



100 Del Norte Blvd.  
Oxnard, CA 93030  
Tel. (805) 557-4910  
Fax (805) 994-0246

**DRIVER APPLICATION FOR EMPLOYMENT**  
**APPLICANT TO COMPLETE**

(Answer all questions, incomplete applications will not be considered – Please print legibly)

Position(s) Applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE LIST MAIDEN NAME / FORMER NAME/ ALIAS(ES)

\_\_\_\_\_ @ \_\_\_\_\_  
Email Address SOCIAL SECURITY NUMBER Date of Birth

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
DAY-TIME PHONE NUMBER AND/OR CELL DAY-TIME PHONE NUMBER AND/OR CELL DATE AVAILABLE TO START

**CURRENT ADDRESS:**

STREET CITY STATE ZIP NUMBER OF YEARS

**PREVIOUS ADDRESS(ES):** (must list all addresses in the past 3 years. Attach a separate sheet of paper, if necessary)

STREET CITY STATE ZIP NUMBER OF YEARS

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STREET CITY STATE ZIP NUMBER OF YEARS

Do you have the legal right to work in the United States? \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

=====

Have you ever been bonded? Check one: Yes  No  name of bonding company? \_\_\_\_\_  
(Answer only if a job requirement)

Have you 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? (Pursuant to Sec. 40.25(j)) Check one: Yes  No

If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements? Check one: Yes  No   
(Required for Commercial Drivers)

Is there any reason you might be unable to perform the functions of the job for which you have applied? \_\_\_\_\_

If yes, explain if you wish. \_\_\_\_\_

# Employee Emergency Contact Form

## **EMPLOYEE CONTACT INFORMATION**

Employee Full Name: \_\_\_\_\_

Home Phone No. : (\_\_\_\_) \_\_\_\_\_

Cell Phone No.: (\_\_\_\_) \_\_\_\_\_

## **PRIMARY EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

## **SECONDARY EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

### EMPLOYMENT HISTORY

List all employers within the past 10 years. Attach separate sheet, if more space is needed

Per 391.21, All applicants *must* list the names and addresses (including street number, street name, city state and zip code of ALL previous employers within the last 3 years, if further states, those applicants carrying hazardous materials must list employment history for which s/he operated a commercial motor vehicle during the preceding 7 years. This equates to a requirement of 10 years employment history required. You are also required to explain any gaps of employment (reasons for any period you were unemployed or between jobs).

\*The Federal Motor Carrier Safety Regulations 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 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

CURRENT OR LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
StreetAddress \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason(s) for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\* while employed? Yes  No   
Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to alcohol & controlled substances testing requirements of 49 CFR Part 40?  Yes  No Did you haul Hazardous Materials in this job?  Yes  No Dates? \_\_\_\_\_  
Please provide an explanation for any employment gaps (period between jobs) along with the dates of unemployment: \_\_\_\_\_

SECOND LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
StreetAddress \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason(s) for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\* while employed?  Yes  No  
Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to alcohol & controlled substances testing requirements of 49 CFR Part 40?  Yes  No Did you haul Hazardous Materials in this job?  Yes  No Dates? \_\_\_\_\_  
Please provide an explanation for any employment gaps (period between jobs) along with the dates of unemployment: \_\_\_\_\_

THIRD LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
StreetAddress \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason(s) for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\* while employed?  Yes  No  
Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to alcohol & controlled substances testing requirements of 49 CFR Part 40?  Yes  No Did you haul Hazardous Materials in this job?  Yes  No Dates? \_\_\_\_\_  
Please provide an explanation for any employment gaps (period between jobs) along with the dates of unemployment: \_\_\_\_\_

FOURTH LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
StreetAddress \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason(s) for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\* while employed?  Yes  No  
Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to alcohol & controlled substances testing requirements of 49 CFR Part 40?  Yes  No Did you haul Hazardous Materials in this job?  Yes  No Dates? \_\_\_\_\_  
Please provide an explanation for any employment gaps (period between jobs) along with the dates of unemployment: \_\_\_\_\_

