

HARPER OIL PRODUCTS, INC.
Commercial Vehicle Operator
Employment Application

Fax To: 859-283-9314
 Mail To: Harper Oil Products, Inc.
 Commercial Vehicle Operator Director
 PO Box 6325
 Florence, KY 41022

Position Applied For	Date of Application
----------------------	---------------------

PERSONAL INFORMATION

Name (First, Middle, Last)
Social Security No.
Date of Birth (USDOT Requirement CFR391.21 (b) (2))
Street Address
City, State, ZIP
Telephone Number

If at the above residence for less than three years, list below all residences for the past three years (Attach a separate sheet if necessary).

Street Address	City	State	ZIP Code
Street Address	City	State	ZIP Code

GENERAL INFORMATION

Have you ever been employed with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what dates?	
If yes, what location?	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not currently employed, how long since leaving last employment?	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you learn about us?	
If you were referred by a Harper Oil employee, what is their name?	
Do you want to work?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Desired starting pay? (Hourly rate)	\$
When could you begin to work? (Date)	
Have you ever been bonded? (Answer only if a job requirement)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of bonding company	

For more information call our corporate office at 800-433-0675 and ask for the Commercial Vehicle Operator Director.

HARPER OIL PRODUCTS, INC.

Commercial Vehicle Operator Employment Application

DRIVER EXPERIENCE AND QUALIFICATION

Licenses

Drivers Licenses held in past three years must be shown.	State	License No.	Class	Endorsements	Expiration Date

A.	Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B.	Has any license, permit, or privilege ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C.	Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "yes" to A, B, or C, attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor / Semi-trailer				
Twin Trailers – LVC's				
Other				

List states operated in during last five years _____

List special courses or training that will help you as a driver _____

List driving awards held and who awards were presented by _____

Accident Review for past 3 years (attach separate sheet of paper if more space is needed).

	Date	Nature of Accident (Head-On, Rear-End, Overturn, etc.)	Fatalities	Injuries
Last				
Next previous				
Next previous				

Traffic Convictions and Forfeitures for the past 3 years (other than parking violations).

Location	Date	Charge	Penalty

HARPER OIL PRODUCTS, INC.

Commercial Vehicle Operator Employment Application

EMPLOYMENT RECORD

The US Department of Transportation requires that driver applications show all employment for the past three years. Effective July, 1987 they must also show commercial driver employment for the seven years immediately preceding this year period. (CFR391.21 (B) (10), (11))

Start with last or current position; including military experience and work back (attach a separate sheet of paper if necessary).

Employer	Dates Employed From: _____ To: _____		Job Description & Responsibilities
Address	Hourly Rate / Salary Starting: _____ Final: _____		
Telephone Number(s)	Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Supervisor's Name	Your Job Title		
Reason for Leaving	Were you Fired? <input type="checkbox"/> Yes <input type="checkbox"/> No	If we contact this employer, would you expect them to say they would rehire you for the last position you held there? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Explain		

Employer	Dates Employed From: _____ To: _____		Job Description & Responsibilities
Address	Hourly Rate / Salary Starting: _____ Final: _____		
Telephone Number(s)	Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Supervisor's Name	Your Job Title		
Reason for Leaving	Were you Fired? <input type="checkbox"/> Yes <input type="checkbox"/> No	If we contact this employer, would you expect them to say they would rehire you for the last position you held there? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Explain		

Employer	Dates Employed From: _____ To: _____		Job Description & Responsibilities
Address	Hourly Rate / Salary Starting: _____ Final: _____		
Telephone Number(s)	Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Supervisor's Name	Your Job Title		
Reason for Leaving	Were you Fired? <input type="checkbox"/> Yes <input type="checkbox"/> No	If we contact this employer, would you expect them to say they would rehire you for the last position you held there? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Explain		

For more information call our corporate office at 800-433-0675 and ask for the Commercial Vehicle Operator Director.

HARPER OIL PRODUCTS, INC.

