



# BEAR OIL COMPANY, INC.

## DOT DRIVER EMPLOYMENT APPLICATION

12015 N. North Loop Road • San Antonio, Texas 78216 • careers@bearoil.com • (210) 494-3479

Information required on this form complies with U.S. Department of Transportation Regulations 49CFR§391.21. In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, sexual orientation, national origin, age, marital status, or non-job-related disability.

Bear Oil Company, Inc. is an equal opportunity employer.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

### SECTION I – APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Last First M.I.  
Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt #, Lot #, etc. City State Zip

Date of Application: \_\_\_\_\_ Date Available for Work: \_\_\_\_\_ Expected Rate of Pay: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_ Who Referred You: \_\_\_\_\_

Do you have the legal right to work in the United States? Only U.S. Citizens or aliens who have the legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity?  
 Yes  No

Have you ever been convicted of a felony? Note: A conviction will not necessarily disqualify you from employment. If "Yes", complete the "Felony Conviction" form which can be obtained from your potential On-Site Supervisor  
 Yes  No

Are you over 18 years of age? Can you provide proof of age? Do you have transportation to work?  
 Yes  No  Yes  No  Yes  No

Will you work overtime if asked? Are there any hours, shifts, or days you will not work?  
 Yes  No  Yes  No

Are there any reasons you might be unable to perform the functions of the job for which you applied?  
 Yes  No If Yes, explain if you wish: \_\_\_\_\_

Address(es) for past 3 years:

Street City State Zip Length

Street City State Zip Length

Street City State Zip Length

EMERGENCY CONTACTS:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_



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### SECTION II – LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver’s license (49CFR§391.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

State	License / CDL Number	Type / Class	Endorsements	Expiration Date
Previously Held Licenses				

### SECTION III – DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	State Operated In	Start Date	End Date	Estimated # of Miles (Total)
Straight Truck					
Tractor & Semi-Trailer					
Tractor & 2 Trailers					
Tractor & Tanker					
Other					

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

List other experience that may help you in your work for this position: \_\_\_\_\_

List special equipment or technical materials you can work with: \_\_\_\_\_

### SECTION IV – ACCIDENT RECORD & TRAFFIC CONVICTIONS FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. Check this box if none

Dates (Most recent first)	Nature of Accident (Head-on, rear-end, etc.)	# Fatalities	# Injuries	Chemical Spills (Y/N)



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Attach additional sheet if more space is needed. Check this box if none

Dates Convicted (Month/Year)	Violation	State of Violation	Penalty (Forfeited Bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

Yes  No If Yes, explain: \_\_\_\_\_

Has any license, permit, or privilege ever been suspended or revoked? If yes, explain.

Yes  No If Yes, explain: \_\_\_\_\_

### SECTION V – EMPLOYMENT HISTORY

Have you worked for Bear Oil Company, Inc. before?

Yes  No If Yes, Complete information below: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Salary / Wage: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Have you ever filed an application at Bear Oil Company, Inc. before?

Yes  No If Yes, provide date: \_\_\_\_\_

Have you ever been dismissed or forced to resign from any employment?

Yes  No If Yes, please explain: \_\_\_\_\_

May we contact your previous employer?

Yes  No If No, please explain: \_\_\_\_\_

Are you on a layoff?  Yes  No

Are subject to recall?  Yes  No

The Federal Motor Carrier Safety Regulations (49CFR§391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. **In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.**



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Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

Current (Most Recent) Employer					
Name				Position	
Address				Phone	
Start Date (Mo. Yr.)		End Date (Mo. Yr.)		Salary / Wage	
Reason For Leaving			Explain Gaps in Employment		

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?

Yes     No

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?

Yes     No

Second Most Recent Employer					
Name				Position	
Address				Phone	
Start Date (Mo. Yr.)		End Date (Mo. Yr.)		Salary / Wage	
Reason For Leaving			Explain Gaps in Employment		

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?

Yes     No

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?

Yes     No

Third Most Recent Employer					
Name				Position	
Address				Phone	
Start Date (Mo. Yr.)		End Date (Mo. Yr.)		Salary / Wage	
Reason For Leaving			Explain Gaps in Employment		

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?

Yes     No

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?

Yes     No



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### SECTION VI – EDUCATION INFORMATION

School	Address of School (street, city, state, phone #)	Years Completed	Degree	Major Course of Study

Other Qualifications or Skills:

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### SECTION VII – NOTICE TO APPLICANT

This Employer complies with the Americans with Disabilities Act of 1990. During the interview process you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination. All information will be kept confidential and in separate files.

Applicants accepted for employment should clearly understand that while we make an effort to provide steady, continuous work, we have no employment contracts and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or Employer policies, conformity to our work rules, job performance, etc., and of course, employees may elect to leave of their own accord to seek other jobs.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to random blood tests and/or urinalysis screening for drug or alcohol use.



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### SECTION VIII – READ & SIGNED BY APPLICANT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize the investigation of my background and all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others, and hereby release the Employer from any liability as a result of such contact and release all such persons or companies or corporations supplying information from all liability for all damages on account of supplying such information. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment or, if employed by the Employer, may result in the termination of my employment. I agree to furnish such additional information and complete such examinations as may be required to complete this application. In consideration of my employment, I agree to conform to the rules and regulations of the Employer. I understand that my employment with the Employer is for no specific term, and that my employment, compensation, and benefits can be terminated, with or without cause, and with or without notice, at any time, for any reason, at the option of the Employer or myself. I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Employee Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between the Employer and me.

The contents of any Employee Handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no manager, supervisor, or company representative(s) other than the Employer's two Directors, has any authority to enter into any employment agreement for any specified time period, or to make any oral or written agreement contrary to the foregoing.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49CFR§391.23. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

I understand all notices to applicants above, and I agree to submit to testing for drug or alcohol use in accordance with the Employer's policies.

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

X  
Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

X  
Printed Name \_\_\_\_\_

Please email resume & completed application to [careers@bearoil.com](mailto:careers@bearoil.com) or return to the Office at 12015 N. North Loop Rd