

**NEW DISTRIBUTING
4102 HWY 59N
VICTORIA, TX 77905
361.575.1981**

DRIVER APPLICATION FOR EMPLOYMENT

Fill in all blanks & provide all information requested – please print

Date: _____

Name: First _____ Middle _____ Last _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Home Phone#: () _____ Cell #: () _____

Current Address: _____
(If listing a P. O. Box number – also list physical address)

City: _____ State: _____ Zip Code: _____

If your address is less than 6 years continue listing them below to cover the previous 6 year period:

Dates: _____ To _____ Dates: _____ To _____

Address: _____

City: _____ State _____ City _____ State _____

Dates: _____ To _____ Dates: _____ To _____

Address: _____

City: _____ State _____ City _____ State _____

Driver's License Information, list all licenses held in the last 4 year period:

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

Number of Yrs _____ months with tanker experience and _____ products hauled.

Employment History, last 10 years –please account for gaps between employers: (If owner/operator, list carriers leased to)

1. From: _____ To _____
Employment Month & Year Company Name
Job Title Street Address
Area Code & Phone Number City State Zip Code
Supervisors Name Rate of Pay Reason for leaving _____

Operated: Straight Truck Tractor-Semitrailer Bus Cargo Tank Doubles/Triples Other (Specify)

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

2. From: _____ To _____
Employment Month & Year Company Name
Job Title Street Address
Area Code & Phone Number City State Zip Code
Supervisors Name Rate of Pay Reason for leaving _____

Operated: Straight Truck Tractor-Semitrailer Bus Cargo Tank Doubles/Triples Other (Specify)

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

3. From: _____ To _____
Employment Month & Year Company Name
Job Title Street Address
Area Code & Phone Number City State Zip Code
Supervisors Name Rate of Pay Reason for leaving _____

Operated: Straight Truck Tractor-Semitrailer Bus Cargo Tank Doubles/Triples Other (Specify)

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

4. From: _____ To _____
Employment Month & Year Company Name
Job Title Street Address
Area Code & Phone Number City State Zip Code
Supervisors Name Rate of Pay Reason for leaving

Operated: Straight Truck Tractor-Semitrailer Bus Cargo Tank Doubles/Triples Other (Specify)

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

5. From: _____ To _____
Month & Year Employment Company Name
Job Title Street Address
Area Code & Phone Number City State Zip Code
Supervisors Name Rate of Pay Reason for leaving

Operated: Straight Truck Tractor-Semitrailer Bus Cargo Tank Doubles/Triples Other (Specify)

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

6. From: _____ To _____
Employment Month & Year Company Name
Job Title Street Address
Area Code & Phone Number City State Zip Code
Supervisors Name Rate of Pay Reason for leaving

Operated: Straight Truck Tractor-Semitrailer Bus Cargo Tank Doubles/Triples Other (Specify)

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

7. From: _____ To _____
Employment Month & Year Company Name
Job Title Street Address
Area Code & Phone Number City State Zip Code
Supervisors Name Rate of Pay Reason for leaving

Operated: Straight Truck Tractor-Semitrailer Bus Cargo Tank Doubles/Triples Other (Specify)

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Have you ever worked for New Distributing Company? Yes () No ()

Who referred you (newspaper ad, employee)? _____

Names of any relatives employed by this company? _____

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 Address City State

DRIVING RECORD:

List Tickets: (Note: If none, please write "NONE" in space below)

| Date | Commercial Vehicle Yes or No | State | Type of Ticket (speeding, overweight, etc.) |
|------|------------------------------|-------|---|
| | | | |
| | | | |
| | | | |

List DUI: (Note: If none, please write "NONE" in space below)

| Date of Conviction | Commercial Vehicle Yes or No | City and State |
|--------------------|------------------------------|----------------|
| | | |
| | | |
| | | |

Accidents: (Note: If none, please write "NONE" in space below)

| Date | Location and Description | Number of Injuries | Number of Fatalities | Any Hazmat Material Spill |
|------|--------------------------|--------------------|----------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |

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 ()

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Explain: YES () NO ()

Have you ever been convicted of a felony? YES () NO ()

If yes, please explain in detail (date, facts, etc.). Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.



