

SEWELL OIL COMPANY INC
3400 JUNCTION CITY HIGHWAY
EL DORADO, AR 71730
(870) 881-9500 PHONE
(870) 863-5017 FAX

EMPLOYMENT APPLICATION

Name _____ Date _____

Address _____ Phone # _____

City _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____

Are you a citizen of the United States of America? Yes No

If at the above residence is less than three years, list below all residences for the past three years. Attach separate sheet if necessary.

| Street | City | State | Zip |
|--------|------|-------|-----|
| | | | |
| | | | |

| Street | City | State | Zip |
|--------|------|-------|-----|
| | | | |
| | | | |

Have you applied here before? Yes No When? _____

Position applied for? _____

Available Start Date _____ Full Time Part Time Temporary

Date Last Physical _____ Expiration _____

(Attach copy of Medical Examiner's Certificate)

DRIVER EXPERIENCE & QUALIFICATIONS – (Answer all questions completely)

LICENSES & FAILED TEST INFORMATION (attach copy of CDL, TWIC, Hazmat)

| Drivers License held in the past 3 years must be shown. | STATE | LICENSE # | CLASS | ENDORSEMENTS | EXPIRATION |
|---|-------|-----------|-------|--------------|------------|
| | | | | | |
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| | | | | | |
| | | | | | |

40.25(j) 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/alcohol testing rules during the past 2 years? YES NO

If answered "yes" to the 40.25(j) question, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements? YES NO

Have you been denied a license, permit, or privilege to operate a motor vehicle? YES NO

Has any license, permit, or privilege ever been suspended or revoked? YES NO

If you answered "yes" to any of the above questions, explain your answer on a separate sheet of paper.

DRIVING EXPERIENCE

| Class of Equipment (Straight Truck, Tractor/Trailer, Double /Triples, Bus | Type of Equipment (Van, Tanker, Flat, Reefer, etc) | | | Approximate Total Miles |
|--|--|-----------|---------|----------------------------|
| | | Date From | Date To | |
| | | | | |
| | | | | |
| | | | | |

ACCIDENT REVIEW FOR THE PAST 3 YEARS (attach separate sheet if more space is needed)

| Nature of Accident (Head-on, Rear-end, Overturn, Backing, etc) | Fatalities | Injuries | Date |
|---|------------|----------|------|
| | | | |
| | | | |
| | | | |

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (other than parking violations)

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

**EMPLOYMENT HISTORY INFORMATION
(10 Years CDL Driver / 3 Years Non-CDL)**

Company _____

Address _____ Phone # _____

City _____ State _____ Zip _____

Position Held _____ from: _____ To: _____

Supervisor's Name _____ Salary _____

Reason For Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?
 YES NO 391.21

Was this position designated as a safety sensitive function in and DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40? YES NO

EMPLOYMENT HISTORY CONTINUED

Company _____

Address _____ Phone # _____

City _____ State _____ Zip _____

Position Held _____ From: _____ To: _____

Supervisor's Name _____ Salary _____

Reason For Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?

YES NO 391.21

Was this position designated as a safety sensitive function in and DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40? YES NO

Company _____

Address _____ Phone # _____

City _____ State _____ Zip _____

Position Held _____ From: _____ To: _____

Supervisor's Name _____ Salary _____

Reason For Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?

YES NO 391.21

Was this position designated as a safety sensitive function in and DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40? YES NO

Company _____

Address _____ Phone # _____

City _____ State _____ Zip _____

Position Held _____ From: _____ To: _____

Supervisor's Name _____ Salary _____

Reason For Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?

