



Delivery Associate - Application for Employment

It is the policy of Eastern Oil Company not to discriminate in employment and personnel practices because of a person's race, color, creed, religion, sex, national origin, age, disability, or any other basis protected by federal, state, or other applicable law.

Conditions of employment are stated at the end of this form.
 Please read carefully before you sign this application.
 (Application must be completed in full even if attaching a resume.)

Date of Application: _____

PERSONAL

Important: Please complete all sections, in its entirety, to be considered for employment. Thank you

Full Name	First:	Middle:	Last:
Present Address	Street, City, State, Zip:		Home Phone #: Cell Phone #: Email:
Position Desired	Date available to begin work:	Compensation Expectations:	Indicate Availability: Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No Part Time <input type="checkbox"/> Yes <input type="checkbox"/> No Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Holidays <input type="checkbox"/> Yes <input type="checkbox"/> No

Days and hours you are available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Are you authorized to work in the U.S., without employer sponsorship? Yes No

Are you over 18 years old? Yes No

Are you currently employed? Yes No

Are you on a lay-off and subject to recall? Yes No

Are you able to perform the essential functions of the job for which you have applied with or without a reasonable accommodation?
 Yes No

Are any of your relatives or any persona living in your household employees or former employees of the Company? Yes No

If yes, please list individual(s) name(s), their Position(s), relation, and dates of employment:

Have you ever worked for Eastern Oil Company before? Yes No

If yes, please list:

Dates employed:

Positions worked:

Reason(s) for leaving:

How did you learn about Eastern Oil Company?

Have you ever been convicted (including a plea of guilty or no contest) of a misdemeanor or felony (excluding sealed or expunged convictions)? Yes No

If yes, list the charge and date:

Answering yes to the above question will not automatically exclude an applicant from employment, but may be considered in relation to job requirements.

EMPLOYMENT HISTORY

**Begin with your most recent employment [1] and continue with ALL past employment.
(Attach additional sheet if necessary)**

1	Employer	From		Starting Salary	Reason for Leaving (Please explain)
		MO.	YR.		
Name of Company:				\$	Voluntary? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		To		Ending Salary	
City, State, Zip:		MO.	YR.	\$	
Phone #		Type of Business:			Name & title of immediate supervisor:
Job Title & Duties:					May we contact employer? <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					

2	Employer	From		Starting Salary	Reason for Leaving (Please explain)
		MO.	YR.		
Name of Company:				\$	
Address:		To		Ending Salary	
City, State, Zip:		MO.	YR.	\$	
Phone #		Type of Business:			
Job Title & Duties:		May we contact employer? <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					
3	Employer	From		Starting Salary	Reason for Leaving (Please explain)
		MO.	YR.		
Name of Company:				\$	
Address:		To		Ending Salary	
City, State, Zip:		MO.	YR.	\$	
Phone #		Type of Business:			
Job Title & Duties:		May we contact employer? <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					

*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 Gross Vehicle Weight Rating (GVWR) of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Accident record for past 6 years (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 6 years (other than parking violations). If none, write "none."			
Location	Date	Charge	Penalty

Experience and qualifications. List all driver licenses or permits held in the past 6 years.				
Driver Licenses	State	License Number	Type	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, revoked or restricted? Yes No
 If the answer to either A or B is yes, please give details:

Driving experience. Please indicate yes or no below:				
Class of Equipment	Check the Type of Equipment	Dates From (M/Y)	Dates To (M/Y)	Approx. NO. of Miles (Total)
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van, <input type="checkbox"/> Tank, <input type="checkbox"/> Flat, <input type="checkbox"/> Dump, <input type="checkbox"/> Refer			
Tractor & Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van, <input type="checkbox"/> Tank, <input type="checkbox"/> Flat, <input type="checkbox"/> Dump, <input type="checkbox"/> Refer			
Tractor – 2 Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van, <input type="checkbox"/> Tank, <input type="checkbox"/> Flat, <input type="checkbox"/> Dump, <input type="checkbox"/> Refer			
Tractor – 3 Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van, <input type="checkbox"/> Tank, <input type="checkbox"/> Flat, <input type="checkbox"/> Dump, <input type="checkbox"/> Refer			
Motorcoach – School Bus (more than 8 passengers) <input type="checkbox"/> Yes <input type="checkbox"/> No	_____			
Motorcoach – School Bus (more than 15 passengers) <input type="checkbox"/> Yes <input type="checkbox"/> No	_____			
Other: _____				

List States operated in for last 6 years:

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

Which safe driving awards do you hold, and from who?

