



## CDL DRIVER APPLICATION

MUST MAKE COPY OF:

1. DRIVER'S LICENSE
2. MEDICAL CARD
3. TWIC CARD
4. SOCIAL SECURITY

AND EMAIL TO: RACHLESOIL@GMAIL.COM

### FOR USE OFFICE ONLY:

- |  |  |
|--|--|
| <input type="checkbox"/> COPY OF LICENSE   | <input type="checkbox"/> RECEIVED ABSTRACT (FOLEY) |
| <input type="checkbox"/> COPY OF MEDICAL CARD  | <input type="checkbox"/> TOOK ROAD TEST            |
| <input type="checkbox"/> COPY OF TWIC CARD   | <input type="checkbox"/> TRAINING MATERIALS        |
| <input type="checkbox"/> INFORMATION EMAILED TO INSURANCE  |  |
| <input type="checkbox"/> INFORMATION EMAILED TO PAYROLL  |  |
| <input type="checkbox"/> ADD NEW DRIVER TO FOLEY   |  |
| <input type="checkbox"/> DRUG TEST <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE |  |

# RACHLES/MICHELE'S

OIL CO INC.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. 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 Company. "I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history. I understand that I have the right to:

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle  
( )  
Social Security Number Phone Number Date of Birth  
ADDRESS \_\_\_\_\_  
Street City State Zip

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ YES ☐ NO

Have you ever filed an application with us before? ☐ YES ☐ NO

Have you ever been employed with us before? ☐ YES ☐ NO

Are you currently employed? ☐ YES ☐ NO

May we contact your current employer? ☐ YES ☐ NO

Are you prevented from lawfully becoming employed in this country due to Visa or Immigration status? ☐ YES ☐ NO

Do you have proof of citizenship or Immigration status that will be required upon employment? ☐ YES ☐ NO

On what date would you be available to work? ☐ YES ☐ NO

Indicate any foreign language you can speak, read and/or write:

Speak \_\_\_\_\_ ☐ Fluent ☐ Good ☐ Fair

Read \_\_\_\_\_ ☐ Fluent ☐ Good ☐ Fair

Write \_\_\_\_\_ ☐ Fluent ☐ Good ☐ Fair

Are you physically or otherwise unable to perform the duties of the job for which you are applying? ☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years? ☐ YES ☐ NO

(Conviction will not necessarily disqualify an applicant from employment)

If yes explain:

Have you ever been convicted of, or forfeited bond or collateral upon, any of the following charges:

- A felony committed after December 31, 1970 and involving the use of a motor vehicle? ☐ Yes ☐ No
- A crime, committed after December 31, 1970, involving the manufacturing, knowing transportation, knowing possession, sale or habitual use of amphetamines, a narcotic drug, a formulation of an amphetamine, or a derivative of a narcotic drug? ☐ Yes ☐ No
- Operating a motor vehicle, after December 31, 1970, under the influence of alcohol, an amphetamine, a narcotic drug, a formulation of an amphetamine, or a derivative of a narcotic drug? ☐ Yes ☐ No

# RACHLES/MICHELE'S

## OIL CO INC.

### Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record). You are required to list the complete mailing address: street number and name, city, state and Zip code.

**CURRENT OR LAST EMPLOYER:** Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

**SECOND LAST EMPLOYER:** Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

**THIRD LAST EMPLOYER:** Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

\*Any gaps in employment and/or unemployment must be explained.

\*\*The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

### EDUCATION HISTORY:

#### SCHOOL NAME & LOCATION

#### YEARS COMPLETED

#### DEGREE

High School:

College:

Graduate/Professional/ Technical:

Describe any relevant certificates you have received: \_\_\_\_\_

## EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed

### Driving Experience

If no driving experience within the last 3 years - please check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT <small>(Circle all that apply)</small>	DATES	
		FROM	TO
Straight Truck	Van, Reefer, Tank,	_____	_____
Tractor & Semi-Trailer	Flat Van, Reefer,	_____	_____
Tractor - Two Trailers	Tank, Flat Van,	_____	_____
Tractor - Three Trailers	Reefer, Tank, Flat	_____	_____
(Greater than	Van, Reefer, Tank,	_____	_____
Motorcoach - School Bus 8 passengers)	Flat N/A	_____	_____
(Greater than	N/A	_____	_____
Motorcoach - School Bus 15 passengers)		_____	_____
Other: _____	Van, Reefer, Tank, Flat, N/A	_____	_____

