

RYMES

DRIVER/SERVICE TECHNICIAN APPLICATION FOR

EMPLOYMENT

HEATING OILS & PROPANE GAS

P.O. BOX 2948
CONCORD, NH 03302

800-773-0309

603-228-2224

FAX: 603-228-9165

SIGNATURE OF APPLICANT			DATE	
NAME:			PHONE () -	
FIRST	MIDDLE	LAST		
*CURRENT ADDRESS				

STREET CITY STATE ZIP

*IF AT THE ABOVE RESIDENCE LESS THAN 3 YEARS, LIST BELOW ALL RESIDENCES FOR THE PAST 3 YEARS. ATTACH A SEPARATE SHEET IF NECESSARY.

STREET	CITY	STATE	ZIP
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STREET	CITY	STATE	ZIP
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POSITION APPLYING FOR _____ TEMPORARY PART TIME FULL TIME

WHO REFERRED YOU _____	RATE OF PAY EXPECTED	\$ _____ .
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HAVE YOU WORKED FOR THIS COMPANY BEFORE? YES NO DATES: FROM _____ TO _____
MONTH / YEAR MONTH / YEAR

WHERE? _____ RATE OF PAY: _____ POSITION: _____

REASON FOR LEAVING: _____

NAMES OF ANY RELATIVES EMPLOYED BY THIS COMPANY: _____

ARE YOU CURRENTLY EMPLOYED? YES NO IF NOT, HOW LONG SINCE LAST EMPLOYMENT?

EDUCATION

CHECK HIGHEST GRADE COMPLETED:

1 2 3 4 5 6 7 8 9 10 11 12

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: _____
NAME ADDRESS

GENERAL

HAVE YOU EVER BEEN BONDED? YES NO NAME OF BONDING COMPANY: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, PLEASE EXPLAIN FULLY ON A SEPARATE SHEET OF PAPER. CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT . ALL CURCUMSTANCES WILL BE CONSIDERED.

HAVE YOU EVER WORKED FOR THE COMPANY UNDER ANOTHER NAME ? YES NO IF SO, UNDER WHAT NAME? _____

DRIVER EXPERIENCE & QUALIFICATION

Answer the questions in this section only if applying for a driver position

DATE OF BIRTH _____	THE US DEPARTMENT OF TRANSPORTATION REQUIRES THAT DRIVER APPLICANTS STATE THEIR DATE OF BIRTH (§ 391.21(b)(2))
MONTH / DAY / YEAR	

SOCIAL SECURITY NO. _____ - _____ - _____

DRIVER EXPERIENCE & QUALIFICATION (cont'd) Answer the questions in this section only if applying for a driver position

LICENSES

Drivers Licenses held in past 3 years must be shown	State	License No.	Class	Endorsement(s)	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
 B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
 C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? YES _____ NO _____
 If you answered yes to A, B, C, attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers . LCV				
Other				

List states operated in during last five years: _____

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

List Driving awards held and who awards were presented by: _____

ACCIDENT REVIEW FOR PAST 3 YEARS (Attach a separate sheet of paper if more space is needed)

Dates	Nature of accident (Head-On, Rear-End, Overturn, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

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

Location	Date	Charge	Penalty

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver application show all employment for the past ten years. §391.21(b)(10),(11) Start with last of current position, including military experience, and work back (Attach a separate sheet of paper if necessary)

Current Employer:	Supervisor's Full Name: _____
Full Address: _____	Zip: _____ Phone: _____
Position Held: _____	From: _____ To: _____ Salary: _____
Reason for leaving: _____	(month / year) (month / year)

Previous Employer:	Supervisor's Full Name: _____
Full Address: _____	Zip: _____ Phone: _____
Position Held: _____	From: _____ To: _____ Salary: _____
Reason for leaving: _____	(month / year) (month / year)

Previous Employer:	Supervisor's Full Name: _____
Full Address: _____	Zip: _____ Phone: _____
Position Held: _____	From: _____ To: _____ Salary: _____
Reason for leaving: _____	(month / year) (month / year)

Previous Employer: _____	Supervisor's Full Name: _____
Full Address: _____	Zip: _____ Phone: _____
Position Held: _____	From: _____ To: _____ Salary: _____
Reason for leaving: _____	(month / year) (month / year)

Previous Employer: _____	Supervisor's Full Name: _____
Full Address: _____	Zip: _____ Phone: _____
Position Held: _____	From: _____ To: _____ Salary: _____
Reason for leaving: _____	(month / year) (month / year)

MAINTENANCE EXPERIENCE AND QUALIFICATIONS

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

JOB FUNCTION

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience		Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning (Cab)			Inspections (State / Federal)		
Refrigeration (Cargo)			General Car Repair		

SHOP EQUIPMENT

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience		Formal Training (Check)	Years of Experience
Diagnostic Equipment (Type(s))			Tire Servicing		
			Wheel & Tire Balancing Machine		
Sheet Metal Equipment			Tire Recapping		
Frame & Axle Straightening Equipment			Engine Dynamometer		
Engine Rebuilding			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Emissions / Smoke Testing		
ASE Certification(s) (Specify)					

PLATFORM EXPERIENCE AND QUALIFICATIONS

List types of platform experience and number of years of each:

List platform equipment you can operate (lift truck, etc.)

List courses or training in platform work:

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or nor, and I release employers and other persons named herein from all liability for and damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information of facts may result in my rejection or dismissal.

If hired, I agree to abide be all the rules and policies of the employer.

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.

_____ Date

_____ Applicant Signature

**FOR OFFICE USE – DO NOT WRITE IN THIS SPACE
PROCESS RECORD**

Applicant Hired? Yes _____ No _____ Date of Birth: _____ (month / day / year)
 Date Employed: _____ Point Employed: _____
 Department: _____ Classification: _____
 (If not hired, summary report of reasons should be placed in file.)
 IN CASE OF EMERGENCY NOTIFY: _____ Phone: _____
 Address: _____

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview						
3. Physical Exam *						
4. Past Employment						
5. Written Exam						
6. Road Test						
7. Policy and Traffic Record						

* Driver Applicants Only

Signature of Interviewing Officer: _____ Date: _____

TRANSFERS

From: _____ To: _____ From: _____ To: _____
 Date: _____ Date: _____
 Reason for Transfer: _____ Reason for Transfer: _____

TERMINATION OF EMPLOYMENT

Date Terminated: _____ Department Release Form: _____
 Dismissed Voluntarily Quit Other: _____
 Termination Report Placed in File: _____ Supervisor: _____