FIFTH LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
StreetAddress \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason(s) for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\* while employed?  Yes  No  
Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to alcohol & controlled substances testing requirements of 49 CFR Part 40?  Yes  No Did you haul Hazardous Materials in this job?  Yes  No Dates? \_\_\_\_\_

Please provide an explanation for any employment gaps (period between jobs) along with the dates of unemployment: \_\_\_\_\_

**EMPLOYMENT HISTORY (continued)**

SIXTH LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
StreetAddress \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason(s) for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\* while employed?  Yes  No  
Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to alcohol & controlled substances testing requirements of 49 CFR Part 40?  Yes  No Did you haul Hazardous Materials in this job?  Yes  No Dates? \_\_\_\_\_  
Please provide an explanation for any employment gaps (period between jobs) along with the dates of unemployment: \_\_\_\_\_

SEVENTH LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
StreetAddress \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason(s) for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\* while employed?  Yes  No  
Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to alcohol & controlled substances testing requirements of 49 CFR Part 40?  Yes  No Did you haul Hazardous Materials in this job?  Yes  No Dates? \_\_\_\_\_  
Please provide an explanation for any employment gaps (period between jobs) along with the dates of unemployment: \_\_\_\_\_

EIGHTH LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
StreetAddress \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason(s) for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\* while employed?  Yes  No  
Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to alcohol & controlled substances testing requirements of 49 CFR Part 40?  Yes  No Did you haul Hazardous Materials in this job?  Yes  No Dates? \_\_\_\_\_  
Please provide an explanation for any employment gaps (period between jobs) along with the dates of unemployment: \_\_\_\_\_

NINTH LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
StreetAddress \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason(s) for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\* while employed?  Yes  No  
Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to alcohol & controlled substances testing requirements of 49 CFR Part 40?  Yes  No Did you haul Hazardous Materials in this job?  Yes  No Dates? \_\_\_\_\_  
Please provide an explanation for any employment gaps (period between jobs) along with the dates of unemployment: \_\_\_\_\_

TENTH LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
StreetAddress \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason(s) for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\* while employed?  Yes  No  
Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to alcohol & controlled substances testing requirements of 49 CFR Part 40?  Yes  No Did you haul Hazardous Materials in this job?  Yes  No Dates? \_\_\_\_\_  
Please provide an explanation for any employment gaps (period between jobs) along with the dates of unemployment: \_\_\_\_\_

**EMPLOYMENT HISTORY (continued)**

ELEVENTH LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
 StreetAddress \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 (month/year) (month/year)

Reason(s) for Leaving \_\_\_\_\_  
 Were you subject to the Federal Motor Carrier Safety Regulations\* while employed?  Yes  No  
 Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to alcohol & controlled substances testing requirements of 49 CFR Part 40?  Yes  No Did you haul Hazardous Materials in this job?  Yes  No Dates? \_\_\_\_\_  
 Please provide an explanation for any employment gaps (period between jobs) along with the dates of unemployment: \_\_\_\_\_

**DRIVING EXPERIENCE / QUALIFICATIONS NATURE & EXTENT**

*Attach separate sheet, if more space is needed*

If no driving experience within the last 3 years – check here

CLASS OF EQUIPMENT(Circle all that apply)	TYPE OF EQUIPMENT (Circle all that apply)	DATES		APPROXIMATE NUMBER OF MILES(Total)
		FROM (Month/Year)	TO	
Straight Truck	Van, Reefer, Tank, Flat	----	----	
Tractor & Semi – Trailer	Van, Reefer, Tank, Flat	----	----	
Tractor – Two Trailers	Van, Reefer, Tank, Flat	----	----	
Tractor – Three Trailers	Van, Reefer, Tank, Flat	----	----	
(Greater than Motor coach – School Bus 8 passengers)	N/A	----	----	
(Greater than Motor coach – School Bus 15 passengers)	N/A	----	----	
Other: _____	Van, Reefer, Tank, Flat	----	----	

