



R.P.M. Fuel LLC
APPLICATION FOR EMPLOYMENT

5433 Erin Dr.
Corpus Christi, TX 78408

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without race, color religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

R.P.M. Fuel LLC Applications are not to leave the office and are to be filled out in the presence of a R.P.M. Fuel LLC employee. All applications must be completed by the applicant only.

Date of Application: _____

Applicant Information

Position(s) Applied For: _____ Rate of Pay Expected? _____

Who referred you? _____ Date you can start: _____

Name: _____

Last

First

Middle

Social Security No. _____ Date of Birth: _____

(Required for Commercial Drivers)

Are you legally eligible for employment in the United States? [] Yes [] No

Phone: _____

Email: _____ Alternate Phone: _____

List Residency for the past 3 years

Current Address:

(Street) _____ City _____

(State) _____ Zip Code _____ How Long? _____

Previous Addresses:

Street _____ City _____ State & Zip Code _____ How Long? _____

Street _____ City _____ State & Zip Code _____ How Long? _____

Street _____ City _____ State & Zip Code _____ How Long? _____

Have you ever worked for this company before? [] Yes [] No If yes, Where? _____

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

Reason for leaving: _____

Are you currently employed? [] Yes [] No In not, how long have you been unemployed? _____

Have you been bonded? _____ Name of Bonding Company: _____

Have you ever pleaded guilty, no contest or convicted of a crime? [] Yes [] No Type of charge: [] Misdemeanor [] Felony

If yes, give dates and details: _____

Answering yes to these questions does not constitute an automatic rejection for employment. Date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied? _____



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Education and Training

	Name & Address	Years Completed	Field of Study	Did you graduate?
High School				
College/University				
Trade or Business School				

Are you a veteran? Yes No Duty/Specialized Training: _____

Professional licenses, certifications or registrations: _____

Summarize your special skills and qualifications: _____

References

List three personal references who are not related to you, whom you have known at least one year.

Name	Address	Phone No.	Occupation	Years Known

Emergency Contact

Name: _____ Phone: _____

Relationship: _____

R.P.M. Fuel LLC is a 24 hours a day, 7 day a week service company. You must be available to work if you are called in to work at any of our locations.

Are you willing to travel? Yes No Are you willing to be on call? Yes No

Clerical Experience & Qualifications (If applicable)

Types of computers, software, and other office equipment you are qualified to operate

List courses and training in office work



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Driver Qualifications & Experience (If applicable)

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE, IF NONE, WRITE NONE

Dates	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	At Fault?	Fatalities	Injuries	Hazardous Material Spill
Last Accident		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Accident		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Accident		<input type="checkbox"/> Yes <input type="checkbox"/> No			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE WRITE NONE

Location	Date	Charge	Penalty

DRIVERS LICENSE INFORMATION

State	License No.	Type	Expiration Date
Driver Licenses or permits held in the past 3 years			

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 YOU ANSWERED YES TO EITHER A OR B, GIVE DETAILS

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date (Month/Year)	Approx. No. Of Miles (Total)
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No		From To	
Tractor and Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No		From To	
Tractor - Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No		From To	
Motorcoach - School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No		From To	
Other		From To	

LIST STATE OPERATED IN FOR LAST FIVE YEARS: _____

LIST ANY SPECIAL COURSES AND TRAINING THAT WILL HELP YOU AS A DRIVER WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

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)



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Employment History - Past 10 Years

Begin with your present or most recent job and work backward in order, listing your employers from at least the past 10 years, including all full-time and part-time employment. All time must be accounted for, including military service, self-employment and periods of unemployment. Use supplemental sheets if necessary. We must have telephone numbers, cities and states.

