



Delta Fuel Company, Inc.

Driver Application for Employment

Applicant Information

Print all information in blue or black ink only. All information must be filled out. If information is not applicable to you, please write none. Only completed applications will be accepted.

Position(s) applied for _____ Date of application _____

Full Name _____ Social Security No _____
Last First MI

Phone number(s) _____ Date of birth _____
Home Mobile Other(specify) (required for commercial drivers)

List your address(es) of residency for the past three years:

Current _____
Address Street Address (no po boxes) City State Zip Length of residency

Previous _____
Address Street Address (no po boxes) City State Zip Length of residency

Previous _____
Address Street Address (no po boxes) City State Zip Length of residency

Do you have the legal right to work in the United States? _____ (please be prepared to supply supporting documentation)

Are you currently employed? _____ May we contact your present employer? _____

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

Who referred you to our company? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied as described in the attached job description? _____

If yes, please explain _____

Education

Please circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4
Elementary High School College

Last school attended: _____ Course of study _____
Name City State

Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years. Applicants to drive a commercial motor vehicle* in interstate or intrastate commerce shall also provide an additional seven years information on those employers for whom the applicant operated such vehicle. Print all information and complete all sections. Complete mailing addresses, street number, city, state, zip code and phone number are required.

List employers in reverse order starting with the most recent, or current, employer. Add additional sheets if necessary.

Employer _____
Company Name _____ Mailing Address _____ City _____ State _____ Zip _____

Position held _____ Supervisor Name _____ Phone Number _____

Dates of employment _____ Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes No

Employer _____
Company Name _____ Mailing Address _____ City _____ State _____ Zip _____

Position held _____ Supervisor Name _____ Phone Number _____

Dates of employment _____ Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes No

Employer _____
Company Name _____ Mailing Address _____ City _____ State _____ Zip _____

Position held _____ Supervisor Name _____ Phone Number _____

Dates of employment _____ Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes No

Employer _____
Company Name _____ Mailing Address _____ City _____ State _____ Zip _____

Position held _____ Supervisor Name _____ Phone Number _____

Dates of employment _____ Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes No

*includes vehicles having a GVWR of 10,001 pounds or more, vehicles designed to transport nine (9) or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Employment History (continued)

Employer _____
Company Name Mailing Address City State Zip

Position held _____ Supervisor Name _____ Phone Number _____

Dates of employment _____ Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes No

Employer _____
Company Name Mailing Address City State Zip

Position held _____ Supervisor Name _____ Phone Number _____

Dates of employment _____ Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes No

Employer _____
Company Name Mailing Address City State Zip

Position held _____ Supervisor Name _____ Phone Number _____

Dates of employment _____ Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes No

Employer _____
Company Name Mailing Address City State Zip

Position held _____ Supervisor Name _____ Phone Number _____

Dates of employment _____ Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes No

Employer _____
Company Name Mailing Address City State Zip

Position held _____ Supervisor Name _____ Phone Number _____

Dates of employment _____ Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes No

Qualifications

Driver's License(s) – list each license held in the previous three (3) years

State of Licensure _____ License Number _____ Type of License _____ Expiration date _____

State of Licensure _____ License Number _____ Type of License _____ Expiration date _____

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

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

If yes, please explain _____

List any special courses, training or awards which may pertain to the job for which you are applying:

Description _____ Received by _____ Date _____

Driver Experience

List information regarding your driving experience for the last five years. If no driving experience, write none.

Class of Equipment	Years of Driving Experience	Approximate Number of Miles
Straight Truck		
Tractor and Semi-Trailer		
Motorcoach/Bus		
Other		

Traffic Convictions and Forfeitures

List all traffic convictions and forfeitures for the past three (3) years. Do not include parking violations.

Location	Date	Charge	Penalty

Accident History

the date the application is submitted, specifying the date and nature of each accident and any fatalities or personal injuries it caused. (FMCSR, April 1, 2007 391.21 (b) (7))

Date of accident	Nature of accident	Fatalities	Injuries

TO BE READ AND SIGNED BY APPLICANT

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 inquire of personal, employment, financial, medical and other related matters as may be necessary at arriving at employment decisions. I hereby release employers, schools, health care providers and other personnel from all liability in response to and release of information regarding my application. In the event of employment, I understand that false and/or misleading information given in my application or interview may result in discharge. I understand that I am required to abide by all rules and regulations of the company for which I am applying. I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49CFR391.23(d) and (e). I also understand I have the following rights: (1) Review of information provided by previous employers (2) Have errors in such information corrected and resent by previous employers to the prospective employer (3) Have a rebuttal statement attached to the alleged erroneous information if previous employer and I cannot agree on the accuracy of the information.

Applicant Signature

Date

In compliance with Federal and State employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or non-job related disability.

Release for Complete Background Check

To be completed by Applicant

Name of applicant	Date of Birth	Social Security Number
Current Address	City	State Zip
Type of License	License Number	State of issuance
		Expiration Date

I, _____, hereby authorize the release of information regarding my driving history, criminal history and any other information deemed necessary for the purpose of obtaining employment to the following company:

Delta Fuel Company, Inc.

27797 Highway 15

Ferriday, LA 71334

Phone 318-757-7610

You are hereby released from any and all liability which may result from furnishing such information.

Applicant's Signature _____ Date _____

To be completed by Authorized Personnel

To (company providing information)	Address	City	State	Zip
Contact Name(s)	Phone	Fax		
Requested by (Authorized Personnel)	Title	Phone/Fax		

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“Prospective Employer”) 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 authorizing 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 and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge 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 any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015