



Dear CDL Applicant;

Thank you for taking the time to apply for employment with Palmer Gas & Oil. Due to Hazmat Regulations, the following needs to be done:

1. Fill out the attached application for employment.
2. Your employment for the past 10 years is needed, if applicable.
3. Read the Driver's Rights section and sign Receipt of Driver's Rights. Please keep the applicant's copy.
4. Fill out and sign the top section of the Drug & Alcohol Test / Additional Information Request for Previous Employer **for each previous employer** within the past 3 years. If you need additional forms, please let us know.

Before we hire a CDL applicant, we require that you get a certified copy of your **motor vehicle records** at the NH Department of Safety. If you have lived in any other state or in Massachusetts in the past ten years, we require the motor vehicle records from the state you lived in.

To speed up the hiring process, we recommend that you go directly to Concord NH or Salem NH to obtain the records. Please let us know if you have any questions.

**Palmer Gas & Oil is a Drug Free Workplace.** This includes CBD oil, medical marijuana and non-prescription drug use. Must be able to pass a pre-employment drug screen and a criminal background check. The Company also performs random drug testing. Palmer Gas is an Equal Opportunity Employer.

Thank you!

Human Resources

Please sign and date that you have read this letter:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# EMPLOYMENT APPLICATION FOR CDL DRIVERS FOR PALMER GAS & OIL

We are an equal opportunity employer. We do not discriminate in hiring, promoting, or other employment decisions on the basis of race, sex, color, pregnancy, religion, national origin, sexual orientation, marital status, disability, age, veteran, or any other basis protected by law. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. All information asked on this form is required by the Department of Transportation.

## PERSONAL DESCRIPTION

NAME \_\_\_\_\_

LAST                      FIRST                      MIDDLE

CELL PHONE # (        ) \_\_\_\_\_ HOME PHONE # (        ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

STREET                      CITY                      STATE                      ZIP

### ADDRESSES IN LAST THREE YEARS (MOST RECENT FIRST)

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOW LONG: \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOW LONG: \_\_\_\_\_

## QUALIFICATIONS

VALID DRIVER'S LICENSE # \_\_\_\_\_ STATE OF \_\_\_\_\_ EXPIRES \_\_\_\_\_

LICENSE TYPE \_\_\_\_\_ CDL ENDORSEMENTS    HAVE YOU EVER BEEN

DENIED A PERMIT, LICENSE, OR PRIVILEGE TO OPERATE A COMMERCIAL MOTOR VEICHL?E?

YES \_\_\_\_\_ NO \_\_\_\_\_

HAS YOUR LICENSE PERMIT OR PRIVILEGE BEEN SUSPENDED OR REVOKED? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE EXPLAIN

WHAT IS YOUR DESIRED SALARY RANGE?

## DRIVING EXPERIENCE

POWER EQUIPMENT	TYPE OF EQUIPMENT	NUMBER OF YEARS	STATE
STRAIGHT TRUCK			
TRACTOR TRAILER	POWER UNIT:                      TRAILER:		
BUS	SCHOOL:                      COACH:		
OTHER (SPECIFY)			

## ACCIDENT RECORD LAST THREE YEARS

Check here to certify that you have had no accidents in the last three years

DATE	NATURE OF ACCIDENT	CITY/STATE	FATALITES Y/N	INJURIES Y/N	COMMERCIAL OR PERSONAL VEICHL?E

**TRAFFIC CONVICTIONS AND FORFEITURES LAST THREE YEARS (OTHER THAN PARKING)**

Check here to certify that you have had no convictions in the last three years

DATE	NATURE OF CONVICTION	CITY/STATE	COMMERCIAL OR PERSONAL VEICHL E

**EDUCATION**

LAST GRADE COMPLETED ENTER 1-12: \_\_\_\_\_ COLLEGE ENTER 1-4: \_\_\_\_\_  
 OTHER TRAINING \_\_\_\_\_  
 DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? \_\_\_\_\_