Most Recent Employer

Name		Supervisor	
Are you presently employed?		May we contact your current employer?	
Address		Telephone	
City, State, Zip		Position	
Job Duties:		Rate of Pay	
		From	To
		Reason for Leaving	

Name		Supervisor	
Are you presently employed?		May we contact your current employer?	
Address		Telephone	
City, State, Zip		Position	
Job Duties:		Rate of Pay	
		From	To
		Reason for Leaving	

Name		Supervisor	
Are you presently employed?		May we contact your current employer?	
Address		Telephone	
City, State, Zip		Position	
Job Duties:		Rate of Pay	
		From	To
		Reason for Leaving	

Name		Supervisor	
Are you presently employed?		May we contact your current employer?	
Address		Telephone	
City, State, Zip		Position	
Job Duties:		Rate of Pay	
		From	To
		Reason for Leaving	



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Additional Employment History (Continued)

Name		Supervisor	
Are you presently employed?		May we contact your current employer?	
Address		Telephone	
City, State, Zip		Position	
Job Duties:		Rate of Pay	
		From	To
		Reason for Leaving	

Name		Supervisor	
Are you presently employed?		May we contact your current employer?	
Address		Telephone	
City, State, Zip		Position	
Job Duties:		Rate of Pay	
		From	To
		Reason for Leaving	

Name		Supervisor	
Are you presently employed?		May we contact your current employer?	
Address		Telephone	
City, State, Zip		Position	
Job Duties:		Rate of Pay	
		From	To
		Reason for Leaving	

Name		Supervisor	
Are you presently employed?		May we contact your current employer?	
Address		Telephone	
City, State, Zip		Position	
Job Duties:		Rate of Pay	
		From	To
		Reason for Leaving	

Name		Supervisor	
Are you presently employed?		May we contact your current employer?	
Address		Telephone	
City, State, Zip		Position	
Job Duties:		Rate of Pay	
		From	To
		Reason for Leaving	



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TO BE READ AND SIGNED BY APPLICANT

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.

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.

DATE

Applicant's Signature

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

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. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER: _____

TRANSFERS

FROM _____ TO _____ FROM _____ TO _____

DATE _____ DATE _____

REASON FOR TRANSFER _____ REASON FOR TRANSFER _____

FROM _____ TO _____ FROM _____ TO _____

DATE _____ DATE _____

REASON FOR TRANSFER _____ REASON FOR TRANSFER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____



**R.P.M. Fuel LLC
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ALL APPLICANTS MUST READ AND SIGN BELOW

I, HEREBY GRANT PERMISSION TO R.P.M. Fuel LLC OR, ITS AGENTS, INCLUDING CONTRACTORS SAFETY COUNCIL OF THE COASTAL BEND AND INSURANCE INFORMATION EXCHANGE (IIX) TO INVESTIGATE MY PREVIOUS EMPLOYMENT, CHECK OF DRIVING RECORD, CRIMINAL HISTORY, EDUCATIONAL BACKGROUND, Alcohol & DRUG TEST INFORMATION (In compliance with §40.25(g), release of this information must be made in written form that ensures confidentiality, such as fax, e-mail, or letter and §382.405(f) and (h).) CHARACTER REFERENCES, AND INFORMATION SUBMITTED IN MY APPLICATION, ANY ATTACHMENTS AND RESUME.

Signature _____

Print Name _____

SSN _____

Dated _____



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REQUEST FOR PREVIOUS EMPLOYMENT INFORMATION

To the former Employer: FMSCR's parts 382.413 requires motor carriers to obtain certain previous employment information. Therefore, you are hereby authorized to release to this company, any and all information regarding my duties, character, conduct, positive drug and/or alcohol test, or any refusals to submit to any drug and/or alcohol test pursuant to CFR49 part 382.405 para (F) & (H)

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

Applicant's Name: _____ X _____
(Print) (Signature)

Social Security #: _____ Date: _____

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Previous Employer: _____ Phone: () _____
Address _____ Fax: () _____

The applicant named above states he/she was employed by your company as:

From: _____ To: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER

Are the above dates of employment correct? Yes No If not, please provide correct dates: _____

Was the employee a driver? Yes No Full Time Part Time Seasonal

If yes, what type: Straight Truck Tractor-Semi Trailer Tanker Reefer Flatbed

Other _____ Lengths: _____

Hazardous Material? Yes No Was this employee reliable/dependable? Yes No

Reason for leaving your company: Discharged Resigned Lay Off Others: _____

Would he/she be eligible for rehire? Yes No Upon Review

Check here if no Safety performance history to report

of Accidents _____ # Non Preventable _____ # Preventable _____

Date	City, State	Description	# Fatalities	# Injuries	Hazmat?

