not you provide this information.

Gender **Race/Ethnic Group** (as defined by Equal Employment Opportunity Commission)

- | | |
|--|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> White (Not Hispanic or Latino): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. |
| <input type="checkbox"/> Female | <input type="checkbox"/> Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa. |
| | <input type="checkbox"/> Hispanic or Latino : All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. |
| | <input type="checkbox"/> Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. |
| | <input type="checkbox"/> American Indian or Alaskan Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. |
| | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands. |
| | <input type="checkbox"/> Two or More Races : All persons who identify with more than one of the above races |
- Disabled**
 - Veteran Status** (please specify enlistment period ___/___/___ to ___/___/___)
 - Vietnam-era Veteran** (please specify active duty period ___/___/___ to ___/___/___)
 - Over 40**
 - I do not wish to provide this information.**