**ACCIDENT HISTORY/RECORD**

*List all motor vehicle accidents within the past 3 years. If none within the last 3 years – check here*

DATE (month/year)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	NUMBER OF		NUMBER OF	HAZARDOUS
		FATALITIES	INJURIES		
_____	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

**TRAFFIC CONVICTIONS & FORFEITURES**

*List all traffic convictions & forfeitures within the past 3 years*

If no traffic convictions and/or forfeitures in the last 3 years – check here

CONVICTION DATE (month/year)	VIOLATION TYPE (Other than violations involving parking only)	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**DRIVER'S LICENSE INFORMATION**

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I certify I do not have more than one motor vehicle license, the information for which is listed below.

\_\_\_\_\_ Issuing State \_\_\_\_\_ License Number \_\_\_\_\_ Endorsements \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  Yes  No  
 If yes, provide details \_\_\_\_\_

B. Has any motor vehicle license, permit, or privilege ever been suspended or revoked?  Yes  No  
 If yes, provide details \_\_\_\_\_

**EXPERIENCE & QUALIFICATIONS - OTHER**

List states operated in for last five years: \_\_\_\_\_  
Show special courses or training that will help you as a driver: \_\_\_\_\_  
Which safe driving awards do you hold and from whom? \_\_\_\_\_  
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: \_\_\_\_\_

**EDUCATION/TRAINING**

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4 Masters: 1 2  
Elementary school attended:  (Name)   (City, State)   
High School attended:  (Name)   (City, State)   
College/University attended:  (Name)   (City, State)   
Vocational/Trade school attended:  (Name)   (City, State)

**APPLICANT NOTIFICATION AND STATEMENT**

I certify that all information provided on this application is true, complete and accurate. I further understand that if any information in this application, my resume or provided in any interview(s) is found to be false, incomplete, misrepresented or misleading in any respect will be sufficient cause for eliminating the applicant from further consideration for employment and if hired, is grounds for immediate discharge from employment at the time it is discovered. I understand that I am required to abide by all Federal, State and local laws, as well as all Conico Oil policies, procedures, rules and regulations, as well as following any customer policies and procedures which may apply to employees working at customer sites/locations.

NOTICE: By completing and signing this application, you understand and authorize the following:  
I understand and expressly authorize and consent to, with no reservation, Conico Oil, its representatives, agents, employees to contact and obtain information from any references and/or previous employers. By completing and signing this application, I authorize Conico Oil to make such contacts and conduct investigation of all references, employment history, performance and safety records (including but not limited to MVR, USIS-DAC and FMSCA Pre-employment Screening Program (PSP) reports), as well as any financial records/history, criminal records/history(including but not limited to the Dept. of Homeland Security terrorist database) and medical history (including drug & alcohol testing history) and any/or other related matters that may be necessary in arriving at an employment decision. The information obtained resultant to such inquiries may be used in the hiring decision. (In general, any medical history inquiries will be made after extending offer of employment.)

"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 information and I have the following due process rights (as required by paragraphs (d) and (e) of 49 CFR 391.23):

- The right to review information provided by current/previous employers;
- The right to have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- The right to 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."

To obtain this information, you must submit a written request within 30 days after the date of hire or the date employment was denied. The applicant then has 30 days to pick up that information.

I hereby release previous employers, schools, colleges/universities, health care providers, and other persons or entities from any and all liability in responding to inquiries and releasing information in connection with my application. I also release Conic Oil, its agents, affiliates, employees and customers from any liability in association with collecting this information and using it to make employment decisions.

I understand that Conico Oil is an Equal Opportunity Employer and qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected status. No question on this application is used for the purpose of limiting/eliminating any applicant from consideration for employment at Conico Oil on any basis prohibited by Federal, State or local law.

