

Rip Griffin Family of Companies



P.O. Box 10128
Lubbock, TX 79408
Toll Free (800) 333-9330
Fax Number (806)785-4182

Application for CDL Drive Employment

Name _____
(First) (Middle) (Maiden Name, if any) (Last)

Three-year history is required on residence. Attach sheet if more space is needed.

(Years)

Address _____
(City) (State & ZIP Code)

Address _____
(City) (State & ZIP Code)

Address _____
(City) (State & ZIP Code)

Date of Birth _____ Social Security No. _____

Contact Phone _____ **2nd Contact Phone** _____
(Home) or (Cell) (Home) or (Cell)

Experience And Qualifications – Driver

Licenses for the past 3 years

State	License No.	Type	Expiration Date

Driving Experience

Class Of Equipment	Type of Equipment Van, Tank, Flat, Etc.	Date From	Date To	Approx. No. Of Miles (Total)
Straight Truck _____				
Tractor Trailer _____				
Tractor Two Trailers _____				
Other _____				

Safety Experience

Accident Dates	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries
Last Accident:			
Next Previous:			
Next Previous:			

Traffic Convictions And Forfeitures For The Past Three Years (Other Than Parking Violations)

Location	Date	Charge	Penalty

In the past three years, have you ever tested positive for a controlled substance, had an alcohol test with concentration of .04 or greater, or refused a drug or alcohol test? Yes ___ No ___
 If yes, explain: _____
 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: _____
 Have you ever been convicted of a felony? Yes ___ No ___
 Have you worked for this company before? Yes ___ No ___

Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, you are being informed that reports verifying your previous employment, previous drug & alcohol tests, and your driving record may be obtained on you for employment Purposes. These reports are required by Sections 382, 413, 391, 23 and 391.25 of the Federal Motor Carrier Safety Regulations. Under the driver's Privacy Protection Act of 1994(Public Law103-322, Title XXX, Section 300002(a), we will adhere to the Definition of permissible uses and purposes. I understand and agree to this disclosure. Yes ___ No ___

I agree to abide by the safety rules of this company. I understand adherence is a Condition of employment and continued employment. Yes ___ No ___
 I authorize my employer to use best judgment for treatment unless I instruct otherwise. Yes ___ No ___
 I understand pre-employment, post-accident, and random drug testing is required. Yes ___ No ___

In case of emergency, notify: _____ Telephone No. _____

Please read the following prior to signing this application:

I declare that I understand all questions and statements on this application and that I have answered all questions accurately and to the best of my knowledge. I understand that the omission or misrepresentation of any fact in this application for employment will be sufficient reason to be denied employment. I also understand and agree that should I become employed and it is later discovered I have omitted or misrepresented any fact in this application, or any supplement thereto, or any other record, employment will immediately be terminated upon such discovery. I understand that information I supply regarding current and/or previous employers will be used and those employer(s) will be contacted to investigate my safety performance history. I understand I have the right to:
 Review information provided by previous employer(s).
 Have errors corrected by previous employers and have this information resubmitted.
 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 have read the above and understand it. Yes ___

Applicant Signature: _____ Date: _____

Employment History Portion Of The Application

From the date of this application, please list the names of all previous employers for the entire preceding 10-year period. Be sure that all addresses and phone numbers are listed and are accurate. Please check all previous employers where you worked as a CDL driver or other safety sensitive position subject to DOT drug & alcohol testing. (Make sure you put **complete** addresses for all employers)

Company: _____ Supervisor: _____

Address: _____ Phone: _____

Position: _____ From: _____ To: _____ Salary: _____

CDL driver or safety sensitive position: ___ Yes ___ No Reason for leaving: _____

Company: _____ Supervisor: _____

Address: _____ Phone: _____

Position: _____ From: _____ To: _____ Salary: _____

CDL driver or safety sensitive position: ___ Yes ___ No Reason for leaving: _____

Company: _____ Supervisor: _____

Address: _____ Phone: _____

Position: _____ From: _____ To: _____ Salary: _____

CDL driver or safety sensitive position: ___ Yes ___ No Reason for leaving: _____

Company: _____ Supervisor: _____

Address: _____ Phone: _____

Position: _____ From: _____ To: _____ Salary: _____

CDL driver or safety sensitive position: ___ Yes ___ No Reason for leaving: _____

Employment History Portion Of The Application – Continuation Sheet

Company: _____ Supervisor: _____
Address: _____ Phone: _____
Position: _____ From: _____ To: _____ Salary: _____
CDL driver or safety sensitive position: ___ Yes ___ No Reason for leaving: _____

Company: _____ Supervisor: _____
Address: _____ Phone: _____
Position: _____ From: _____ To: _____ Salary: _____
CDL driver or safety sensitive position: ___ Yes ___ No Reason for leaving: _____

Company: _____ Supervisor: _____
Address: _____ Phone: _____
Position: _____ From: _____ To: _____ Salary: _____
CDL driver or safety sensitive position: ___ Yes ___ No Reason for leaving: _____

Company: _____ Supervisor: _____
Address: _____ Phone: _____
Position: _____ From: _____ To: _____ Salary: _____
CDL driver or safety sensitive position: ___ Yes ___ No Reason for leaving: _____

Company: _____ Supervisor: _____
Address: _____ Phone: _____
Position: _____ From: _____ To: _____ Salary: _____
CDL driver or safety sensitive position: ___ Yes ___ No Reason for leaving: _____

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I hereby authorize you as my Current/Former Employer, to release the following information to **Rip Griffin Truck Service Center, Inc., Pro Petroleum Inc. and Subsidiaries** per 49 CFR Part 40, all DOT regulated drug and alcohol testing records as well as my previous employment and safety records. This information may include, but is not limited to, prior controlled substance and alcohol testing results, driving record for the past three years, employment data, personal characteristics, safety history, and any other information relevant to determine my performance and safety background.

DOT requires previous employers to verify employment history and requires former employers to provide the required information in turn. This company reports non-compliance to DOT.

Applicant's Printed Name _____

Applicant's SS# _____ - _____ - _____

Applicant's Signature _____

Date _____