

# Foster Fuels Employment Application

Driver and Service Technician Positions



**Foster Fuels, Inc.**

16720 Brookneal Hwy., Brookneal, VA 24528

Phone: (434)-376-2322 Fax (434)-376-5969

## DISCLOSURE

As part of our hiring background and investigation, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681 – 1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights Under the Fair Credit Reporting Act.



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Foster Fuels is an EEO employer committed to the non-discriminatory treatment of all applicants and personnel without regard to age, race, religion, color, sex, disability, national origin, veteran status or any other legally protected status.

**DRIVER and SERVICE TECHNICIAN APPLICATION FORM**

**Personal:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Number of Years

Past 3 Year  
Residency

Street City State Zip Number of Years

Street City State Zip Number of Years

Street City State Zip Number of Years

Phone: Primary: \_\_\_\_\_ Alternate: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position Sought: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ (check one)

Date Available: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Are you over 18 years old? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (check one)

Are you legally eligible for employment in the United States? \_\_\_\_\_

(If offered employment you will be required to provide documentation to verify eligibility.)

Can you work overtime when necessary, including travel out of town and overnight? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain your work hour limitations: \_\_\_\_\_

**Employment Record**

(Starting with Most Recent List All Employment including US Military service)  
(Use Last page if more space is needed and write in all information requested as below)

Last Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed? \_\_\_\_\_ yes \_\_\_\_\_ no  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ yes \_\_\_\_\_ no  
Account for periods of time between jobs include dates (month/year) and reason. \_\_\_\_\_  
\_\_\_\_\_

Last Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed? \_\_\_\_\_ yes \_\_\_\_\_ no  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ yes \_\_\_\_\_ no  
Account for periods of time between jobs include dates (month/year) and reason. \_\_\_\_\_  
\_\_\_\_\_

Last Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed? \_\_\_\_\_ yes \_\_\_\_\_ no  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ yes \_\_\_\_\_ no  
Account for periods of time between jobs include dates (month/year) and reason. \_\_\_\_\_  
\_\_\_\_\_

Please answer the following Questions.

1. Have you ever worked for Foster Fuels Before? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Supervisor: \_\_\_\_\_
2. Are you currently Employed: Yes: \_\_\_\_\_ No: \_\_\_\_\_ How long since last employed? \_\_\_\_\_
3. How did you hear about this job opportunity with Foster Fuels? \_\_\_\_\_
4. Where you referred to Foster Fuels by a current employee of the company? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Name of referral: \_\_\_\_\_
5. Is there any reason why you might be unable to perform the Essential Functions of the Job for which you have applied with or without reason accommodation? Yes: \_\_\_\_\_ No: \_\_\_\_\_
  
6. Have you ever been asked to resign or been discharged from employment? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, describe the nature of the event and how it was resolved.

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7. On a separate sheet of paper explain any gaps in employment and attach.
  8. Have you been convicted of a Violation of the Law except for a minor traffic violation? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If Yes, describe the nature of the offense, when it occurred, where it occurred and disposition. \_\_\_\_\_
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(A conviction does not automatically cause rejection of your application. Factors such as age and date of conviction, nature and seriousness of the crime, and rehabilitation will be considered.)

## Education and Training

Please indicate education and training which you believe qualifies for the position you are seeking.

### High School:

Diploma: \_\_\_\_\_ Yes \_\_\_\_\_ No: \_\_\_\_\_ GED. Yes \_\_\_\_\_ No: \_\_\_\_\_ (Circle One)

High School(s)/Years Attended: \_\_\_\_\_ City/State: \_\_\_\_\_  
Number of years completed: (circle one). 1 2 3 4

High School(s)/Years Attended: \_\_\_\_\_ City/State: \_\_\_\_\_  
Number of years completed: (circle one). 1 2 3 4

### College/University/and or Vocational School:

Vocational/Undergraduate School: \_\_\_\_\_ Number of Years Completed: \_\_\_\_\_  
School: \_\_\_\_\_ City/State: \_\_\_\_\_  
Major: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

School: \_\_\_\_\_ City/State: \_\_\_\_\_  
Major: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Post Undergraduate: \_\_\_\_\_ Number of Years Completed: \_\_\_\_\_  
School: \_\_\_\_\_ City/State: \_\_\_\_\_  
Major: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

School: \_\_\_\_\_ City/State: \_\_\_\_\_  
Major: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

