



Driver's Application for Employment Packet

To All Applicants:

Thank you for your interest in a position as a Petroleum Products Driver with Nikolaus Tank Lines, Inc. Enclosed in this Driver Application for Employment Packet you will find the following forms: (please complete all forms and return to Nikolaus Tank Lines, Inc. in order to be considered for employment)

- A Driver's Application for Employment (DOT laws require that applicants account for all employment or non-working status for the past ten years)
- Request for Drug and Alcohol Information from Previous Employer (sign and date only)
- Request for Employment Information from Previous Employer (sign and date only)
- Previous Pre-Employment Employee Drug and Alcohol Test Statement
- NTL Petroleum Products Driver's Job Description

Along with the Driver's Application for Employment Packet all applicants must submit the following:

- Copy of your California Class A Driver's License with tanker and hazardous materials endorsement
- Copy of your DOT Medical Examiners Certificate
- Copy of your H6 DMV printout (no less than 10 days old)

Note:

The Driver's Application for Employment will remain active for a period of six months, during which time it will be reviewed as job openings occur in the area(s) of job interest and qualifications. Should you wish to continue being considered for job openings beyond the six month period you must reapply by completing a new Driver's Application for Employment Packet and re-submitting all required documents as stated above.



P.O. Box 81446, Bakersfield, CA 93380 Office (661) 864-2348 Fax (661) 328-2924

Driver's Application for Employment

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability. Nikolaus Tank Lines, Inc. is an At-Will employer, there is no agreement, express or implied, between employee and the Company for any specific period of employment, or for continuing or long-term employment. Employee and the Company each have a right to terminate employment, with or without cause.

Position Applied for: _____ Date of Application: _____

Name: _____ Social Security Number: _____
Last First Middle

List your addresses of residency for the past 3 years:

Current Address: _____
Street City
State Zip Code Telephone Number: (____) _____ How Long? _____

Previous Address: _____ How Long? _____
Street City State & Zip Code
Street City State & Zip Code How Long? _____
Street City State & Zip Code How Long? _____

Do you have the legal right to work in the United States? _____

Have you worked for this company before? _____ Where? _____

Dates: From: _____ To: _____ Rate of Pay: _____ Position: _____

Reason for leaving: _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____ Yes _____ No

If yes, please explain _____

Have you ever been locked out of any Petroleum Loading Facility? _____ Yes _____ No

If yes, please explain _____

Have you ever been convicted of a felony? _____ Yes _____ No

If yes, please explain: (Applicants having prior felony convictions but meeting all government (DOT, TSA and DOJ) hiring requirements may be considered for employment) _____

Employment History

Applicants applying to drive a commercial motor vehicle* in intrastate or interstate commerce must provide the following information on all employers for the preceding 10 years.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Employer			Date	
Name			From: Mo. Yr.	To: Mo. Yr.
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Telephone			Reason for Leaving	

Employer			Date	
Name			From: Mo. Yr.	To: Mo. Yr.
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Telephone			Reason for Leaving	

Employer			Date	
Name			From: Mo. Yr.	To: Mo. Yr.
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Telephone			Reason for Leaving	

Employer			Date	
Name			From: Mo. Yr.	To: Mo. Yr.
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Telephone			Reason for Leaving	

Employer			Date	
Name			From: Mo. Yr.	To: Mo. Yr.
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Telephone			Reason for Leaving	

Employer			Date	
Name			From: Mo. Yr.	To: Mo. Yr.
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Telephone			Reason for Leaving	

Employer			Date	
Name			From: Mo. Yr.	To: Mo. Yr.
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Telephone			Reason for Leaving	

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passenger, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Accident records for past 3 years (attach sheet if more space is needed)

Dates	Nature of Accident (head-on, rear-end, upset, etc)	Fatalities	Injuries
Last Account			
Next Previous			
Next Previous			

Traffic convictions and forfeitures for the past 3 years (other than parking violations) (Attach sheet if more space is needed)

Location	Date	Charge	Penalty

Education

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended: _____
 (School Name) (City) (State)

