



EMPLOYMENT APPLICATION- Please list up to 10 years prior experience

APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
Street Address					Apartment/Unit #				
City				State		ZIP			
Phone				E-mail Address					
Date Available			Time at residence:			Desired Salary			
Position Applied for									
Date of Birth:					SS #:				
Have you worked for this company before?					Who referred you?				
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
<p>Please note: A "Yes" answer to any of the following questions will not necessarily disqualify you from employment</p> <p>Have you ever been denied a license, permit, or privilege to operate a motor Vehicle? Yes___ No___</p> <p>Has any license, permit or privilege ever been suspended or revoked? Yes___ No___</p> <p>Have you tested positive for drugs or alcohol in the past 3 years? Yes___ No___</p> <p>Have you refused to take a test for drugs or alcohol in the past 3 years? Yes___ No___</p>									
EDUCATION									
High School				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

2403 Commerce RD Richmond VA 23224
 Toll Free 877-397-3876 Fax 804-230-3729
 Email humanresources@petroleumcarriers.com

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
MILITARY SERVICE			
Branch:		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date



AUTHORIZATION FOR CONSUMER AND /OR INVESTIGATIVE REPORT

I acknowledge that, as a condition of employment or continued employment, **Petroleum Carriers, LLC (“Company”)** may, now or any time during my employment with **Company**, obtain a consumer report about me, as applicable and to the extent permitted by law. The consumer report may include verification of my education, previous employment/work history, credit history, motor vehicle records, verification from personal references, drug testing, criminal history located in the files of any Federal, State, or Local criminal justice agency, and verification of any other information deemed necessary by **Company**. The results of this consumer report will be used to determine employment eligibility under **Company’s** employment policies. I acknowledge that if information from the report is used in whole or in part in taking adverse action with regard to my potential or continued employment, before taking the adverse action, **Company** will provide me with a copy of the consumer report and a copy of “A Summary of Your Rights Under the Fair Credit Reporting Act.”

I authorize **AccuSourceHR, Inc.**, a third-party consumer reporting agency, and any of its agents, to disclose orally and in writing the results of the consumer report to the designated authorized representative of **Company**. **AccuSourceHR, Inc.** is located at 11811 N. Tatum Blvd., Suite 3031, Phoenix, AZ 85028, has a phone number of 951-734-8882 or toll-free 888-649-6272, email of cs@accusourcehr.com, and website of www.accusourcehr.com.

I authorize persons, schools, current and former employers, and other organizations and agencies to provide **AccuSourceHR, Inc.** with all information that may be requested. I agree that any copy of this document is as valid as the original. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer and to receive a disclosure of the public record information and of the nature and scope of the investigative report.

I have read, understand, and acknowledge the receipt of the disclosure and authorization, and I authorize Company to obtain the consumer report and/or investigative consumer report.

CONFIDENTIAL INFORMATION FOR POSITIVE IDENTIFICATION PURPOSES ONLY

Applicant Last Name

First Name

Middle Name

Applicant’s Signature

Today’s Date

For Driver Applicants Only:

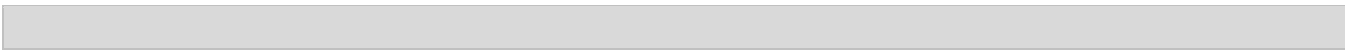
TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

DRIVER EXPERIENCE AND QUALIFICATIONS				
DRIVER	STATE	LICENSE NUMBER	TYPE (A, B, C)	EXP. DATE
LICENSES				
CLASS OF EQUIPMENT (please ck.)		YR. BEGAN DATE	YR. END DATE	MILES DRIVEN
STRAIGHT TRUCK:	Y N			
TRACTOR-TRAILER:	Y N			
TRACTOR-DBL. TRAILERS:	Y N			
TRACTOR-TANK TRAILER:	Y N			
TRACTOR-FLAT TRAILER:	Y N			
OTHER:				
ACCIDENT RECORD FOR THE PAST 3 YRS. MINIMUM (note and write on back of page if needed)				
DATE:	NATURE OF ACCIDENT (REAR-END, ROLL-OVER, HEAD-ON, ECT.)		DEATHS	INJURY
LAST ACCIDENT:			Y N	Y N
PREVIOUS ACCIDENT:			Y N	Y N
PREVIOUS ACCIDENT:			Y N	Y N

Do you have any experience operating a manual transmission? Y N

If yes please give extent of experience: _____



DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ Date _____