

MERIT OIL
1405 W. Rialto Ave.
San Bernardino, CA 92410
Phone: (909) 885-3411

COOL TRANSPORTS
1800 S. Riverside Ave.
Colton, CA 92324
Phone: (951) 682-5000

COOL TRANSPORTS
2201 S. Santa Fe Avenue
Compton, CA 90221
Phone: (562) 630-6500

APPLICATION FOR EMPLOYMENT

Position applying for: _____ Company applying for: _____

Name: _____ Date: _____

Address: _____ How long at this address? _____

Street City State Zip

If less than 3 years at current address, previous address:

Address: _____ How long at this address? _____

Street City State Zip

Home Phone #: _____ Cell Phone #: _____

EMPLOYMENT DESIRED

Are you applying for: Full Time Part Time Temporary(Seasonal)

What days and hours are you available: _____

Are you available to work weekends: Yes No

Are you available to work overtime, if necessary: Yes No

If hired, what date are you available to start work: _____

How did you hear about this position or who referred you: _____

PERSONAL INFORMATION

Have you ever applied to or worked for Merit Oil or Cool Transports: Yes No

If yes, when: _____

Do you have any friends or relatives that have worked or are currently working for Merit Oil or Cool Transports? Yes No

If yes, state name(s) and relationship:

Name

Relationship

Name

Relationship

If hired, would you have a reliable means of transportation to and from work: Yes No

Are you at least 18 years old: Yes No

(If under 18, hire is subject to verification that you are of minimum legal age)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country: Yes No

Are you able to perform the essential function of the job for which you are applying, either with or without reasonable accommodation: Yes No

If no, describe the functions that cannot be performed: _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

EDUCATION

High School: _____

Name

Address

City

State

Zip

No. of years completed: _____

Did you graduate: Yes No

Degree or Diploma: _____

College: _____

Name

Address

City

State

Zip

No. of years completed: _____

Did you graduate: Yes No

Degree or Diploma: _____

Vocational: _____

Name

Address

City

State

Zip

No. of years completed: _____

Did you graduate: Yes No

Degree or Diploma: _____

Vocational: _____

Name

Address

City

State

Zip

No. of years completed: _____

Did you graduate: Yes No

Degree or Diploma: _____

Can you speak, write and understand English: Yes No

Do you speak, write or understand any foreign languages: Yes No

If yes, which languages: _____

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for this position: Yes No

If yes, please explain: _____

EMPLOYMENT HISTORY

Please list your last 10 years of employment history starting with the most current position.

#1

Name of Employer () _____
Telephone No.

Type of Business _____
Your Supervisor's Name

Address _____, _____, _____
City State Zip

Dates of employment: _____ to _____
Starting Ending

Position: _____ Duties: _____

Reason for leaving: _____

May we contact this employer for a reference: Yes No

#2

Name of Employer () _____
Telephone No.

Type of Business _____
Your Supervisor's Name

Address _____, _____, _____
City State Zip

Dates of employment: _____ to _____
Starting Ending

Position: _____ Duties: _____

Reason for leaving: _____

May we contact this employer for a reference: Yes No

#3

Name of Employer () _____
Telephone No.

Type of Business _____
Your Supervisor's Name

Address _____, _____, _____
City State Zip

Dates of employment: _____ to _____
Starting Ending

Position: _____ Duties: _____

Reason for leaving: _____

May we contact this employer for a reference: Yes No

#4

Name of Employer

() _____
Telephone No.

Type of Business

Your Supervisor's Name

Address

_____, _____, _____
City State Zip

Dates of employment: _____ to _____
Starting Ending

Position: _____ Duties: _____

Reason for leaving: _____

May we contact this employer for a reference: Yes No

#5

Name of Employer

() _____
Telephone No.

Type of Business

Your Supervisor's Name

Address

_____, _____, _____
City State Zip

Dates of employment: _____ to _____
Starting Ending

Position: _____ Duties: _____

Reason for leaving: _____

#6

Name of Employer

() _____
Telephone No.

Type of Business

Your Supervisor's Name

Address

_____, _____, _____
City State Zip

Dates of employment: _____ to _____
Starting Ending

Position: _____ Duties: _____

Reason for leaving: _____

May we contact this employer for a reference: Yes No

#7

Name of Employer

() _____
Telephone No.

Type of Business

Your Supervisor's Name

Address

_____, _____, _____
City State Zip

Dates of employment: _____ to _____
Starting Ending

Salary: _____
Starting Ending

Position: _____ Duties: _____

Reason for leaving: _____

May we contact this employer for a reference: Yes No

#8

Name of Employer

() _____
Telephone No.

Type of Business

Your Supervisor's Name

Address

_____, _____, _____
City State Zip

Dates of employment: _____ to _____
Starting Ending

Salary: _____
Starting Ending

Position: _____ Duties: _____

Reason for leaving: _____

May we contact this employer for a reference: Yes No

#9

Name of Employer

() _____
Telephone No.