**EMPLOYMENT**

ARE YOU NOW EMPLOYED? \_\_\_\_\_ WHEN WILL YOU BE AVAILABLE? \_\_\_\_\_  
 ARE YOU PREVENTED FROM LAWFUL EMPLOYMENT IN THIS COUNTRY BECAUSE OF IMMIGRATION STATUS? \_\_\_\_\_  
 MAY WE CONTACT YOUR PRESENT EMPLOYER(S)?  Yes  No

**EMPLOYMENT HISTORY FOR PAST 10 YEARS (USE SEPARATE SHEET IF NECESSARY)**

HAVE YOU WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_  
 POSITION \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

**PRESENT EMPLOYER:** NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET CITY STATE ZIP  
 FROM \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ POSITION \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

WERE YOU SUBJECT TO DOT ALCOHOL & CONTROLLED SUBSTANCE TESTING? CHECK BOX:  YES  NO

LIST ANY FEDERAL MOTOR CARRIER SAFETY REGULATIONS FOR THIS JOB \_\_\_\_\_

**LAST EMPLOYER:** NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET CITY STATE ZIP  
 FROM \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ POSITION \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

WERE YOU SUBJECT TO DOT ALCOHOL & CONTROLLED SUBSTANCE TESTING? CHECKBOX:  YES  NO

LIST ANY FEDERAL MOTOR CARRIER SAFETY REGULATIONS FOR THIS JOB \_\_\_\_\_

**LAST EMPLOYER: NAME** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

STREET CITY STATE ZIP  
FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ POSITION \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

**REASON FOR LEAVING** \_\_\_\_\_

**WERE YOU SUBJECT TO DOT ALCOHOL & CONTROLLED SUBSTANCE TESTING? CHECKBOX:**  YES  NO

**LIST ANY FEDERAL MOTOR CARRIER SAFETY REGULATIONS FOR THIS JOB** \_\_\_\_\_

**NOTICE TO APPLICANT**

IF EMPLOYER HAS NOT EXPLAINED OR GIVEN A JOB DESCRIPTION, MAKE SURE ONE IS GIVEN TO YOU AND THAT YOU FULLY UNDERSTAND WHAT IS EXPECTED OF YOU PRIOR TO ANSWERING THE FOLLOWING QUESTIONS.

CAN YOU PERFORM THE FUNCTIONS DESCRIBED IN THE JOB DESCRIPTION? \_\_\_\_\_

PLEASE EXPLAIN HOW, WITH OR WITHOUT REASONABLE ACCOMMODATION, YOU WILL BE ABLE TO PERFORM THOSE FUNCTIONS? \_\_\_\_\_

WE DO BACKGROUND CHECKS ON ALL NEW HIRES – DO YOU CONSENT?  Yes  No

**YOUR RIGHTS REGARDING SAFETY PERFORMANCE HISTORY INFORMATION:** The information you provided on this application may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. Pursuant to Federal Motor Carrier Safety Regulations 49 CFR Sec. 391.23 (i)(I) you have the following rights with regard to the safety performance history information provided by your previous employers:

**THE RIGHT TO REVIEW SAFETY PERFORMANCE RECORDS:** You have the right to review the records provided by your previous employers. You must make your request to review in writing and submit it to your prospective employer no later than thirty (30) days after employment begins or notification of employment is made. You will be provided with the records within five (5) business days of receipt of your written request. If the prospective employer has not received the records at the time of your request, then the five-day period to provide access will begin on the day the records are received from the previous employer. If you fail to arrange to pick up or receive the requested records within thirty (30) days of when they are first made available to you, then your right to review is considered waived.