### Accident History (3 years)

If no accidents within the last 3 years - check here

DATE <small>(month/year)</small>	NATURE OF ACCIDENT <small>(head-on, rear-end, upset, etc.)</small>	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL?	
_____	_____	_____	_____	YES	NO
_____	_____	_____	_____	YES	NO
_____	_____	_____	_____	YES	NO

### Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years - check here

DATE CONVICTED <small>(month/year)</small>	VIOLATION <small>(Other than violations involving parking only)</small>	STATE OF VIOLATION	PENALTY <small>(Forfeited bond, collateral and/or points)</small>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### License Information

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License Number	Expiration Date
A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?		Yes    No
If yes, give details _____		
B. Has any license, permit, or privilege ever been suspended or revoked?		Yes    No
If yes, give details _____		

### Applicant Certification

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.

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

# TRAINING REIMBURSEMENT AGREEMENT

This training reimbursement agreement (hereinafter "Agreement") is entered into by and between

\_\_\_\_\_ (hereinafter "Agency") and \_\_\_\_\_  
(hereinafter "Trainee"). This Agreement covers trainings, conferences and certifications (hereinafter "training").

## RECITALS

WHEREAS, Employee has requested and Rachles/ Michele's Oil Co Inc has agreed to pay for the Employees training, as long as the employee stays employed for more than 90 days or Employee must pay Rachles/ Michele's Oil Co Inc back the cost of training.

WHEREAS, in consideration for Rachles/ Michele's Oil Co Inc. payment for the training, Employee acknowledges that through attendance at such training, Employee will acquire skills enhance his or her professional skills or knowledge making the Employee more remarkable; and

WHEREAS, Employee agrees to reimburse the Company for the cost of such training in the event that employment with Rachles/ Michele's Oil Co Inc. is terminated accordance with the terms of this agreement.

## AGREEMENT

NOW, THEREFORE, in consideration of the premises and the promise stated above, the undersigned Trainee agrees that;

Agency intends to provide the following training to Trainee on the date(s) indicated:

1. Cost of Training and Expenses. Rachles/ Michele's Oil Co agrees to pay a total of \$ \_\_\_\_\_ ("Cost") for the following training:

Name of training: \_\_\_\_\_

Training Provided by: \_\_\_\_\_

Training Location: \_\_\_\_\_

Date(s) of Training: \_\_\_\_\_

IN WITNESS OF WHEREOF, Rachles/Michele's Oil Co and Employee hereto have caused this Agreement to be executed of the date and year first above written.

## EMPLOYEE

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

**RACHLES/MICHELE'S**  
OIL CO INC.

**Inquiry to State Agency for Driver's Record**

\_\_\_\_\_  
**Driver's Name**

\_\_\_\_\_  
**Driver's Operators License No.**

\_\_\_\_\_  
**Driver's Social Security No.**

\_\_\_\_\_  
**Driver's DOB**

The above listed individual has made application with us for employment as a driver. He/she has indicated that the above numbered operator's license or permit has been issued by your State to him/her, and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding three years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those three years.

Therefore, please certify to us what the individual's driving record is for the preceding three years, or certify that no record exists if that be the case.  
In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

\_\_\_\_\_  
**Signature of person making inquiry**

To Whom It may concern,

You are authorized to give the Motor Carrier listed below all information pertaining to my driving record  
and you are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
**Signature of person authorizing release of driving record**

**RACHLES/MICHELE'S OIL CO 116 ROAD, CLIFTON, NJ 07011**  
**MICHELE RESTAINO, PRESIDENT**

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY  
ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with \_\_\_\_\_ ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize \_\_\_\_\_ ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11 /2016