I understand Conico Oil does not condone and will not tolerate any actions that constitute harassment in the workplace of any kind, sexual or otherwise (racial, color, gender, age, religious, disability, pregnancy status, socio-economic, etc.). Conico Oil takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

If I am hired, I understand that Conico Oil is an "at will" employer, meaning that you have the right to you and are free resign at any time, with or without cause and with or without notice and Conico Oil also has the same right to terminate employment at any time and for any reason. Conico Oil is not in the practice of entering into employment contracts, either expressed or implied and for any specified period or definite duration. I understand that no supervisor or representative of Conico Oil is authorized to make any statements or assurances to the contrary and that no oral or written agreements contrary to the above statement are valid unless such agreements are in writing and signed by Conico Oil's president.

**DO NOT SIGN BELOW UNTIL YOU HAVE READ THE ABOVE STATEMENT IN ITS ENTIRETY**

I certify that I have read, fully understand and accept all terms of the Statement of Applicant. I further certify that this application was completed by me, and that all entries on the application and information provided is true and complete to the best of my knowledge

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**AUTHORIZATION TO ACQUIRE BACKGROUND REPORTS FROM THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA) USING THE PRE-EMPLOYMENT SCREENING PROGRAM (PSP) ONLINE SERVICE.**

Conico Oil will be using the FMCSA PSP Online Service as a part of our pre-employment background check. In doing so the following rules apply:

1. Conico Oil must obtain your permission in writing prior to obtaining any background from FMSCA.
2. If any information gained from the PSP Online Service is used as a disqualifying factor for employment at Conico Oil, Conico Oil will
  - a. Provide you with a copy of the report upon which its decision was based highlighting the part that directly affected the decision
3. You have the right to challenge the accuracy of the data obtained from the PSP system by submitting a request to <https://dataqs.fmcsa.dot.gov> .
  - a. If you are challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. The request will be forwarded by the DataQs system to the appropriate State for adjudication.
4. PSP access and information is subject to the Fair Credit Reporting Act (FCRA). More information about my rights under the Fair Credit Reporting Act by going to [www.ftc.gov/credit](http://www.ftc.gov/credit) .

If you are willing to grant Conico Oil authorization to obtain said reports, please read the following and sign below.

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I authorize Conico Oil to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov> . I understand that if I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication. I understand that I can obtain more information about my rights under the Fair Credit Reporting Act by going to [www.ftc.gov/credit](http://www.ftc.gov/credit) .

I have read the above notice regarding background reports provided to me by Conico Oil. I hereby authorize Conico Oil and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

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Date

---

Signature

---

Printed Name

A-Check America, Inc.  
P.O. Box 5615  
Riverside, CA 92517 USA  
Call Toll free: 877-345-2021  
Call Direct: 951-750-1501  
Fax: 951-750-1301  
www.acheckamerica.com



## Authorization for Background Investigation (Non-Credit)

File # (online users only): \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_, hereby authorize A-Check America, Inc. and/or its agents to make an independent investigation of my background, which may include my character, general reputation, personal characteristics, or mode of living in connection with an application of employment with **Conico Oil**.

The Scope of the report may include information concerning my driving record, civil and criminal court records, workers' compensation record, education, credentials, identity, past addresses, social security number, previous employment, and personal references.

I authorize and request any present or former employer, state/federal government office, state department of motor vehicles, school, police department, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me, to furnish A-Check America, Inc. with any and all information in their possession regarding me for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive the need to receive a written notice for disclosure of information from any present or former employer who may provide information based upon this authorization.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: \_\_\_\_\_

Print Maiden Name or Other Names Used: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth (for I.D. purposes only): \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

A-Check America will need to contact you if additional information is needed to process your Background Investigation. Please provide a cell and/or alternate phone number and email address where we may contact you.

Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please do not type in name; your hand-written signature is required above)

**NOTICE: This form is the property of A-Check America, Inc. No alterations to its content may be made without the prior written consent of its author. Any changes made without A-Check's authorization are considered a breach of contract.**

### California, Minnesota and Oklahoma Residents Only:

If a consumer background report is ordered, would you like a free copy of the report mailed to your home?

