

**POWERS OIL COMPANY LTD.**  
**Db a Powers Oil & Propane**  
**EMPLOYMENT APPLICATION**

1. Employer Information

Employer: Powers Oil Ltd. Telephone: 330-821-8387  
Address: 1681 West Main St. City/State/ZIP: Alliance, Ohio 44601

It is the policy of Powers Oil Ltd. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Information

Applicant Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Please provide 3 years of residence address/current address:

Current Address: \_\_\_\_\_ Years at this address: \_\_\_\_\_

Residence Past 3 years additional address(s) if different than above include years at each address:

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Indicate No. of Unexpired State Driver's License Held: \_\_\_\_\_

Driver's License (State/Number/Expiration): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

4. Job Position Applied For: \_\_\_\_\_

5. Salary Desired: \$ \_\_\_\_\_ per \_\_\_\_\_

6. Who referred you to our company? \_\_\_\_\_

7. Have you been a licensed driver at least 5 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. If applicable, are you available to work overtime? \_\_\_\_\_ Yes \_\_\_\_\_ No

9. If you are offered employment, when would you be available to begin work? \_\_\_\_\_

10. Are you legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

11. Are you able to perform the essential functions of the job for which you are applying with reasonable accommodations, including those that require moderate to heavy lifting? \_\_\_\_\_ Yes \_\_\_\_\_ No

12. Have you ever been convicted of any crime, including traffic violations? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe (include min. past 3 yrs.): \_\_\_\_\_

13. Have you ever been involved in a traffic accident? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe (include min. past 3 yrs., nature of accident, and if any fatalities or personal injuries resulted): \_\_\_\_\_

14. Have you ever had a denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe in detail the facts and circumstances of such denial, suspension or revocation:

\_\_\_\_\_

\_\_\_\_\_

15. Applicant's Skills and Qualifications

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Ability or Skill	Type	Yrs Experience	Rating
[ ]Mechanical Experience	_____	_____	1 2 3 4 5
[ ]Customer service	_____	_____	1 2 3 4 5
[ ]Driving Experience	_____	_____	1 2 3 4 5
[ ]CDL/Hazmat License	_____	_____	1 2 3 4 5
[ ]Other skills/experience	_____	_____	1 2 3 4 5
_____	_____	_____	1 2 3 4 5

16. Applicant's Employment History

List jobs for past 3 years and Commercial Driving Experience for the past 10 years:

**\*Note: FMCSRs stands for Federal Motor Carrier Safety Regulations**

Employer Name: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_  
 Position Held/Job Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Dates of Employment (Month/Year) From: \_\_\_\_\_ To: \_\_\_\_\_  
 Were you subject to the FMCSRs while employed by that employer? \_\_\_\_ Yes \_\_\_\_ No

Employer Name: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_  
 Position Held/Job Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Dates of Employment (Month/Year) From: \_\_\_\_\_ To: \_\_\_\_\_  
 Were you subject to the FMCSRs while employed by that employer? \_\_\_\_ Yes \_\_\_\_ No

Employer Name: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_  
 Position Held/Job Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Dates of Employment (Month/Year) From: \_\_\_\_\_ To: \_\_\_\_\_  
 Were you subject to the FMCSRs while employed by that employer? \_\_\_\_ Yes \_\_\_\_ No

Employer Name: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_  
 Position Held/Job Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Dates of Employment (Month/Year) From: \_\_\_\_\_ To: \_\_\_\_\_  
 Were you subject to the FMCSRs while employed by that employer? \_\_\_\_ Yes \_\_\_\_ No

17. Applicant's Education and Training

Did you graduate from High School? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, did you receive a GED? \_\_\_\_\_ Yes \_\_\_\_\_ No

High School/GED Name and Address:

\_\_\_\_\_

Did you attend a College/University Name and Address:

\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what was the degree received: \_\_\_\_\_

Other Training (graduate, technical, vocational):

\_\_\_\_\_

Awards, Honors, Special Achievements:

\_\_\_\_\_

Military Service: \_\_\_\_\_ Yes \_\_\_\_\_ No

Branch: \_\_\_\_\_

Specialized Training: \_\_\_\_\_

18. References

Please provide three references for you.

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

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

19. Please provide any other information that you believe should be considered:

\_\_\_\_\_

**CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I understand that the information submitted on this application will be used for the purpose of investigating the applicant's background, including contacting the applicant's prior employers and obtaining the applicant's driving record as well as driving performance history for the preceding three years for each DOT regulated employer as well as the state or appropriate agency for which a motor vehicle operator's license is held. I authorize Powers Oil Ltd to contact former employers, the State and/or appropriate agency, as well as educational organizations regarding my employment, driving record, driving safety performance history and education. I authorize my former employers and educational organizations to fully and freely communicate

information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I understand that as a part of the Hazardous Materials Endorsement Threat Assessment Program, the TSA implemented on January 31, 2005 and Powers Oil Ltd. dba Powers Oil and Propane's driver qualification policy a criminal background check will be conducted at the time of hire and as needed in the future to meet the company's security plan and Hazardous Materials Endorsement compliance. I authorize Powers Oil Ltd. to conduct a criminal background check both now and in the future.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Powers Oil Ltd, except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

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Printed Name

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Signature

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DATE