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 shown elsewhere in this application:

MILITARY SERVICE RECORD

Branch of service:	Number of years served:	Type of discharge, discharge date, and rank at discharge:
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EDUCATION

Type of school	Name and address of school	Major	Last year attended	GPA	Graduated	Degree	Scholarship or Awards
High School			9 10 11 12		<input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No GED <input type="checkbox"/> Yes <input type="checkbox"/> No	
Jr. College			1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No		
University			1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School			1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business Trade Other			1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No		

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like considered in connection with your application for employment.

PERSONAL OR BUSINESS REFERENCES

1	Name:	Occupation:	Business Phone:
Home Address:		Home Phone:	Relationship:
City, State, Zip:		How long known?	
2	Name:	Occupation:	Business Phone:
Home Address:		Home Phone:	Relationship:
City, State, Zip:		How long known?	
3	Name:	Occupation:	Business Phone:
Home Address:		Home Phone:	Relationship:
City, State, Zip:		How long known?	

APPLICANT CERTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED. INITIAL _____

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

I agree to immediately notify Eastern Oil Company if I am convicted of a felony, or any crime involving dishonesty, breach of trust, controlled substances, abuse or violence while my Application is pending or, if hired, during my employment. Initial: _____

If applying for employment in Michigan, I understand that Michigan law requires employers to make reasonable accommodations to disabled employees where the accommodation does not impose an undue hardship on the employer. I further understand that in Michigan, disabled employees and applicants must request an accommodation for their disability by notifying Eastern Oil Company in writing, of the need for accommodation within one hundred eighty two (182) days of the date the individual knows or should know that an accommodation is needed. Failure to properly notify Eastern Oil Company will preclude any claim that Eastern Oil Company failed to accommodate the disability. Initial: _____

I agree that any action or lawsuit against Eastern Oil Company and/or its predecessors, successors, assigns, subsidiaries, parent(s), affiliates, and all past and present officers, directors, employees and agents, in their individual and representative capacities of the foregoing entities arising out of my application, employment or termination, including but not limited to claims arising under state or federal civil rights statutes, must be brought within one hundred eighty (180) days of the event giving rise to the claim(s) or within the limitations period contained in the statute I am suing under, whichever is shorter. I understand and agree that any action or lawsuit filed outside this limitations period is barred forever. I waive any limitation period to the contrary. Initial: _____

I authorize Eastern Oil Company or its representative to investigate my education, work and professional history and verify all data provided during the application process and throughout my employment. I agree to submit to a background check, including drug testing, if requested by Eastern Oil Company. I release Eastern Oil Company from any liability that might arise from such investigation and/or testing. I request that previous employers contacted by Eastern Oil Company in connection with this application fully respond to all inquiries concerning such previous employment. I specifically waive prior written notice of disclosure of my personnel record information including salary information, disciplinary reports, and job performance, in consideration of the acceptance of my Application, and release Eastern Oil Company, its agents and my previous employers from any liability arising out of such response and disclosure. I understand that employment arising out of this Application is contingent upon the results of this investigation and/or testing. 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 (i) review information provided by previous employers; (ii) have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and (iii) 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. Initial: _____

I agree that if I am hired, Eastern Oil Company may terminate my employment at will at any time for any reason or no reason at all. I understand that no representative of Eastern Oil Company has any authority to enter into any agreement for any specific period of time, or to make any agreement contrary to the foregoing. Any agreement altering the terminable at-will nature of the employment relationship must be in writing and signed by me and the President of Eastern Oil Company. I further recognize that, if hired, my compensation and benefits are subject to change by Eastern Oil Company with or without notice. I acknowledge that my assigned work hours and place of work may be modified by Eastern Oil Company. I understand that I am required to comply with any and all company policies, which Eastern Oil Company reserves the right to unilaterally modify at any time with or without notice. Initial: _____

I have read, understand, and agree to the above statements and conditions of employment.

APPLICANT AND/OR EMPLOYEE SIGNATURE _____ DATE _____

