



# Thank you for requesting an application for employment at Eastern Propane & Oil.

Please remove this page and keep it for your records.

## All Applicants:

Please complete the Application for Employment completely and accurately.

Information pertaining to your PREVIOUS EMPLOYMENT will be reviewed for the appropriate length of time (five years) as well as gaps in employment. Please explain gaps in employment either along the side or on a separate piece of paper.

Are you applying for a position that involves operating a company vehicle?

If you are:

- Please provide a current driving record (no older than 60 days) along with your application. A current, valid drivers license from the state you live in is also required.
- If it is for a position that requires a commercial drivers license and/or any endorsements, please see the Supplemental Information section below.

Eastern Propane & Oil performs a pre-employment background check on post-interview candidates who are being considered for employment.

## Supplemental Information:

1. As a candidate for employment as a commercial motor vehicle operator, current Federal DOT guidelines require your PREVIOUS EMPLOYMENT information for the past **10 years** without any gaps. If there are gaps in employment, please explain either along the side or on a separate piece of paper.
2. Eastern Propane & Oil's CDL Application Addendum must be filled out completely and accurately.
3. Please provide a current driving record (no older than 60 days) along with your application. The driving records need to be from each state that you have lived in for the past three years, even if you did not hold a drivers license in that state.
4. All commercial motor vehicle operators that are offered employment at Eastern Propane & Oil are required to pass a DOT physical (either you have a current valid medical examiners card or pass a DOT physical by an Eastern approved facility) and drug test as part of the new hire process. This DOT physical must be valid for at least one year from the date of issue. We do not accept any drug test results that you may currently possess.
5. Information you provide concerning previous employers may be used to investigate your "safety performance history" from positions you held within the past three years, and you have a right to:
  - a. Review information provided by previous employers;
  - b. 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; and
  - c. Have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the inform



Was the job designated as a "safety sensitive function" position in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40?	YES	NO
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*Continue with Previous Employment History*

Employer:		Dates Employed (mm/yy): /      to      /	
Address:		Phone: (      )	
Position:	Supervisor:	May we contact? YES      NO	
Responsibilities:			
Reason for leaving:			
Were you subject to Federal Motor Carrier Safety Regulations while employed here?		YES	NO
Was the job designated as a "safety sensitive function" position in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40?		YES	NO
Employer:		Dates Employed (mm/yy): /      to      /	
Address:		Phone: (      )	
Position:	Supervisor:	May we contact? YES      NO	
Responsibilities:			
Reason for leaving:			
Were you subject to Federal Motor Carrier Safety Regulations while employed here?		YES	NO
Was the job designated as a "safety sensitive function" position in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40?		YES	NO
Employer:		Dates Employed (mm/yy): /      to      /	
Address:		Phone: (      )	
Position:	Supervisor:	May we contact? YES      NO	
Responsibilities:			
Reason for leaving:			
Were you subject to Federal Motor Carrier Safety Regulations while employed here?		YES	NO
Was the job designated as a "safety sensitive function" position in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40?		YES	NO
Employer:		Dates Employed (mm/yy): /      to      /	
Address:		Phone: (      )	
Position:	Supervisor:	May we contact? YES      NO	
Responsibilities:			
Reason for leaving:			
Were you subject to Federal Motor Carrier Safety Regulations while employed here?		YES	NO
Was the job designated as a "safety sensitive function" position in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40?		YES	NO

### EDUCATION

School	High School			College			Graduate/Professional		
Years Completed	9 12	10	11	1 4	2	3	1 4	2	3
Diploma / Degree									
<i>Describe specialized training, apprenticeship, skills and extracurricular activities</i>									

## REFERENCES

Please provide three business or professional references.

