

Oklahoma Tire Recyclers, LLC

DRUG FREE WORK ENVIRONMENT

DRIVER'S APPLICATION FOR EMPLOYMENT

100 Old Trail Road, Bristow, Oklahoma 74010

Applicant's Name: _____ Date of Application: _____

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.

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 regulation 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 I have the right to:

- Review information provided by previous employer;
- 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: _____

Office Use only:

Position:

Start Date:

Salary:

Supervisor:

APPLICANT TO COMPLETE

(Answer all questions - please type or print)

Position(s) Applied for _____

Name _____ Social Security No. _____

Phone Number _____

How did you hear about O.T.R.? _____

List your addresses of residency for the past 3 years:

Current Address

Street	City	State	Zip Code	How Long? yr/mo

Previous Addresses

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 a 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 the functions of the job for which you have applied?

If yes, explain if you wish.

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 or commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER		DATE	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
CONTACT PERSON:		PHONE NUMBER:	
WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES <input type="checkbox"/> NO <input type="checkbox"/>			
EMPLOYER		DATE	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
CONTACT PERSON:		PHONE NUMBER:	
WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES <input type="checkbox"/> NO <input type="checkbox"/>			
EMPLOYER		DATE	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
CONTACT PERSON:		PHONE NUMBER:	
WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES <input type="checkbox"/> NO <input type="checkbox"/>			
EMPLOYER		DATE	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
CONTACT PERSON:		PHONE NUMBER:	
WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EMPLOYMENT HISTORY (CON'T)			
EMPLOYER			DATE
NAME:			FROM MO. YR. TO MO. YR.
ADDRESS:			POSITION HELD:
CITY:	STATE:	ZIP:	SALARY/WAGE:
CONTACT PERSON:	PHONE NUMBER:		REASON FOR LEAVING:
WERE YOU SUBJECT TO THE FMCSR _s WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES <input type="checkbox"/> NO <input type="checkbox"/>			
EMPLOYER			DATE
NAME:			FROM MO. YR. TO MO. YR.
ADDRESS:			POSITION HELD:
CITY:	STATE:	ZIP:	SALARY/WAGE:
CONTACT PERSON:	PHONE NUMBER:		REASON FOR LEAVING:
WERE YOU SUBJECT TO THE FMCSR _s WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES <input type="checkbox"/> NO <input type="checkbox"/>			

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

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR- END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)
IF NONE, WRITE NONE (ATTACH SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS - DRIVER

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

DRIVER LICENSES	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 ABOVE IS YES, PLEASE GIVE DETAILS:

DRIVING EXPERIENCE: YES NO

CLASS OF EQUIPMENT		TYPE OF EQUIVALENT:					DATES		APPROX. NO. OF MILES (TOTAL)
		VAN	TANK	FLAT	DUMP	REFER	FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
TRACTOR AND SEMITRAILER	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
TRACTOR - TWO TRAILERS	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
TRACTOR - THREE TRAILERS	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
MOTORCOACH - SCHOOL BUS More than 16 passenger	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
MOTORCOACH - SCHOOLBUS More than 16 passenger	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
OTHER	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

List states operated in for the 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 courses and training other than shown elsewhere in this application

List special equipment or technical materials you can work with (other than those already shown)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: (1-8)___ HIGH SCHOOL: (1-4 yrs) ___ COLLEGE: (1-4 yrs) ___
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 compete to the best of my knowledge.

SIGNATURE: _____ DATE: _____

(Type in name if not printing this form)