Experience and Qualifications – Driver Licenses

State	License No.	Type	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 _____
 (If the answer to either A or B is yes, attach a statement giving details)

Driving Experience (if none, write none)

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Date From	Date To	Approx. No of Miles (total)
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Motor-Coach – School Bus				
Other				

List states operated in for last five years: _____
 Show special courses or training that will help you as a driver: _____
 Which safe driving awards do you hold and from whom? _____

Experience and Qualifications – Other

Show any trucking, transportation or other experience that may help in your work for this company: _____

List courses and training other than shown elsewhere in this application: _____

List special equipment or technical materials you can work with (other than those already shown): _____

To Be Read and signed by Applicant

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for
Initial employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate termination if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related
Initial to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. I addition, I hereby release Nikolaus Tank Lines, Inc., my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that Nikolaus Tank Lines, Inc. is an **At-Will Employer** and there is no agreement, express or implied, between
Initial employee and the Company for any specific period of employment, nor for continuing or long-term employment Employee and the Company each have a right to terminate employment, with or without cause. In addition, I understand and agree that if I am employed; my employment is for no definite or determinable period and may terminate at any time, with or without prior notice, at the option of either myself or Nikolaus Tank Lines, Inc.

_____ I understand that if I am being considered for employment by Nikolaus Tank Lines, Inc. I will be required to submit to a
Initial post-offer physical and drug/alcohol testing (all of which will be at Nikolaus Tank Lines, Inc. expense) and to authorize the release of the physical examination and test results to Nikolaus Tank Lines, Inc. Applicants whose test results are positive (prohibited substances present) will not be eligible for further employment consideration.

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.

I authorize you to make such investigations and inquire of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires 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.

Date

Applicant's Signature



**Request for Drug & Alcohol Information
From Previous Employer**

Previous Employer: _____

Street Address: _____ Telephone: _____

City, State, Zip: _____ Fax No.: _____

The below named individual has applied to Nikolaus Tank Lines, Inc. for a position as a Driver and lists you as a previous employer. Nikolaus Tank Lines, Inc. appreciates your time in completing, in confidence, the information requested below. When completed please fax to the number listed below. Thank you for your courtesy.

I, the undersigned, hereby authorize you to release the following information to Nikolaus Tank Lines, Inc. for the purpose of investigation as required by Section 40.25(j) Department of Transportation. You are released from any and all liability, which may result from furnishing such information.

Date **Applicant's Signature**

Name of Applicant: _____ Social Security Number: _____

Date Employed: From: _____ To: _____

Position: _____

To Be Completed By Previous Employer

If driver was not subject to Department of Transportation testing requirements while employed by you, please check here sign below, and return.

Under Department of Transportation testing requirements:	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person had a verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of DOT agency drug and alcohol testing regulations?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this 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? (Please send this documentation back with this form, if applicable).	<input type="checkbox"/>	<input type="checkbox"/>

In answering these questions, include any drug or alcohol testing information obtained from previous employers under 40.25 or other applicable DOT agency regulations.

Name: _____

Company: _____

Street Address: _____

City, State, Zip: _____ Telephone: _____

Signature: _____ Date: _____

To Be Completed By Prospective Employer

This form was (check one) Faxed to previous employer Mailed to previous employer Date: _____

Information received from: _____

Recorded by: _____ Date: _____

**Request for Employment Information
From Previous Employer**

Name and Address of Previous Employer: _____

This Form Was (check appropriate box)
 Mailed, Date: _____
 Faxed, Date: _____
 Received by Phone, Date: _____
 Name of Person Contacted: _____

To Whom It May Concern:
 The below named individual has applied to Nikolaus Tank Lines, Inc. for a position as a Driver and states that your company employed him/her as a driver from _____ to _____.
 When completed please fax to the number listed below. Thank you for your courtesy.