**Other Training/Certifications:**

Course or Certificate: \_\_\_\_\_

School/Training Facility: \_\_\_\_\_

Date of Completion: \_\_\_\_\_ License/Certification Obtained: \_\_\_\_\_

Course or Certificate: \_\_\_\_\_

School/Training Facility: \_\_\_\_\_

Date of Completion: \_\_\_\_\_ License/Certification Obtained: \_\_\_\_\_

**References**

**Professional References**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

**Personal References**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

**Experience and Qualifications**

**Driving Experience**

If no driving experience within the past 3 years check here \_\_\_\_\_

Class of Equipment	Type of Equipment (Circle all that Apply)	Dates		OR	Approximate Number of Miles
		From	To		
Straight Truck	Van, Reefer, Tank, Flat	_____	_____	<b>OR</b>	_____
Tractor Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____		_____
Tractor - Two Trailers	Van, Reefer, Tank, Flat	_____	_____		_____
Tractor - Three Trailers	Van, Reefer, Tank, Flat	_____	_____		_____
Motorcoach - School Bus	greater than 8 Passengers	_____	_____		_____
Motorcoach - School Bus	greater than 15 passengers	_____	_____		_____
Other: _____	Van, Reefer, Tank, Flat	_____	_____		_____

**Accident History (3 Years)**

If no accidents within the past 3 years – Check here \_\_\_\_\_

Date (month/year)	Nature of Accident (head-on, rear-end, upset, etc.)	Number of Fatalities	Number of Injuries	Hazardous Materials Spill
				Yes _____ No _____
				Yes _____ No _____
				Yes _____ No _____
				Yes _____ No _____

### Traffic Convictions and Forfeitures (3 Years)

IF no traffic violation or forfeiture in the past 3 years – Check Here \_\_\_\_\_

Date Convicted (month/year)	Violation (other than violation involving parking only)	State of Violation	Penalty (Forfeited Bond, collateral and/or points)

### License Information

Section 383.1 FMCSR states: "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

\_\_\_\_\_ State \_\_\_\_\_ License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes give details: \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoke: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes give details: \_\_\_\_\_

### Professional License or Membership

Type of License(s) Held and When Obtained: \_\_\_\_\_

Type of License(s) Held and When Obtained: \_\_\_\_\_

Other Professional Memberships: \_\_\_\_\_

List any other relevant skills (such as, Computer, Software Systems Experience:) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Applicants Certification and Agreement (Please read carefully before signing)

It is the policy of Foster Fuels. to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, disability, national origin, veteran status and other characteristic protected by Federal, State or Local law.

In connection with my employment application with Foster Fuels., I understand that investigative background inquires may be made on me including consumer, criminal, driving and other reports concerning my character and suitability for employment. These reports will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that Foster Fuels. may be requesting information from various federal, state, and other agencies which maintain records concerning my activities relating to my driving, credit, criminal, civil, and other experiences. I acknowledge that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. Such a request must be made in writing to the Human Resource Department within a reasonable time after the completion of this application. I further authorize the Foster Fuels. to communicate with persons listed as references, former employers, and any others.

I authorize, without reservation, any party or agency contacted by Foster Fuels. to furnish the above-mentioned information. I agree to hold such persons and Foster Fuels. harmless with respect to any information they may give about me.

I certify that the answers given herein are true and complete. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that any employment relationship with Foster Fuels. is of an "at will" nature, which means that I may resign at any time and Foster Fuels. may discharge me at any time and for any reason, with or without cause or notice. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing and signed by the Foster Fuels. President. I further acknowledge that any personnel manual, handbook, publication, policy, procedure, rule or regulation that may now or as amended in the future apply to me is not contractual in nature and does not modify the foregoing at-will employment relationship.

I understand that, if employed, falsified statements of any kind or omission of facts called for on this application shall be considered sufficient basis for termination of employment. I understand that information I provide regarding current and/or previous employment may be used, and those employer(s) will be contacted, for the purposes 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 my previous employer
- 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.

Any offer of employment I may receive from Foster Fuels. is contingent upon my successful completion of Foster Fuels' total pre-employment screening process, including satisfactory completion of any post-job offer pre-employment physical examination Foster Fuels. may require. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to alcohol or drug screening.