**THE RIGHT TO HAVE ERRONEOUS INFORMATION CORRECTED:** If you believe there is an error in the records, you have the right to have your previous employer correct the error. Send your request for correction to the previous employer that provided the records in questions. The previous employer must either correct and forward the record to the prospective employer or notify you within fifteen (15) days of receiving your request that they do not agree the record is in error. If the previous employer corrects and forwards the record as requested, that employer must also retain the corrected information as part of your safety performance history record and provide it to subsequent prospective employers when requests for this information are received.

**THE RIGHT TO REBUT DISPUTED INFORMATION:** If the previous employer does not agree that the information in the records provided is in error, you may rebut the disputed information in writing and send it to the previous employer with instructions to include the rebuttal in your safety performance history file. Within five (5) business days of receiving your rebuttal, the previous employer must; forward a copy of the rebuttal to the prospective employer; append the rebuttal to your safety performance information and include it as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement period. You may submit a rebuttal initially without a request for correction or subsequent to a request for correction.

**THE RIGHT TO REPORT FAILURES TO CORRECT ERRONEOUS INFORMATION:** You may report failures of a previous employer to correct information or include your rebuttal as part of the safety performance information, to the Federal Motor Carrier Safety Administration by following procedures specified at 49 CFR Section 385.12.

**MUST BE READ AND SIGNED BY APPLICANT**

I agree and understand that any misrepresentation of information given above shall be considered an act of falsification. I agree and understand that the employer or his agents may investigate my background to ascertain any and all information of concern that my employment is factual.

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

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.

I agree and understand that if I am hired, I will be on a probationary period during which time I may be discharged without recourse. This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

_____ Signature of Applicant	_____ Date
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(NOTE: THE DATA ELEMENTS ON THIS EMPLOYMENT APPLICATION ARE NEW REQUIREMENTS UNDER THE FMCSR 49 CFR 391.21(B) AND (D). THESE DATA ELEMENTS MUST BE COMBINED WITH YOUR EXISTING EMPLOYMENT APPLICATION)

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

## ADDITIONAL SHEET OF EMPLOYERS (IF NECESSARY)

LAST EMPLOYER: NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET CITY STATE ZIP

FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_ POSITION \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

WERE YOU SUBJECT TO DOT ALCOHOL & CONTROLLED SUBSTANCE TESTING? CHECK : YES NO

LIST ANY FEDERAL MOTOR CARRIER SAFETY REGULATIONS FOR THIS JOB \_\_\_\_\_

LAST EMPLOYER: NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET CITY STATE ZIP

FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_ POSITION \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

WERE YOU SUBJECT TO DOT ALCOHOL & CONTROLLED SUBSTANCE TESTING? CHECK : YES NO

LIST ANY FEDERAL MOTOR CARRIER SAFETY REGULATIONS FOR THIS JOB \_\_\_\_\_

LAST EMPLOYER: NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET CITY STATE ZIP

FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_ POSITION \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

WERE YOU SUBJECT TO DOT ALCOHOL & CONTROLLED SUBSTANCE TESTING? CHECK : YES NO

LIST ANY FEDERAL MOTOR CARRIER SAFETY REGULATIONS FOR THIS JOB \_\_\_\_\_

LAST EMPLOYER: NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET CITY STATE ZIP

FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_ POSITION \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

WERE YOU SUBJECT TO DOT ALCOHOL & CONTROLLED SUBSTANCE TESTING? CHECK : YES NO

LIST ANY FEDERAL MOTOR CARRIER SAFETY REGULATIONS FOR THIS JOB \_\_\_\_\_



# Drug & Alcohol Test / Additional Information Request for Previous Employer

To be completed by NEW HIRE or returning SEASONAL DRIVER:

I, (print name), \_\_\_\_\_ hereby authorize that:

First, M.I., Last

Previous Employer: \_\_\_\_\_ Date Employed: \_\_\_\_\_ to \_\_\_\_\_

Street: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Shall release and forward information requested in the PREVIOUS EMPLOYER section of this document to:

Palmer Gas & Oil e-mail: [hr@palmergas.com](mailto:hr@palmergas.com)  
Attention: HR Department Phone: 603-681-2207  
13 Hall Farm Rd Fax: 603-681-2287  
Atkinson, NH 03811

*In compliance with 40.25(g), release of this information must be made in a written form that injures confidentiality, such as a fax, e-mail, or better.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by PREVIOUS EMPLOYER:

*~This information is being requested in compliance with 40.25 and 382.405(f) and (h)*

Thank you for taking the time to complete this form. We appreciate your quick response. Please feel free to contact us with any questions regarding compliance with this part of the Federal Motor Carrier Safety Regulations.