YES

NO

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**SECTION 1 AUTHORIZATION**

I, (Print Name) \_\_\_\_\_, hereby authorize:  
(First, M.I., Last)

Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from \_\_\_\_\_

Period of Employment (from) \_\_\_\_\_ to \_\_\_\_\_ (Date of Employment Application)

Prospective Employer: Conico Oil Attn.: Mike Goldberg

Street Address: 4520 E. Thousand Oaks Blvd. Phone: (805) 485-6900

City, State, Zip: Westlake Village, CA 91362

In compliance with 49 CFR §§40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: (805) 372-0766

Prospective employer's confidential email: mike.goldberg@conicoinc.com

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

This information is being requested in compliance with 49 CFR §§ 40.25 and 391.23.

**SECTION 2 ACCIDENT HISTORY**

The applicant named above was employed by us.  Yes  No

Employed as \_\_\_\_\_ from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_.

Did he/she drive motor vehicle for you?  Yes  No If yes, what type?  Straight Truck  Tractor/Semitrailer  
 Bus  Cargo Tank  Doubles/Triples  Other (Specify) \_\_\_\_\_

ACCIDENTS: Complete the following for any accidents included on your accident registrar (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here  if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

PREVIOUS EMPLOYER – COMPLETE SIDE 2, SECTION 3

**SECTION 3****DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here .

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| • Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has this person tested positive or adulterated or substituted a test specimen for controlled substances?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has this person committed other violations of Subpart B or Part 382 or Part 40?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ If yes, please end documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| • For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?       | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Section 3 completed by (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4****MODE OF COMMUNICATION**

This form was sent to previous employer via (check one)  Fax  Mail  Email  Other \_\_\_\_\_

By \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 5****RECEIPT INFORMATION**

Complete the following when the requested information is obtained.

Information received from \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method:  Fax  Mail  Email  Phone

Date: \_\_\_\_\_  Other \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST****SIDE 1 SECTION 1: Prospective Employee**

- Complete the information required in this section
- Sign and date
- Submit to the prospective employer

**SIDE 1 SECTION 2: Previous Employer**

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

**SIDE 2 SECTION 3: Previous Employer**

- **Complete the information required in this section**
- **Sign and date**
- **Return to prospective employer**

**SIDE 2 SECTION 4: Prospective Employer**

- Verify that prospective employee has correctly completed SIDE 1 SECTION 1
- Complete the information required in this section
- Make a copy of this form and keep it on file
- Send to previous employer

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**SECTION 1 AUTHORIZATION**

I, (Print Name) \_\_\_\_\_, hereby authorize:  
(First, M.I., Last)

Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from \_\_\_\_\_

Period of Employment (from) \_\_\_\_\_ to \_\_\_\_\_ (Date of Employment Application)

Prospective Employer: Conico Oil Attn.: Mike Goldberg  
Street Address: 4520 E. Thousand Oaks Blvd. Phone: (805) 485-6900  
City, State, Zip: Westlake Village, CA 91362

In compliance with 49 CFR §§40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: (805) 372-0766  
Prospective employer's confidential email: mike.goldberg@conicoinc.com

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

This information is being requested in compliance with 49 CFR §§ 40.25 and 391.23.

**SECTION 2 ACCIDENT HISTORY**

The applicant named above was employed by us.  Yes  No

Employed as \_\_\_\_\_ from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_.

