

**MOTOR VEHICLE DRIVER
APPLICATION FOR EMPLOYMENT**

**Gaubert Oil Company, Inc.
1201 St. Patrick Highway / P.O. Box 310, Thibodaux, LA 70301
Phone Number 985.447.3811 / Fax Number 985.447.1614
USDOT Number 360385**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, union affiliation, sexual orientation, the presence of a non-job related medical condition or handicap, or another category protected by law.

DRIVER APPLICANT INFORMATION

Applicant's Name			Date of Application
Current Address	City	State	Zip
Social Security Number	Date of Birth	Phone Home: Cell:	

ADDRESSES FOR THE PAST THREE YEARS (Prior to date of application)

1.	Street Address	City	State and Zip	How Long?
2.	Street Address	City	State and Zip	How Long?
3.	Street Address	City	State and Zip	How Long?

GENERAL QUESTIONS

1. Position Applying For: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
2. Who Referred You: _____ Rate of Pay Expected: _____
3. Have you worked here before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, from: _____ to _____ Which location: _____ List Position Held: _____ List Rate of Pay: _____ Reason for Leaving: _____
4. Names of any relatives employed by this company: _____
5. Are you employed now? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, how long since leaving last employment? _____
6. What date are you available to start work? _____
7. Are you legally qualified to work in this country? <input type="checkbox"/> YES <input type="checkbox"/> NO
8. Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please attach explanation statement.

EDUCATION

Type of School <i>(Elem, High, Tech, College)</i>	Name of Institution(s)	City and State	Highest Grade Completed or Degree Earned

DRIVING LICENSES FOR PAST (3) YEARS PRIOR TO APPLICATION DATE: *(complete for each license/permit)*

State of Issue	License Number	Expiration Date	Type or Class of License	Endorsements

DRIVING EXPERIENCE IN THE OPERATION OF MOTOR VEHICLES

Equipment Operated	Equipment Type <i>(please specify)</i>	# of Years Experience	Approximate Number of Miles Driven (Total)
Tractor Trailer			
Straight Truck			
Bus			
Other:			
Other:			

ACCIDENT RECORD FOR THE PAST (3) YEARS PRIOR TO APPLICATION DATE: *(use extra sheet if more space needed)*

Accident Date <i>(starting with most recent)</i>	Nature of Accident <i>(passenger vehicle, head-on, rear-end, etc.)</i>	Injuries/Fatalities	Comments

TRAFFIC CONVICTIONS & FORFEITURES IN THE PAST (3) YEARS PRIOR TO APPLICATION DATE: *(other than parking)*

Conviction Date	Location (State)	Charge	Penalty

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

Have you ever had any license, permit, or privilege to operate ever suspended or revoked? YES NO

If yes, please explain: _____

EMPLOYMENT HISTORY

All driver applicants must provide the following information on all work references during the preceding three (3) years from the date application is submitted. Those drivers applying to operate a commercial motor vehicle as defined in §383.5 (requiring a CDL) shall also provide ten (10) years of employment history. **NOTE: Please list companies in reverse order starting with the most recent and leave no gaps in employment history. Please request additional sheets if necessary.**

Company Name: _____		
Company Address: _____		
Street	City	State & ZIP
Contact: _____	Phone Number: _____	
Employed From: Month _____ Year _____	To: Month _____ Year _____	Total Months: _____
Position(s) Held: _____		
<input type="checkbox"/> YES <input type="checkbox"/> NO Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?		
<input type="checkbox"/> YES <input type="checkbox"/> NO Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?		
Reason for Leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Termination <input type="checkbox"/> Other (please describe): _____		
Explanation: _____		

Company Name: _____		
Company Address: _____		
Street	City	State & ZIP
Contact: _____	Phone Number: _____	
Employed From: Month _____ Year _____	To: Month _____ Year _____	Total Months: _____
Position(s) Held: _____		
<input type="checkbox"/> YES <input type="checkbox"/> NO Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?		
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Reason for Leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Termination <input type="checkbox"/> Other (please describe): _____		
Explanation: _____		

Company Name: _____		
Company Address: _____		
Street	City	State & ZIP
Contact: _____	Phone Number: _____	
Employed From: Month _____ Year _____	To: Month _____ Year _____	Total Months: _____
Position(s) Held: _____		
<input type="checkbox"/> YES <input type="checkbox"/> NO Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?		
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Reason for Leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Termination <input type="checkbox"/> Other (please describe): _____		
Explanation: _____		

Company Name: _____

Company Address: _____
Street City State & ZIP

Contact: _____ Phone Number: _____

Employed From: Month _____ Year _____ To: Month _____ Year _____ Total Months: _____

Position(s) Held: _____

YES NO Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?

YES NO Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?

Reason for Leaving: Resignation Lay Off Termination Other (please describe): _____

Explanation: _____

Company Name: _____

Company Address: _____
Street City State & ZIP

Contact: _____ Phone Number: _____

Employed From: Month _____ Year _____ To: Month _____ Year _____ Total Months: _____

Position(s) Held: _____

YES NO Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?

YES NO Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?

Reason for Leaving: Resignation Lay Off Termination Other (please describe): _____

Explanation: _____

Company Name: _____

Company Address: _____
Street City State & ZIP

Contact: _____ Phone Number: _____

Employed From: Month _____ Year _____ To: Month _____ Year _____ Total Months: _____

Position(s) Held: _____

YES NO Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?

YES NO Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?

Reason for Leaving: Resignation Lay Off Termination Other (please describe): _____

Explanation: _____