If driver was not subject to Department of Transportation testing requirements while employed by your company, please check here \_\_\_\_\_, sign and return.

Under Department of Transportation testing requirements (circle YES or NO for each question below):

- |  |     |    |
|--|-----|----|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?  | YES | NO |
| 2. Has this person had a verified positive drug test?  | YES | NO |
| 3. Has this person refused to be tested (including verified adulterated or substituted drug test results)?   | YES | NO |
| 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations?  | YES | NO |
| 5. If the person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests?<br>If so, please send documentation back with this form. | YES | NO |

*~This information is being requested in compliance with 391.23(d)*

- |  |           |          |          |
|--|-----------|----------|----------|
| 1. As part of the investigation of the safety performance history with DOT regulated employers, was the employee listed above involved in an accident as defined by 390.5(1)?<br>If so, please attach pertinent information to this request form and return. | YES       | NO       |          |
| 2. Is the employment record with your company correct as stated by the New Hire (Seasonal Driver)?   | YES       | NO       |          |
| 3. Did the employee drive a motor vehicle for your company?  | YES       | NO       |          |
| 4. If yes to #3, was the employee a safe and efficient driver?   | YES       | NO       |          |
| 5. Was the applicants general conduct satisfactory?  | YES       | NO       |          |
| 6. Reason for leaving the company if not a returning Seasonal Employee (please circle one)   | Discharge | Laid off | Resigned |
| 7. Remarks:  | _____     |          |          |

Completed by (print): \_\_\_\_\_ (Signature) \_\_\_\_\_  
Company: \_\_\_\_\_ Date: \_\_\_\_\_  
Street: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_



## **RECEIPT OF DRIVER'S RIGHTS**

Employers who are regulated by the Federal Motor Carrier Safety Administration (FMCSA) must expressly notify the applicant, who has been employed by a Department of Transportation-regulated employer during the preceding three years, that the applicant has certain rights regarding the investigative information that will be provided by his/her previous employer(s).

Applicant keeps a copy of the DRIVER'S RIGHTS.

### **§391.21 Application for employment.**

(10)(i) A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted,

### **§391.23 Investigation and inquiries.**

(1) An inquiry, within 30 days of the date the driver's employment begins, to each State where the driver held or holds a motor vehicle operator's license or permit during the preceding 3 years to obtain that driver's motor vehicle record.

(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

(j)(1) Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

(2) After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.



(3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

(4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

(i) Forward a copy of the rebuttal to the prospective motor carrier employer;

(ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

(5) The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

(6) The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at §386.12.

I, \_\_\_\_\_ acknowledge that Palmer Gas & Oil has provided me with written instructions regarding my rights as defined in Part 391.23 (i)-(j) of the Federal Carrier Safety Regulations. I have reviewed this information which includes information on the following:

- **Right to Review Information** – I have the right to review the information provided by my previous DOT-regulated employer(s).
- **Right to Request Corrections** – I have the right to request corrections to information that my previous DOT-regulated employer(s) provides, which I believe contains errors.
- **Right to Rebut Information** – I have the right to rebut the information provided by my previous DOT-regulated employer(s).

\_\_\_\_\_  
Driver's Full Name printed

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager/Authorized Motor Carrier Representative Signature

\_\_\_\_\_  
Date



## **DRIVER'S RIGHTS - Applicants' Copy**

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