In the last THREE years prior to the date of the employee's signature (on the release), for DOT regulating testing:

- Did the employee have alcohol test with a result of 0.04 or higher? Yes No
- Did the employee have a verified positive drug test? Yes No
- Did the employee refuse to be tested? Yes No
- Did the employee have other violations of DOT agency drug and alcohol testing regulations? Yes No
- Did a previous employer report a drug and alcohol rule violation to you? Yes No
- If you answered "Yes" to any of the above items, did the employee complete the return-to-duty process? Yes No

Note: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g. SAP report(s), follow-up testing record).

Name of Person Completing Form Title Date



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APPLICANT CERTIFICATION: _____
NAME

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date of Conviction/Offense: _____

Location and type of Motor Vehicle Operated:

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Driver's Signature: _____
Date of Certification: _____

R.P.M. Fuel LLC
5433 Erin Dr.
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Reviewed By: _____
Signature Title

Date: _____



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DRIVER PRELIMINARY QUALIFICATION SHEET

Driver's Name: _____ Date: _____

	YES	NO
1. Do you have a valid Class A CDL Drivers License?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a valid Class B CDL Drivers License?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been cited for Reckless Driving:	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been arrested for DWI?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been charged with Hit and Run?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been cited with Excessive Speeding?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has your License ever been Revoked or Suspended?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have 3 or more moving Violations in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have more than 2 moving violations in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have any Accidents on your MVR Record in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are any accidents your fault?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have 1 years' driving Tractor/Trailer experience?	<input type="checkbox"/>	<input type="checkbox"/>
13. Hauling What? Flatbed <input type="checkbox"/> Tanker <input type="checkbox"/> Asphalt Tanker <input type="checkbox"/>		
14. Are you 25 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are you willing to take a Drug Test today?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you have any Physical Conditions that will restrict you from doing the job you are applying for?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are you willing to take a company physical at your expense?	<input type="checkbox"/>	<input type="checkbox"/>
18. Are you capable of working out of town?	<input type="checkbox"/>	<input type="checkbox"/>
19. How did you hear about the opening you are applying for? Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Others:		

Driver's Signature _____ Date _____

Initial Interview By: _____

Name _____ Title _____



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K-2/Spice Possession or Use Policy

A chemical substance purely experimental purposes is now being used to achieve a marijuana-like high known as K-2, Spice, or "fake weed." Poison control Centers report symptoms that include rapid heart rate, vomiting, agitation, confusion, and hallucinations. It can also raise blood pressure and cause reduced blood supply to the heart, and in a few cases it has been associated with heart attacks.

K2 is a mixture of a wide variety of herbal and spice plant products, but it is sprayed with a potent psychotropic drug and is contaminated with a toxic substance five times more potent than THC. JWH 018, a synthetic man-made drug, similar to cannabis, is suspected to be responsible for hallucinations, however, researchers suspect that there is another known toxic chemical being sprayed on K2

Fast heartbeat, dangerously elevated blood pressure, pale skin and vomiting are symptoms users experience suggesting that K2 affects the cardiovascular system. It is believed that the drug also affects the central nervous system, causing severe, potentially life-threatening hallucinations and in some cases, seizures.

In several states Legislators have passed laws banning the sale of K2.

Due to the extreme danger of K2/Spice usage R.P.M. Fuel LLC has adopted the following Company Policy

For the safety and the general well-being of our employees, all employees are advised that R.P.M. Fuel LLC ban the use or possession of K-2, and/or any other related product. Any employee found in possession of/or use of the substance K-2, Diablo, Spice or any other name that this drug has been given, will be terminated.

Please sign below indicating that you have read and understand R.P.M. Fuel LLC K-2 policy.

Print Name

Date

Signature

Submit Application