APPLICANT MUST READ & SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test. I also understand that I must be insurable and bondable.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer. I understand that my employment with New

Distributing Co., is at-will and that they may terminate my employment at any time, for any reason or no reason, and with or without notice. I also understand that this application is not in any way to be construed as a contract of employment.

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.

New Distributing also endeavors to select and retain the best qualified individuals based upon job-related qualifications and regardless of race, color, creed, sex, religion, national origin, age, marital status, disability, sexual orientation or any other protected group under law.

49 CFR 40.25(j)

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? () YES () NO

If YES, have you successfully completed the return-to duty process? () YES () NO

If YES, Documentation **MUST BE PROVIDED** before any safety sensitive transportation function is performed.

Applicant's Signature

Date

**** FOR OFFICE USE ONLY ****

Reviewed By: _____

Date: _____

Title: _____

NOTIFICATION AND RELEASE FORM

In connection with my application for employment (including contract for services) with **New Distributing Co.**, I understand that a consumer report which may contain public record information is being requested from USIS/DAC and/or other Party or Agency contacted by New Distributing Co., Inc. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, spills, mixtures, alcohol/drug test results (49CFR 382.413), etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, criminal records, etc., from federal state and other agencies which maintain such records; as well as information from USIS/DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY NEW DISTRIBUTING CO., INC. TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to USIS/DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which USIS/DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from USIS/DAC, and I agree that such information which USIS/DAC has or obtains, and my employment history with you if I am hired will be supplied by USIS/DAC to other companies which subscribe to USIS/DAC.

I release employers and other persons from any and all liability which may result from furnishing such information.

Print Name

Social Security Number

Applicant's Signature

Date

Witness: Company Official Signature & Title

Date



WAGE DEDUCTION AUTHORIZATION AGREEMENT

I understand and agree that my employer, New Distributing Co., Inc. (The Company), may deduct money from my pay for reasons that fall into the following categories:

- 1. My share of the premiums for the Company's group medical/ dental plan;
- 2.. Any contributions I may make into a retirement or pension plan sponsored, controlled, or managed by the Company, if any;
- 3. Installment payments on loans, store credit, or wage advances given to me by the Company, including the value of merchandise that I purchase or have purchased on my employee charge account, and if there is a balance remaining when I leave the Company, the balance of such loans, store credit, or advances;
- 4.. If I receive an overpayment of wages for any reason, repayment to the Company of such Over-payments;
- 5. The cost to the Company of personal long-distance calls I may make on Company phones or on Company accounts, of personal faxes sent by me using Company equipment or Company accounts, or of non-work related access to the Internet or other computer networks by me using Company equipment or Company accounts;
- 6. The cost of repairing or replacing any Company supplies, materials, equipment, money, or other property that I may damage (other than normal wear and tear), lose, fail to return, or take without appropriate authorization from the Company during my employment (specifically including, but not limited to, company issued laptop computers, cell phones and other tools and equipment);
- 7. The cost of Company uniforms and of cleaning the uniforms as long as it does not take me below the applicable minimum wage;
- 8. The reasonable cost or fair value, whichever is less, of meals, lodging, and other facilities furnished by the Company in connection with my employment;
- 9.. Administrative fees in connection with court-ordered garnishments or legally required wage attachments of my pay, limited in extent to the amount or amounts allowed under applicable laws;
- 10 If I take paid vacation or sick leave in advance of the date I would normally be entitled to it and I separate from the Company before accruing time to cover such advance leave, the value of such leave taken in advance that is not so covered;
- 11 The value of any time off for absences to which paid leave is not applied non-exempt salaried Employees will have all such unpaid leave deducted from their salary, while exempt salaried employees will experience salary reductions only in units of a full day at a time);
- 12. If my employer pays any insurance premiums or retirement system contributions ("payments") on my behalf that I would normally make under the applicable Company benefit plan, the amount of such payments made by the Company, such payments being an advance of future wages payable to me; and I agree that the Company may deduct money from my pay under the above circumstances, or if any of the above situations occur

Date

Social Security Number

Employee Signature

Print Name

New Distributing's Representative _____