Type of Business

Your Supervisor's Name

Address

_____, _____, _____
City State Zip

Dates of employment: _____ to _____
Starting Ending

Salary: _____
Starting Ending

Position: _____ Duties: _____

Reason for leaving: _____

May we contact this employer for a reference: Yes No

#10

Name of Employer

Type of Business

Address

() _____
Telephone No.

Your Supervisor's Name

_____, _____, _____
City State Zip

Dates of employment: _____ to _____
Starting Ending

Position: _____ Duties: _____

Reason for leaving: _____

#11

Name of Employer

Type of Business

Address

() _____
Telephone No.

Your Supervisor's Name

_____, _____, _____
City State Zip

Dates of employment: _____ to _____
Starting Ending

Position: _____ Duties: _____

Reason for leaving: _____

May we contact this employer for a reference: Yes No

#12

Name of Employer

Type of Business

Address

() _____
Telephone No.

Your Supervisor's Name

_____, _____, _____
City State Zip

Dates of employment: _____ to _____
Starting Ending

Position: _____ Duties: _____

Reason for leaving: _____

May we contact this employer for a reference: Yes No

#13

Name of Employer

Type of Business

Address

Telephone No.

Your Supervisor's Name

_____, _____
City State Zip

Dates of employment: _____ to _____
Starting Ending

Position: _____ Duties: _____

Reason for leaving: _____

May we contact this employer for a reference: Yes No

#14

Name of Employer

Type of Business

Address

Telephone No.

Your Supervisor's Name

_____, _____
City State Zip

Dates of employment: _____ to _____
Starting Ending

Position: _____ Duties: _____

Reason for leaving: _____

May we contact this employer for a reference: Yes No

Are you willing to take a physical exam and test for drugs, alcohol or controlled substance as required for this position: Yes No

Have you ever tested positive or refused a drug or alcohol test: Yes No

If yes, explain: _____

MILITARY SERVICE

Have you ever served in the Armed Forces: Yes No

Have you obtained any special skill or abilities as the result of service in the military: Yes No

If yes, explain: _____

Please read carefully, initial each paragraph and sign below.

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be ground for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize Merit Oil or Cool Transports to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgement) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Print Name - Applicant

Applicant's Signature

Date

DRIVER EXPERIENCE AND QUALIFICATION

List all drivers licenses held in the past three (3) years.

<u>State</u>	<u>License Number</u>	<u>Type</u>	<u>Expiration</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any accidents that have occurred in the last three (3) years. If none, write "NONE".

<u>Date of Accident</u>	<u>Nature of Accident</u>	<u>Fatalities</u>	<u>Injuries</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any traffic convictions or forfeitures in the last three (3) years except parking violations. If none, write "NONE".

<u>Location</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Note: If more space is required in any these sections, use a separate sheet of paper.)

Have you ever been denied a license, permit or privilege to operate a motor vehicle: Yes No

Has any license, permit or privilege ever been suspended or revoked: Yes No

If yes, explain: _____

List equipment you have experience driving:

<u>Class of Equipment</u>	<u>Type(Tank, flat, etc.)</u>	<u>Dates From</u>	<u>Dates To</u>	<u>Total Approx Miles</u>
Straight Truck	_____	_____	_____	_____
Tractor & Semi-Trailer	_____	_____	_____	_____
Tractor & 2 Trailers	_____	_____	_____	_____
Truck & Trailer	_____	_____	_____	_____
Other	_____	_____	_____	_____

How many total years have you been driving with a Class "A" license: _____

Have you taken any special courses or training that will help you as a driver: Yes No

If yes, from whom: _____ When: _____

Have you received any safe driving awards: Yes No

If yes, from whom: _____ When: _____

In case of emergency, notify:

Name: _____ Relationship: _____

Address: _____

Phone: _____ Alt Phone: _____

DISCLAIMER AND SIGNATURE

I hereby certify that this application was completed by me, and that all entries and information on it are true and complete to the best of my knowledge.

In the event of employment, I understand that false or misleading information given on my application or during any interview(s) may result in termination.

I further agree that, if hired by Merit Oil or Cool Transports, I will abide by all rules and regulations of the Company.

Print Name

Applicant's Signature

Date

MERIT OIL/COOL TRANSPORTS

Previous Pre-Employment Employee Alcohol and Drug Test Statement

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25 (b)(5) and (e))

Prospective Employee (Please Print): _____

Social Security Number: _____

The prospective employee is required by Sec. 40.25(j) to respond to the following questions:

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? Yes No

If you answered yes, can you provide/obtain proof that you have successfully completed DOT return-to-duty requirements? Yes No

Prospective Employee: _____

Date: _____

Witnessed By: _____

Date: _____