



BEAR OIL COMPANY, INC.

DOT DRIVER EMPLOYMENT APPLICATION

12015 N. North Loop Road • San Antonio, Texas 78216 • careers@bearoil.com • (210) 494-3479

Information required on this form complies with U.S. Department of Transportation Regulations 49CFR§391.21. In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, sexual orientation, national origin, age, marital status, or non-job-related disability.

Bear Oil Company, Inc. is an equal opportunity employer.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

SECTION I – APPLICANT INFORMATION

Applicant Name: _____ Social Security Number: _____

Last First M.I.
Date of Birth: _____ Phone: _____ Email: _____

Address: _____
Street Apt #, Lot #, etc. City State Zip

Date of Application: _____ Date Available for Work: _____ Expected Rate of Pay: _____

Position(s) Applied For: _____ Who Referred You: _____

Do you have the legal right to work in the United States? Only U.S. Citizens or aliens who have the legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity?
 Yes No

Have you ever been convicted of a felony? Note: A conviction will not necessarily disqualify you from employment. If "Yes", complete the "Felony Conviction" form which can be obtained from your potential On-Site Supervisor
 Yes No

Are you over 18 years of age? Can you provide proof of age? Do you have transportation to work?
 Yes No Yes No Yes No

Will you work overtime if asked? Are there any hours, shifts, or days you will not work?
 Yes No Yes No

Are there any reasons you might be unable to perform the functions of the job for which you applied?
 Yes No If Yes, explain if you wish: _____

Address(es) for past 3 years:

Street City State Zip Length

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EMERGENCY CONTACTS:

Name: _____ Phone: _____ Relationship: _____

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SECTION II – LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver’s license (49CFR§391.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

State	License / CDL Number	Type / Class	Endorsements	Expiration Date
Previously Held Licenses				

SECTION III – DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	State Operated In	Start Date	End Date	Estimated # of Miles (Total)
Straight Truck					
Tractor & Semi-Trailer					
Tractor & 2 Trailers					
Tractor & Tanker					
Other					

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

List other experience that may help you in your work for this position: _____

List special equipment or technical materials you can work with: _____

SECTION IV – ACCIDENT RECORD & TRAFFIC CONVICTIONS FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. Check this box if none

Dates (Most recent first)	Nature of Accident (Head-on, rear-end, etc.)	# Fatalities	# Injuries	Chemical Spills (Y/N)



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Attach additional sheet if more space is needed. Check this box if none

Dates Convicted (Month/Year)	Violation	State of Violation	Penalty (Forfeited Bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

Yes No If Yes, explain: _____

Has any license, permit, or privilege ever been suspended or revoked? If yes, explain.

Yes No If Yes, explain: _____

SECTION V – EMPLOYMENT HISTORY

Have you worked for Bear Oil Company, Inc. before?

Yes No If Yes, Complete information below: _____

Position: _____ Start Date: _____ End Date: _____ Salary / Wage: _____

Reason For Leaving: _____

Have you ever filed an application at Bear Oil Company, Inc. before?

Yes No If Yes, provide date: _____

Have you ever been dismissed or forced to resign from any employment?

Yes No If Yes, please explain: _____

May we contact your previous employer?

Yes No If No, please explain: _____

Are you on a layoff? Yes No

Are subject to recall? Yes No

The Federal Motor Carrier Safety Regulations (49CFR§391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. **In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.**



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Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

Current (Most Recent) Employer					
Name				Position	
Address				Phone	
Start Date (Mo. Yr.)		End Date (Mo. Yr.)		Salary / Wage	
Reason For Leaving			Explain Gaps in Employment		

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?

Yes No

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?

Yes No

Second Most Recent Employer					
Name				Position	
Address				Phone	
Start Date (Mo. Yr.)		End Date (Mo. Yr.)		Salary / Wage	
Reason For Leaving			Explain Gaps in Employment		

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?

Yes No

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?

Yes No

Third Most Recent Employer					
Name				Position	
Address				Phone	
Start Date (Mo. Yr.)		End Date (Mo. Yr.)		Salary / Wage	
Reason For Leaving			Explain Gaps in Employment		

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?

Yes No

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?

Yes No



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SECTION VI – EDUCATION INFORMATION

School	Address of School (street, city, state, phone #)	Years Completed	Degree	Major Course of Study

Other Qualifications or Skills:

SECTION VII – NOTICE TO APPLICANT

This Employer complies with the Americans with Disabilities Act of 1990. During the interview process you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination. All information will be kept confidential and in separate files.

Applicants accepted for employment should clearly understand that while we make an effort to provide steady, continuous work, we have no employment contracts and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or Employer policies, conformity to our work rules, job performance, etc., and of course, employees may elect to leave of their own accord to seek other jobs.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to random blood tests and/or urinalysis screening for drug or alcohol use.