Did he/she drive motor vehicle for you?  Yes  No If yes, what type?  Straight Truck  Tractor/Semitrailer  
 Bus  Cargo Tank  Doubles/Triples  Other (Specify) \_\_\_\_\_

ACCIDENTS: Complete the following for any accidents included on your accident registrar (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here  if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

PREVIOUS EMPLOYER – COMPLETE SIDE 2, SECTION 3

**SECTION 3 DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here .

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| • Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has this person tested positive or adulterated or substituted a test specimen for controlled substances?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has this person committed other violations of Subpart B or Part 382 or Part 40?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ If yes, please end documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| • For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?       | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Section 3 completed by (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4 MODE OF COMMUNICATION**

This form was sent to previous employer via (check one)  Fax  Mail  Email  Other \_\_\_\_\_  
 By \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 5 RECEIPT INFORMATION**

Complete the following when the requested information is obtained.  
 Information received from \_\_\_\_\_  
 Recorded by: \_\_\_\_\_ Method:  Fax  Mail  Email  Phone  
 Date: \_\_\_\_\_  Other \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

- SIDE 1 SECTION 1: *Prospective Employee*
- Complete the information required in this section
  - Sign and date
  - Submit to the prospective employer

- SIDE 1 SECTION 2: *Previous Employer*
- Complete the information required in this section
  - Sign and date
  - Turn form over to complete SIDE 2 SECTION 3

- SIDE 2 SECTION 3: Previous Employer**
- **Complete the information required in this section**
  - **Sign and date**
  - **Return to prospective employer**

- SIDE 2 SECTION 4: *Prospective Employer*
- Verify that prospective employee has correctly completed SIDE 1 SECTION 1
  - Complete the information required in this section
  - Make a copy of this form and keep it on file
  - Send to previous employer

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

<b>SECTION 1</b>	<b>AUTHORIZATION</b>
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I, (Print Name) \_\_\_\_\_, hereby authorize:  
 (First, M.I., Last)

Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from \_\_\_\_\_

Period of Employment (from) \_\_\_\_\_ to \_\_\_\_\_ (Date of Employment Application)

Prospective Employer: Conico Oil Attn.: Mike Goldberg  
 Street Address: 4520 E. Thousand Oaks Blvd. Phone: (805) 485-6900  
 City, State, Zip: Westlake Village, CA 91362

In compliance with 49 CFR §§40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: (805) 372-0766  
 Prospective employer's confidential email: mike.goldberg@conicoinc.com

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

This information is being requested in compliance with 49 CFR §§ 40.25 and 391.23.

<b>SECTION 2</b>	<b>ACCIDENT HISTORY</b>
------------------	-------------------------

The applicant named above was employed by us.  Yes  No  
 Employed as \_\_\_\_\_ from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_.  
 Did he/she drive motor vehicle for you?  Yes  No If yes, what type?  Straight Truck  Tractor/Semitrailer  
 Bus  Cargo Tank  Doubles/Triples  Other (Specify) \_\_\_\_\_

ACCIDENTS: Complete the following for any accidents included on your accident registrar (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here  if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3 DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here .

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| • Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has this person tested positive or adulterated or substituted a test specimen for controlled substances?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has this person committed other violations of Subpart B or Part 382 or Part 40?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ If yes, please end documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| • For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?       | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Section 3 completed by (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4 MODE OF COMMUNICATION**

This form was sent to previous employer via (check one)  Fax  Mail  Email  Other \_\_\_\_\_  
 By \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 5 RECEIPT INFORMATION**

Complete the following when the requested information is obtained.  
 Information received from \_\_\_\_\_  
 Recorded by: \_\_\_\_\_ Method:  Fax  Mail  Email  Phone  
 Date: \_\_\_\_\_  Other \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

- SIDE 1 SECTION 1: *Prospective Employee*
- Complete the information required in this section
  - Sign and date
  - Submit to the prospective employer

- SIDE 1 SECTION 2: *Previous Employer*
- Complete the information required in this section
  - Sign and date
  - Turn form over to complete SIDE 2 SECTION 3

- SIDE 2 SECTION 3: Previous Employer**
- **Complete the information required in this section**
  - **Sign and date**
  - **Return to prospective employer**

- SIDE 2 SECTION 4: *Prospective Employer*
- Verify that prospective employee has correctly completed SIDE 1 SECTION 1
  - Complete the information required in this section
  - Make a copy of this form and keep it on file
  - Send to previous employer