

B&B PROPANE DRIVER APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal 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.

Date of Application _____

Name _____

List your addresses of residency for the past 3 years.

Current Address _____
Street _____ City _____
State _____ Zip Code _____ Phone _____ How Long? _____

Previous Address _____ How Long? _____
Street _____ City _____ State & Zip code _____
Street _____ City _____ State & Zip code _____ How Long? _____

Do you have the legal right to work in the United States? _____

Date of Birth _____/_____/_____ Can you provide proof of age? _____

Have you worked for this company before? _____ Dates: _____ to _____

Reason for Leaving _____

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

Who referred you? _____ Expected rate of pay _____

EMPLOYMENT

Give a COMPLETE RECORD of all employment for the past 3 years, including any unemployment or self-employment, and all commercial driving experience for the past ten years.

Mo/Yr	Mo/Yr	PRESENT OR LAST EMPLOYER:
From _____	To _____	Name _____
Phone # (_____) _____		Address _____ Street _____ City _____ State/Zip _____
		Position Held _____ Salary _____
		Reason For Leaving _____

EMPLOYMENT (CONTINUED)

Mo/Yr _____ Mo/Yr _____
From _____ To _____
Phone # (_____) _____

NEXT PREVIOUS EMPLOYER:

Name _____
Address _____
Street City State/Zip
Position Held _____ Salary _____
Reason For Leaving _____

Mo/Yr _____ Mo/Yr _____
From _____ To _____
Phone # (_____) _____

NEXT PREVIOUS EMPLOYER:

Name _____
Address _____
Street City State/Zip
Position Held _____ Salary _____
Reason For Leaving _____

Mo/Yr _____ Mo/Yr _____
From _____ To _____
Phone # (_____) _____

NEXT PREVIOUS EMPLOYER:

Name _____
Address _____
Street City State/Zip
Position Held _____ Salary _____
Reason For Leaving _____

Mo/Yr _____ Mo/Yr _____
From _____ To _____
Phone # (_____) _____

NEXT PREVIOUS EMPLOYER:

Name _____
Address _____
Street City State/Zip
Position Held _____ Salary _____
Reason For Leaving _____

Mo/Yr _____ Mo/Yr _____
From _____ To _____
Phone # (_____) _____

NEXT PREVIOUS EMPLOYER:

Name _____
Address _____
Street City State/Zip
Position Held _____ Salary _____
Reason For Leaving _____

DRIVING EXPERIENCE (IF NONE, WRITE NONE)-

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES TO	DATES FROM	APPOXIMATE NO. OF MILES
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

List States Operated in for the last five years _____

Show special courses or training that will help you as a driver _____

What safety awards do you hold and from whom? _____

ACCIDENT RECORD FOR PAST 3 YEARS (attach sheet if more space is needed)

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, Etc)	# OF FATALITIES	# OF PEOPLE INJURED

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE LAST 3 YEARS

LOCATION	DATE	CHARGE	PENALTY

DRIVER'S LICENSE (List each Driver's License held in the past 3 years)

STATE	LICENSE NUMBER	TYPE	ENDORSEMENTS	EXPIRATION DATE

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 A or B is YES, give details. _____

EDUCATION High School: __1 __2 __3 __4

College: __1 __2 __3 __4

Last School Attended _____
(Name) (City)

PERSONAL REFERENCES

Name _____ Phone _____

Name _____ Phone _____

TO BE READ AND SIGNED BY EACH APPLICANT

It is agreed and understood that any misrepresentation given above shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

It is agreed and understood that this application for qualification in no way obligates that motor carrier to employ the applicant.

It is agreed and understood that if qualified, the driver may be on a probationary period during which time he may be disqualified without recourse.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Applicant's Signature

**APPLICANT'S AUTHORIZATION
TO OBTAIN PAST DRUG AND ALCOHOL TEST RESULTS**

I, _____ understand that as a condition of hire with B&B Propane I must give B&B Propane written authorization to obtain the results of all DOT required drug and/or alcohol tests (including any refusals to be tested) from all the companies for which I worked as a driver, or for which I took a pre-employment drug and/or alcohol test, during the past two (2) years. I have also been advised and understand that my signing of this authorization does not guarantee me a job or guarantee that I will be offered a position with B&B Propane.

Below I have listed all companies for which I worked as a driver, or to which I applied as a driver during the past two (2) years. I hereby authorize B&B Propane to obtain from those companies, and I hereby authorize those companies to furnish to B&B Propane, the following information concerning my drug and alcohol test (a) all positive drug test results during the past two (2) years; (b) all alcohol test results of 0.04 or greater during the past two (2) years; (x) all alcohol tests results of 0.02 or greater but less than 0.04 during the past two (2) years; (d) all instances in which I refused to submit to a DOT required drug/or alcohol test during the past (2) years.

The following is a list of all companies for which I worked as a driver, or for which I attended orientation as a driver, during the past two (2) years.

COMPANY NAME & PHONE NUMBER

DATES WORKED FOR/APPLIED TO

I have carefully read and fully understand this authorization to release my past drug and alcohol test results. In signing below, I certify that all of the information, which I have furnished, on this form is true and complete, and that I have identified all of the companies for which I have either worked, or applied for work, as a driver during the past two (2) years.

Signature of Applicant

Social Security Number

Date

**B&B PROPANE
P.O. BOX 27
HOUGHTON, IOWA 52631
319-469-4521**

B&B Propane is required by the Federal Highway Administration, Department of Transportation, sections 391.21 and 391.23 to obtain information from all applicants for a driving position. Section 391.23 describes what investigations and inquires must be made on each applicant. Also, section 382.413 requires all employers to obtain all alcohol/controlled substance testing results, and refusals for the preceding two years.

Certification and Release: I authorize the company and/or its agents, to verify any of this information including, but not limited to, past employers, military service, criminal history, consumer reporting bureaus and motor vehicle driving records. I hereby authorize the release of information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damages whatsoever for issuing this information. I also understand the use/possession of illegal controlled substances and prohibited use or possession of alcohol is prohibited during employment. I certify that I am a genuine applicant for, certification and this from is being submitted solely for the purpose of seeking certification with B&B Propane and no other reason.

Signature

Date

**RELEASE AND DOCUMENTATION OF TESTING INFORMATION
BY PREVIOUS EMPLOYER**

Applicant's Name: _____

Applicant's Social Security #: _____

Company Name: _____

Company Address: _____

Company Phone #: _____

Company Fax #: _____

Listed Dates of Employment: _____

What are the exact start and end dates you have listed for this individual? _____

Was he/she a company driver owner-operator or driver for an owner-operator

Did he/she operate a tractor-trailer? YES NO If NO, what type of equipment did he/she operate?

What size trailers did he/she pull? _____

What commodities did he/she haul? _____

In what areas of the U.S. did he/she operate? _____

Did he/she have any accidents or moving violations in the past 3 years? _____

Did he/she have any problems that we should be aware of? i.e. – equipment abuse, late pick-up or delivery, poor customer relations, etc? _____

What was his/her reason for leaving? _____

Is he/she eligible for rehire? REVIEW REQUIRED YES NO

Has he/she refused (includes verified adulterated or substituted results) a controlled substance test and/or alcohol test within the past 3 years? YES NO

Has he/she violated other DOT drug/alcohol regulations? YES NO

Have you received information from a previous employer that he/she violated DOT drug and/or alcohol regulations? YES NO

Name of Person Releasing Information

Date