



**KY Oil & Refining Company**

156 KY Oil Village

Betsy Layne, KY 41605

Phone (606) 478-9501

Fax (606) 478-9504

<http://www.teamkore.com>

**DRIVER'S APPLICATION  
FOR EMPLOYMENT**

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(print)

Company: Kentucky Oil & Refining Company

Address: 156 KY Oil Village

City: Betsy Layne State: KY Zip: 41605

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, veteran status, non-job related disability, or any other protected group status.

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**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- \* Review information provided by previous employers;
- \* Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- \* Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR COMPANY USE**

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**PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_  
( IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

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**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

\*\*\*\*\*

**APPLICANT TO COMPLETE**

(Answer all questions ☒ please print)

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City  
Phone How Long? \_\_\_\_\_  
Yr./mo

Previous Addresses \_\_\_\_\_  
Street City State & Zip Code How Long? \_\_\_\_\_  
yr./mo  
Street City State & Zip Code How Long? \_\_\_\_\_  
yr./mo  
Street City State & Zip Code How Long? \_\_\_\_\_  
yr./mo

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

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
 (Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform any of the following functions, including but not limited to walking, standing, climbing, sitting, squatting, lifting or pulling 50 lbs or less, or driving a commercial vehicle?

If yes, explain.

### EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years<sup>1</sup> information on those employers for whom the applicants operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER				DATE			
Name				From		To	
Address				Mo.	Yr.	MO.	Yr.
City				Position Held			
State		Zip		Salary/wage			
Contact Person				Reason for leaving			
Phone Number				WERE YOU SUBJECT TO THE FMCSR <sup>1</sup> s** WHILE EMPLOYED? YES NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIRMENTS OF 49 CFR PART 40? YES NO							

EMPLOYER				DATE			
Name				From		To	
Address				Mo.	Yr.	MO.	Yr.
City				Position Held			
State		Zip		Salary/wage			
Contact Person				Reason for leaving			
Phone Number				WERE YOU SUBJECT TO THE FMCSR <sup>1</sup> s** WHILE EMPLOYED? YES NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIRMENTS OF 49 CFR PART 40? YES NO							

EMPLOYER				DATE			
Name				From		To	
Address				Mo.	Yr.	MO.	Yr.
City				Position Held			
State		Zip		Salary/wage			
Contact Person				Reason for leaving			
Phone Number							
WERE YOU SUBJECT TO THE FMCSR <sup>1s</sup> ** WHILE EMPLOYED? YES NO							
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIRMENTS OF 49 CFR PART 40? YES NO							

EMPLOYER				DATE			
Name				From		To	
Address				Mo.	Yr.	MO.	Yr.
City				Position Held			
State		Zip		Salary/wage			
Contact Person				Reason for leaving			
Phone Number							
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIRMENTS OF 49 CFR PART 40? YES NO							

EMPLOYER				DATE			
Name				From		To	
Address				Mo.	Yr.	MO.	Yr.
City				Position Held			
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EMPLOYER				DATE			
Name				From		To	
Address				Mo.	Yr.	MO.	Yr.
City				Position Held			
State		Zip		Salary/wage			
Contact Person				Reason for leaving			
Phone Number							
WERE YOU SUBJECT TO THE FMCSR <sup>1s</sup> ** WHILE EMPLOYED? YES NO							
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIRMENTS OF 49 CFR PART 40? YES NO							

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

\*\* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver). OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE WRITE NONE.

LAST ACCIDENT \_\_\_\_\_  
 DATES NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET) FATALITIES INJURIES HAZARDOUS MATERIAL SPILL

NEXT PREVIOUS \_\_\_\_\_  
 DATES NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET) FATALITIES INJURIES HAZARDOUS MATERIAL SPILL

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TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIO) IF NONE WRITE NONE.

LAST CONVICTION \_\_\_\_\_  
 LOCATION DATE CHARGE PENALTY

PREVIOUS CONVICTION \_\_\_\_\_  
 LOCATION DATE CHARGE PENALTY

PREVIOUS CONVICTION \_\_\_\_\_  
 LOCATION DATE CHARGE PENALTY

**EXPERIENCE AND QUALIFICATIONS OF DRIVER**

List all driver licenses or permits held in the past 3 years.

License # 1 \_\_\_\_\_  
 STATE LICENSE NO. TYPE EXPIRATION DATE

License # 2 \_\_\_\_\_  
 STATE LICENSE NO. TYPE EXPIRATION DATE

License # 3 \_\_\_\_\_  
 STATE LICENSE NO. TYPE 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 EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**DRIVING EXPIRENCE (CIRCLE YES OR NO)**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK YES NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR AND SEMI YES NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR-2 TRAILERS YES NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR-3 TRAILERS YES NO	(VAN, TANK, FLAT, DUMP, REFER)		
MOTORCOACH 8 + YES NO	-----		
MOTORCOACH 15 + YES NO	-----		
OTHER			

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS & OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY: \_\_\_\_\_

LIST ANY COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHINCAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) \_\_\_\_\_

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_  
(NAME) (CITY & STATE)

**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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT NOTICE**  
**REGARDING BACKGROUND REPORTS**  
**FROM THE PSP *Online Service***

In connection with your application for employment with Kentucky Oil & Refining ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Kentucky Oil & Refining ("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 consenting to 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 am challenging 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.

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I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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) \_\_\_\_\_