



Hawaii Petroleum, Inc. (Maui)
385 Hukilike Street
Kahului, HI 96732

Hawaii Petroleum, Inc. (Hilo)
16 Railroad Avenue, #202
Hilo, HI

HFN Kona Office (Kona)
74-5558 Kaiwi St.
Kailua-Kona, HI 96740

**CDL DRIVER'S APPLICATION
FOR EMPLOYMENT**

Applicant's Name (Print) _____ Date: _____

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, veteran status, disability, or any other protected group status.

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 at 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 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 as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by 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 _____

**APPLICANT TO COMPLETE
(Answer all questions – please print)**

Positions(s) Applied for _____

Name _____ Social Security No. _____

List your addresses of residency for the past 3 years.

Current Address _____
Street _____ City _____
Phone _____ How Long? _____
State _____ Zip Code _____ yr./mo.

Previous Address': _____
Street _____ City _____
Phone _____ How Long? _____
State _____ Zip Code _____ yr./mo.

_____ Street _____ City _____
Phone _____ How Long? _____
State _____ Zip Code _____ yr./mo.

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

Date of Birth _____ \ _____ \ _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

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)?

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(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 Person	Phone Number		Reason for Leaving			
Were you subject to the FMCSRs+ while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Was your job designated a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO						

	EMPLOYER					DATE
Name		From: Mo.	Yr.	To: Mo.	Yr.	
Address		Position Held:				
City	State	ZIP	Salary/Wage			
Contact Person	Phone Number		Reason for Leaving			
Were you subject to the FMCSRs+ while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Was your job designated a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO						

	EMPLOYER					DATE
Name		From: Mo.	Yr.	To: Mo.	Yr.	
Address		Position Held:				
City	State	ZIP	Salary/Wage			
Contact Person	Phone Number		Reason for Leaving			
Were you subject to the FMCSRs+ while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Was your job designated a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO						

	EMPLOYER					DATE
Name		From: Mo.	Yr.	To: Mo.	Yr.	
Address		Position Held:				
City	State	ZIP	Salary/Wage			
Contact Person	Phone Number		Reason for Leaving			
Were you subject to the FMCSRs+ while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Was your job designated a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO						

EMPLOYER			DATE				
Name		From: Mo.		Yr.	To: Mo.		Yr.
Address				Position Held:			
City		State		ZIP		Salary/Wage	
Contact Person			Phone Number			Reason for Leaving	
Were you subject to the FMCSRs+ while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Was your job designated a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO							

* Includes vehicles having a GVWR or 26,0001 lbs or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

+ The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR if 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

Dates	Nature of Accident (Head-On, Rear-End, Upset, etc...)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
Last Accident				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE (ATTACH SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS-DRIVER

Driver License or Permits held In the past 3 years	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

IF THE ANSWER TO EITHER A OR BE IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE –CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM(M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
Straight Truck <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK FLAT, DUMP, REFER)		
Tractor and Semi-Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK FLAT, DUMP, REFER)		
Tractor-Two Trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK FLAT, DUMP, REFER)		
Tractor-Three Trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK FLAT, DUMP, REFER)		
Motorcoach-School Bus(more than 6 passengers) <input type="checkbox"/> YES <input type="checkbox"/> NO			
Motorcoach-School Bus(more than 15 passengers) <input type="checkbox"/> YES <input type="checkbox"/> NO			
Other			

List States operated in for the last five years _____

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

Which safe driving awards do you hold and from whom? _____

EXPERIENCE AND QUALFICATIONS – OTHER

Show any trucking, transportation or other experinece 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)

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School : 1 2 3 4 College: 1 2 3 4

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.

Signature _____ Date: _____