YES NO 391.21

Was this position designated as a safety sensitive function in and DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40? YES NO

EMPLOYMENT HISTORY CONTINUED

Company _____

Address _____ Phone # _____

City _____ State _____ Zip _____

Position Held _____ From: _____ To: _____

Supervisor's Name _____ Salary _____

Reason For Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?
 YES NO 391.21

Was this position designated as a safety sensitive function in and DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40? YES NO

Company _____

Address _____ Phone # _____

City _____ State _____ Zip _____

Position Held _____ From: _____ To: _____

Supervisor's Name _____ Salary _____

Reason For Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?
 YES NO 391.21

Was this position designated as a safety sensitive function in and DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40? YES NO

Company _____

Address _____ Phone # _____

City _____ State _____ Zip _____

Position Held _____ From: _____ To: _____

Supervisor's Name _____ Salary _____

Reason For Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?
 YES NO 391.21

Was this position designated as a safety sensitive function in and DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40? YES NO

EMPLOYMENT HISTORY CONTINUED

Company _____

Address _____ Phone # _____

City _____ State _____ Zip _____

Position Held _____ From: _____ To: _____

Supervisor's Name _____ Salary _____

Reason For Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?

YES NO 391.21

Was this position designated as a safety sensitive function in and DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40? YES NO

Company _____

Address _____ Phone # _____

City _____ State _____ Zip _____

Position Held _____ From: _____ To: _____

Supervisor's Name _____ Salary _____

Reason For Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?

YES NO 391.21

Was this position designated as a safety sensitive function in and DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40? YES NO

Sewell Oil Company Inc

Verification Release

I hereby authorize, without liability, any person or organization, including but not limited to any educational institution, training facility or any institution, whose name I have given as a reference, or by whom I have been previously employed, to furnish Sewell Oil Company Inc., any information they may have concerning my character, habits, ability, financial responsibility, job performance, reasons for leaving employment, and all information concerning my employment or training to give such information to other companies and carriers requesting such information. Furthermore, there may be entities that the Company does business with that may request investigative reports or consumer reports which apply to my background. In this case, these reports would apply to my assignment to projects related to the Customer, permission to be on the Customers' premises and to handle its products and other security concerns of the customer. I hereby release all such persons and organizations from any claims for damages of any kind, which may occur to me by reasons of furnishing such information. I hereby authorize any law enforcement agency or court of record to furnish Sewell Oil Company, Inc. information concerning Motor Vehicle Record, or any felony or misdemeanor of which I have been convicted.

Under the authority granted me by CFR Parts 40 and 382, I hereby authorize and require my previous and/or current employers specifically listed as well as any other person or company provided by me in writing or by verbal interview by whom I was employed or to whom I applied for employment in the two year period preceding the date of this application to release the date, type of test and result of all drug and alcohol test taken by me, including the date and type of test for any refusals by me to take a drug or alcohol test, to the Director of Driver Personnel, or the Employment Placement Specialist assigned to process my application at Sewell Oil Company Inc. If I tested positive on any controlled substance test, had an alcohol test with a concentration of 0.02 or greater, or refused to take any drug or alcohol test, I also hereby authorize the release of all information concerning my referral to a Substance Abuse Professional (SAP) including all records pertaining to my evaluation and treatment (if required by SAP). I authorize this release by whatever means is most expedient and agree to hold harmless any past employer or any person or company I applied with as well as their employees, agents, or representatives from all liability or damage that may arise from the release of the information specifically authorized here.

Applicant Rights (pursuant to 49 CFR Part 392.23(i) effective October 29, 2004): I understand that I have the right to review information provided by my previous employers, to have errors corrected by the previous employers and re-sent to Sewell Oil Company, Inc. once corrected, and to have a rebuttal statement attached to any alleged erroneous information should my previous employer and I not agree on the accuracy of the information. I further understand that the information provided by me will be used in making employment determinations and that my previous employers will be contacted for the purpose of investigating my safety performance history information as required by paragraphs (d) and (e) of 49 CFR Part 391.23. Request to review previous employer information must be in writing. A release form for employment records can be requested by calling (870) 881-9300 or mail to 3400 Junction City Highway, El Dorado, AR 71730.

Name (Printed)

Signature

Date