

**FRED GARRISON OIL COMPANY
ALLSTAR FUEL**

Mail to:
1107 Walter Griffin
Plainview, TX 79072

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion or national origin

Please print clearly

Date

PERSONAL

Social Security Number

Name

First Middle (Maiden Name, if any) Last

Address

For the past three years

Street City State Zip How long?

Address

For the past three years

Street City State Zip How long?

Address

For the past three years

Street City State Zip How long?

List any other names you have worked under:

Phone Number

()

Salary Expected

Are you at least 18 years old?

Yes No

List any friends or relatives employed by this company:

EMPLOYMENT DATA

Are you willing to work overtime? Yes No Weekends? Yes No Holidays? Yes No

If hired, do you have a reliable means of transportation to get to work? Yes No

Are you currently employed? Yes No If hired, when would you be able to start?

Are you on layoff and subject to recall? Yes No If yes, explain:

Have you ever been discharged or asked to resign from any position? Yes No

If yes, please describe:

Have you been convicted of a felony in the last seven years? Yes No

On Parole? Yes No Deferred Adjudication? Yes No

If yes, state the nature of the offense and disposition of the case. Include dates and places.

* NOTE: Felony convictions or the existence of a criminal record do not constitute an automatic bar to employment

EDUCATION

Name/Location of School

Circle last year Completed

Did you Graduate

Subjects Studied Degree(s) Received

High School

1 2 3 4

yes no

College

1 2 3 4

yes no

Trade/Business School

1 2 3 4

yes no

Subjects of Special Study or Research Work:

If currently in high school, are you enrolled in a recognized co-op program?

(such as DE or CVA)? Yes No

Degree/Major

Date Graduated:

MILITARY SERVICE

Are you a veteran? Yes No Dates of Service: From: To:

Special skills or training:

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ALLSTAR FUEL

Page 2

WORK HISTORY				
NOTE: DOT Requires That Employment for at least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown				
Please list your last four employers. Begin with the most recent.				
<i>(if you have worked more than four jobs in the last five years, attach a separate sheet)</i>				
Company	Address	Phone	From: Mo & Yr	To: Mo & Yr
Job Title	Specific Reason for leaving		Supervisor's name	
Describe duties briefly		Starting Salary	Ending Salary	
Company	Address	Phone	From: Mo & Yr	To: Mo & Yr
Job Title	Specific Reason for leaving		Supervisor's name	
Describe duties briefly		Starting Salary	Ending Salary	
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Company	Address	Phone	From: Mo & Yr	To: Mo & Yr
Job Title	Specific Reason for leaving		Supervisor's name	
Describe duties briefly		Starting Salary	Ending Salary	
REFERENCES:	Give below the names of three persons not related to you, whom you have known at least one year.			
Name	Address	Business	Years Acquainted	
1.				
2.				
3.				
PHYSICAL RECORD	Do you have any physical condition which may limit your ability to perform the job applied for? This question is voluntary, and any answers will be keep confidential.			
In case of Emergency Notify:				
Name		Address		Phone Number
I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated any time without any previous notice.				
Date:	Signature:			

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COMPLETE THE FOLLOWING FOR ALL EMPLOYEES

PERSONAL					
Name			Date of Birth	Social Security Number	
First	Middle (Maiden Name, if any)	Last			
DRIVER LICENSES		State	License No.	Type	Expiration Date

COMPLETE THE FOLLOWING FOR DOT DRIVERS ONLY

EXPERIENCE AND QUALIFICATIONS - DOT DRIVER					
DRIVING EXPERIENCE	Type of Equipment (Van, Tank, Flat, etc)	Dates		Approx. no. of Miles (Total)	
		From	To		
Class of Equipment					
Straight Truck					
Tractor and Semi-Trailer					
Other:					
DRIVING EXPERIENCE	Dates	Nature of Accident (Head-on, Rear-end, Upset, etc)	Fatalities	Injuries	
Last Accident					
Next Previous					
Next Previous					
TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)					
Location	Date	Charge	Penalty		
(ATTACH SHEET IF MORE SPACE IS NEEDED)					
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
IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS					

TO BE READ AND SIGNED BY APPLICANT

This certifies that the 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.

_____ Date

_____ Applicant's Signature

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.