I understand, also, that I am required to abide by all rules and regulations of Foster Fuels. I agree to engage in no outside activity which would involve a conflict of interest with, or which could reflect adversely on Foster Fuels. I understand this decision rests exclusively with the Company in its sole discretion. If employed, I agree to hold in strictest confidence any confidential or proprietary information concerning the Company or its customers which may come to my knowledge.

I acknowledge and understand that if and when employed by Foster Fuels I may be required to enter into property that requires a security clearance or a generalized clearance, and in those instances, the company will be required to submit some necessary, even personal, information about me. This disclosure will be done on a need to know basis and I agree to the same.

This application will be given careful consideration, but acceptance of a completed form does not imply or guarantee employment.

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Signature/Date

This application for employment is valid for thirty (30) days. Consideration for employment beyond thirty (30) days from today's date will require a new application.

**AFFIRMATIVE ACTION PROGRAM  
INVITATION TO SELF-IDENTIFY**

Foster Fuels, Inc. is subject to Executive Order 11246, as amended, which requires federal government contractors to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. We are therefore requesting information about the race or ethnicity and sex of our applicants in order to comply with government reporting requirements and in order to ensure equal employment opportunity.

Submission of this information is ***strictly voluntary*** and refusal to provide it will not subject you to any adverse treatment. The information provided will only be used in ways that are not inconsistent with Executive Order 11246, as amended, or other applicable laws and regulations. ***This information will be maintained separately from your application for employment.*** If you do not wish to self-identify at this time, you may do so in the future by submitting this form. ***Failure to provide the following information will not subject you to any adverse action or treatment.***

Foster Fuels, Inc. is an equal opportunity employer in all personnel practices, including recruitment, advertising, participating in training and development programs, promotion and upgrading, layoff and termination, pay and other forms of compensation, insurance and other benefits. We are committed to affirmative action and prohibit discrimination based on race, color, sex, sexual orientation, gender identity, age, religion, national origin, disability, protected veteran status, or any other unlawful form of discrimination.

**Please check one box each to indicate your gender and racial and ethnic background.  
Definitions given below are in accordance with Equal Employment Opportunity Commission (EEOC) guidelines.**

Gender:       Male                       Female

**Ethnic Background:**

- Hispanic or Latino** – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (Not Hispanic or Latino)** – a person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino)** – a person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** – a person having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** – all persons who identify with more than one of the above five races.

Name (please print) \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_



## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 2 of 2

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

## INVITATION TO SELF-IDENTIFY

Foster Fuels, Inc. (the "Company") is a Federal contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 ("VEVRAA"). VEVRAA requires government contractors to take affirmative action to employ and advance in employment qualified disabled veterans, recently separated veterans, Armed Forces service medal veterans and Active duty wartime or campaign badge veterans. This invitation to self-identify refers to such veterans as "protected veterans."

If you are a protected veteran and would like to participate in our affirmative action program, please complete the form below or contact Mike Gilliland, Director of Human Resources at Foster Fuels, Inc. (phone: 434-376-8020, e-mail: [Mike.Gilliland@fosterfuels.com](mailto:Mike.Gilliland@fosterfuels.com) ). Our affirmative action program contains policies and procedures that assure compliance with our VEVRAA obligations. You may inform us of your desire to benefit under the affirmative action program now or at any time in the future. Whether you choose to so identify is voluntary on your part.

Disclosure of your status as a protected veteran is voluntary. Choosing not to provide this information will not subject you to any adverse treatment. If you are a disabled veteran, it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job. Information you submit concerning your disability will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work duties of disabled veterans, and regarding necessary accommodations, (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (iii) Government officials engaged in enforcing the Rehabilitation Act, VEVRAA, or the Americans with Disabilities Act ("ADA"), may be informed. The information provided will be used only in ways that are consistent with Section 503 of the Rehabilitation Act, VEVRAA, and the ADA.

### Definitions:

**Disabled Veteran** means (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.

**Active Duty Wartime or Campaign Badge Veteran** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

**Recently Separated Veteran** means a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

**Armed Forces Service Medal Veteran** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg. 1209).

**[Pre-Offer] INVITATION TO SELF-IDENTIFY**

If you believe you belong to any of the categories of protected veterans listed in the attached "Invitation to Self-Identify," please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I identify as one or more of the classifications of Protected Veteran listed on the previous page
- I am not a Protected Veteran

Please return this form to your local human resources representative. Disclosure of your status as a protected veteran is **voluntary**. Choosing not to provide this information will not subject you to any adverse treatment.

Name (please print) \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_