



## Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

Date: \_\_\_\_\_ Position you are applying for: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Social Security number: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Available start date: \_\_\_\_\_

### References

Name and Address	Phone Number	Years known

### Employment Experience

Previous Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Supervisor's Name/Contact Number: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Supervisor's Name/Contact Number: \_\_\_\_\_



## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of "at will" nature, which means that the employee may resign at any time and the employer may discharge Employee at any time without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization. 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 employer.

Printed name of applicant: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

On this day of \_\_\_\_\_ the \_\_\_\_\_, 20\_\_\_\_\_.



## Potential Employee Questionnaire

- If you are under 18 years of age, can you provide required proof of you eligibility to work? Yes or No
- Have you ever filed an application with us before? Yes or No - if yes, when?
- Have you ever been employed with us before? Yes or No - if yes, when?
- Are you currently employed? Yes or No
- May we contact your present employer? Yes or No
- Are you prevented from lawfully becoming employed in this country, because of visa or Immigration status? Yes or No
- On what date are you available to start work? \_\_\_\_\_
- Are you available to work Full time? \_\_\_\_\_ Part time? \_\_\_\_\_ Seasonal? \_\_\_\_\_
- Can you travel if a job requires it? Yes or No
- Are you currently on "lay off" status or subject to recall? Yes or No



## AUTHORIZATION TO OBTAIN INFORMATION

### Rowley Fuels Inc.

Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C 1681 et seq., the regulations applicable to federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws. I hereby authorize and permit the above named company to obtain information about me, where permitted, which may pertain to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials and information and/or copies of documents from any military service records.

I understand an "investigative consumer report" may include information as to my character, general reputation, personal characteristics and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. I authorize information to be obtained from my former employers to satisfy driver qualification regulations.

**DOT drivers:** I understand that Title 49 of the Federal Code of Regulations, 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and/or from or through a consumer reporting agency, such as iix, a Verisk Analytics Business.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee.

I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided property identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Applicants full name/signature \_\_\_\_\_



## FOR CDL POSITION ONLY

### GENERAL CONSENT FOR LIMITED QUERIES OF FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)

#### DRUG AND ALCOHOL CLEARINGHOUSE

I \_\_\_\_\_, hereby provide consent to **ROWLEY FUELS INC.** to conduct a limited query of the FMCSA Commercial Driver's license drug and alcohol clearinghouse to determine whether drug and alcohol violation information about me exists in the Clearinghouse. This consent covers an annual limited query for the duration of my employment.

I understand that if the limited query conducted by **ROWLEY FUELS INC.** indicates that drug or alcohol violation information about me exists in Clearinghouse, FMCSA will not disclose that information to **ROWLEY FUELS INC.** without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for **ROWLEY FUELS INC.** to conduct a limited query of the Clearinghouse, **ROWLEY FUELS INC.** must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_



## FOR CDL POSITION ONLY

### Pre- employment urinalysis notification

The Federal Motor Carrier Safety Regulations, Section 382.301 - pre employment testing requirements, apply to driver- applicants of this company.

382.301 Pre-employment testing requirements:

- A motor carrier shall require an applicant, which they intend to hire as a driver, to be tested for the use of controlled substance as a prequalification condition.
- A driver-applicant shall submit to controlled substance testing as a prequalification condition.
- Prior to collection of a urine sample, under Section 382.301 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis test. Negative and positive results will be reported to **ROWLEY FUELS INC.**

My written authorization is required for the Urinalysis test results to be given to other parties.

I have read and understand the above conditions for the pre-employment Urinalysis notification.

Applicant's name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_