I, the undersigned, hereby authorize you to release the following information to Nikolaus Tank Lines, Inc. for the purpose of investigation as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

_____ Date _____ Applicant's Signature

Name of Applicant: _____ Social Security Number: _____
 Date Employed: From: _____ To: _____
 Position: _____ Ending Wage: _____

Did he/she drive a motor vehicle for you? Yes No
 If yes, please state type: _____

Was his/her driver's license ever revoked or suspended? Yes No If yes, Why? _____

Number of accidents: _____ Number Preventable _____ Number Non-Preventable _____

Any disciplinary problems? Yes No If yes, please explain _____

Please Rate the Following:

Category	Excellent	Good	Average	Fair	Poor
General Driving Skills					
Reliability					
Logs/paperwork					
Customer Relations					
Employee Relations					

Reason for leaving your employ? Resignation Lay Off Military Duty Involuntary Termination

Eligible for rehire? Yes No

Please advise history of past driving record if available for the past three years: _____

Signature: _____ Title: _____

Printed Name: _____ Date: _____



**Previous Pre-Employment Employee
Drug and Alcohol Test Statement**

Sec. 40.25(j) As the employer, you must also ask the employee whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he/she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b) (5) and (e))

Nikolaus Tank Lines, Inc.
P.O. Box 81446
Bakersfield, CA 93380
(661) 864-2348
(661) 328-2924 Fax

Prospective Employee Name (Please Print): _____

ID Number: _____

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?

Check one: Yes No

- 2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____



Job Description

Job Title: **Petroleum Products Driver** Department: Operations
Reports to: Terminal Manager FLSA Status: Non-Exempt
Date Revised: April 2008

Position Purpose:

Loading and delivery of petroleum and petroleum related products in a safe efficient manner exceeding customer expectations.

Essential Functions:

- Receive daily loading and customer delivery schedule from dispatch either written or oral.
- Load and deliver petroleum and petroleum related products safely to customers as required, adhering to delivery schedules as set by dispatch.
- Perform pre-trip and post-trip inspections, including but not limited to: oil, fuel, truck brake systems and brake adjustments, tires and tire wear, truck air reservoir tanks, hoses and fittings and truck placards.
- Daily completion of all required paperwork, including but not limited to: Nikolaus Tank Lines, Inc. delivery tickets, customer delivery invoices, log books, vehicle inspection reports (DOT required), time sheets and Driver Inspection Report (Form CTA-23 DOT required).
- Maintain good housekeeping practices pertaining to truck cleanliness, hoses, fittings and truck-related equipment.
- Adhere to all company policies as well as state and federal laws pertaining to accidents, spills, contaminations and emergency situations.

Essential Job Knowledge, Skill and Ability:

The individual must possess the following knowledge, skills and abilities and be able to explain and demonstrate that he/she can perform the essential functions of the job, with or without reasonable accommodation.

- Basic mathematical skills.
- Ability to read, write and speak English to communicate with customers and employees.
- Ability to drive semi and truck trailer with Regular 10 and Super 10 transmissions.
- Knowledge of California Freeway systems and ability to read maps.

Minimum Qualification Standards:

Education:

Any combination of education, training or experience that provides the knowledge, skills and abilities to perform the job requirements. High School diploma or equivalent desired.

Experience:

Minimum of one year verifiable petroleum tanker experience.

Licenses or Certificates:

- California Class A Driver's License with tanker and hazardous materials endorsements.
- DOT Medical Examiners Certificate.

Grooming:

All drivers must maintain a neat, clean, well-groomed, and professional appearance, wearing uniform shirts, pants and hats provided by Nikolaus Tank Lines, Inc.

Other:

- Must meet company age requirement of 25 years of age (for insurance purposes).
- Must provide an H6 DMV printout no less than 10 days old.
- Must possess a clean driving record.
- Must be able to work on a rotating schedule that involves varied shifts and days off.

Essential Physical Requirements:

- Ability to stand, walk and/or sit and continuously perform essential job functions for a twelve-plus hour shift.
- Pre-placement drug/alcohol and functional capacity physical testing.
- Frequent bending and lifting to a maximum of 50 lbs.

I understand the above information and hereby state that I can perform the essential functions of the job and specific job knowledge, skill and ability with or without reasonable accommodation as determined by the Company.

Name (Please Print): _____

Date: _____

Signature: _____