Commercial Vehicle Operator Employment Application

EDUCATION

Level	Name & Address of School	Course of Study	Years Completed	Diploma / Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work _____

Job Function (Indicate training and experience in the following)

Area	Fomal Training (Check)	Years of Experience	Area	Fomal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning			Inspections		
General Car Repair			Other:		

Shop Equipment (Indicate training and experience in the following)

Area	Fomal Training (Check)	Years of Experience	Area	Fomal Training (Check)	Years of Experience
Electrical Diagnostic Eqpt.			Time Servicing Machine		
Sheet Metal Eqpt.			Wheel & Tire Balancing Machine		
Frame & Axle Straightening Eqpt.			Tire Recapping Mold		
Diesel Injection Eqpt.			Engine Dynamometer		
Electric Welder			Chassis Dynamometer		
Oxyacetylene Welder			Magnetic Crack Detector		
Paint Spray Gun			Engine Analyzer		
Air Conditioning			Noise Measuring Eqpt.		
Smoke Measuring Eqpt.			Other:		

For more information call our corporate office at 800-433-0675 and ask for the Commercial Vehicle Operator Director.

HARPER OIL PRODUCTS, INC.

Commercial Vehicle Operator Employment Application

CLERICAL EXPERIENCE AND QUALIFICATIONS

List Courses and Training in Office Work _____

Office Systems and Equipment (Indicate training and experience in the following)

Area	Fomal Training (Check)	Years of Experience	Area	Fomal Training (Check)	Years of Experience
Typing (wpm)			Dictating Machine		
Shorthand (wpm)			Bookkeeping Machine		
Billing			Switchboard Eqpt. (Type)		
Filing			Tabulator		
Computers (software)			Accounting		
Word Processing Eqpt.			OS & D		
Key Punch			Interline		
Calculator			Claims		
Adding Machine			Cashier		
Telecopier			Dispatcher		
Photocopier			Other:		

Rates (indicate tariffs with which you have worked)

PLATFORM EXPERIENCE & QUALIFICATIONS

List types of platform experience and number of years of each:

List platform equipment you can operate (lift truck, etc.):

List courses or training in platform work:

HARPER OIL PRODUCTS, INC.

Commercial Vehicle Operator Employment Application

Note to Applicants:

DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes No

REFERENCES

Name	Telephone Number
Address	City, State, ZIP
Name	Telephone Number
Address	City, State, ZIP
Name	Telephone Number
Address	City, State, ZIP

LEGAL

Have you ever been convicted of a felony? Yes No

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.

CERTIFICATION AND SIGNATURE

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether the same is of record or not, and I release employers and other persons named herein from all liability for damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentations or omissions of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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.

Signature of Applicant	Date
------------------------	------

For more information call our corporate office at 800-433-0675 and ask for the Commercial Vehicle Operator Director.

HARPER OIL PRODUCTS, INC.

Commercial Vehicle Operator
Employment Application

FOR OFFICE USE ONLY, DO NOT WRITE ON THIS PAGE

Applicant Hired? ____ Yes ____ No (if not hired, summary report of reasons should be placed in file)

Date of Birth _____

Date Employed _____

Point Employed _____

Department _____

Classification _____

IN CASE OF EMERGENCY NOTIFY _____ Telephone _____

Address _____

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

Area	Superior	Good	Fair	Below Avg.	Poor	Record on File
Application						
Interview						
Physical Exam						
Past Employment						
Written Exam						
Road Test						
Policy and Traffic Record						

Signature of Interviewing Officer _____ Date _____

TRANSFERS

From _____ To _____ Date _____

Reason for Transfer _____

From _____ To _____ Date _____

Reason for Transfer _____

TERMINATION OF EMPLOYMENT

Date Terminated _____ Department Released From _____

Dismissed _____ Voluntary Quit _____ Other _____

Termination Report Placed in File _____ Supervisor _____

For more information call our corporate office at 800-433-0675 and ask for the Commercial Vehicle Operator Director.