Name	Company	Telephone	Occupation / Title

Have you ever been convicted of crime? **YES NO** If YES, please explain:

*(Please note that a criminal conviction will not necessarily prevent employment. Depending on the position, for which you are applying, any offer of employment may be conditioned upon your consent to and satisfactory results of a criminal background check.) If you reside in Massachusetts you are not required to disclose this information on the initial application.*

Are you over 18 years of age? **YES NO**

If NO, and you are under 16 years of age, can you furnish a Youth Employment Certificate issued by a NH High School? **YES NO**

If NO and you are 16 or older, can you furnish a permission letter to work for this Company, signed by your parent or legal guardian? **YES NO**

Do you have any relative that works for the Company? **YES NO**

If YES please list the position(s) held by any relative(s) and work location(s):

## Certification and Authorization of Applicant

I certify that all the above information and resume, if applicable, is true and complete. I understand that any misrepresentation or omission may result in my disqualification from further consideration for employment and/or my termination from employment.

Further, in order that Eastern Propane and Oil ("Eastern") may process my application for employment, I hereby authorize Eastern and it's parents, affiliates, subsidiaries, officers, directors, employees, representatives, and agents (hereinafter collectively referred to as "Eastern") to conduct a complete investigation into my background including, but not limited to, inquiring into my entire employment history, including my fitness for duty at all prior employment; education history; motor vehicle record, criminal record and military record, if applicable; to obtain opinions and references regarding my moral character and reputation and to solicit and obtain any other information Eastern, in it's sole discretion, deems as necessary to determine my eligibility for employment or for the purposes of confirming the accuracy or completeness of any information I have provided to Eastern.

In consideration for the processing of my application for employment with Eastern, I hereby RELEASE, INDEMNIFY, AND HOLD HARMLESS Eastern and all previous employers and other persons and organizations furnishing information in connection with Eastern's investigation into my background from any and all liability based on their authorized receipt, disclosure, and use of the information gathered in processing my application for employment with Eastern.

I understand that, if hired, any employment is contingent upon production of proof of employment eligibility and the completion of a Form I-9 (within three business days); and depending on the position for which I am hired, a satisfactory motor vehicle record and/or criminal background check, my submission to a post offer drug and alcohol test and medical examination (if for DOT regulated purposes the medical card must be valid for at least one year) to determine my ability to perform the essential functions of the position offered. I also understand that if offered a position, I will be an employee at will.

Print Name:

Date:

Signature:

If applying for a driving position, initial here that you completed the Driver Addendum: \_\_\_\_\_

Date Called for Interview:

Date Called References:

Date of 2<sup>nd</sup> Interview:

Input Background Check:





No one delivers like we do.

# CDL APPLICATION ADDENDUM

## Eastern Propane & Oil

PO Box 1800, Rochester NH 03866-1800

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (MI)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_ (Both are Required for Commercial Drivers)

### RESIDENTIAL ADDRESS(ES) FOR THE LAST THREE YEARS

Most recent first. If you need additional space, please continue on a separate sheet of paper.

Address: \_\_\_\_\_ Dates: \_\_\_\_\_ to **CURRENT**  
(Street) (City) (State) (Zip)

Address: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
(Street) (City) (State) (Zip)

Address: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
(Street) (City) (State) (Zip)

### DRIVER LICENSE INFORMATION

State: \_\_\_\_ License #: \_\_\_\_\_ Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ States operated in for last 5 years: \_\_\_\_\_

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, PLEASE LIST DETAILS: \_\_\_\_\_

If you need additional space, please continue on a separate sheet of paper.

### DRIVING EXPERIENCE (IF NONE, WRITE NONE)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES TO FROM		APPROX. # OF MILES (TOTAL)

Show special courses or training that will help you as a driver: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

### ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (IF NONE, WRITE NONE)

Most recent first. If you need additional space, please continue on a separate sheet of paper.

DATE	NATURE OF ACCIDENT (HEAD ON, REAR END, ETC)	FATALITIES	INJURIES

### TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (IF NONE, WRITE NONE)

Most recent first (do not list parking violations). If you need additional space, please continue on a separate sheet of paper.

DATE	LOCATION	CHARGE	PENALTY

Signature \_\_\_\_\_

Date \_\_\_\_\_