

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: _____
Current Address: _____
Years at this address: _____ (if less than 3 year provide additional addresses)
Additional Addresses (Provide 3 year history): _____
Daytime phone: _____ Evening phone: _____
SS Number: _____ Driver's License:(State/No./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., date of conviction, offense, location, type of motor vehicle operated): _____

13. Have you ever been involved in any traffic accidents/crashes? _____ 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 (least to most)
[] 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
[] Quickbooks	_____	_____	1 2 3 4 5
[] Microsoft Office	_____	_____	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 if applying for a Commercial Driving position include the past 10 years for commercial driving experience:

***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.

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:

****CDL applicants Complete Section 20 before proceeding to the Certification Statement. All other applicants proceed to the Certification Statement.**

20. For CDL related employment applicants only:

Experience and Qualifications

MAKE A PHOTO COPY OF THE DRIVERS LICENSE AND MEDICAL CERTIFICATE AND PLACE IN DRIVER FILE.

Applicant list the states and license numbers of all licenses held for the past 3 years.

STATE	LICENSE #	EXPIRATION DATE	CLASS A, B, C	ENDORSEMENTS
Equipment Class	Type of Equipment Van, Flat, Tank, etc	DATES From To		Approx # of Miles Total
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

Accidents/Crashes for
the past 3 years or more

DATE	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries

Moving Traffic Convictions and
forfeitures for the past 3 years.

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

Driver Pre-Employment Verification of Testing Results	Yes	No
This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be controlled substances tested with a negative result prior to driving. Do you consent to such Testing?		
In the past 2 years have you:		
Tested positive for any Controlled Substances pre-employment test for any other company?		
Tested above .04 on any Alcohol pre-employment test for any other company?		
Refused to be tested for any pre-employment test for any other company?		
If you answer "yes" to any of the above questions, provide the following information on the Substance Abuse Professional (SAP) you consulted.		
Name of SAP:		
Street Address:		
City:	State:	Zip Code:
Telephone Number:		
Date(s) Visited:		

CERTIFICATION STATEMENT

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 I have the right to review the information provided by previous employers. I realize I have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer. I realize I have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

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 that a criminal background check will be conducted and driving records obtained to determine qualification for hire as well as needed after hire to meet the company's regulating agency(s) requirements, security plan and Hazardous Materials Endorsement compliance. I authorize Powers Oil Ltd. to conduct a criminal background check and obtain driving records both now and during employment (if obtained) with the company.

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. 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.

Printed Name

Signature

DATE