



ChiefSeahawk Transport

2207 Central Airport Road
 North Little Rock, AR 72117
 Phone: 501-945-3919
 Watts: 1-800-327-0481

Application For Employment

PLEASE PRINT

PERSONAL	Position(s) Applied For:			Date of Application	
	Last Name:	First Name	Middle	Social Security Number	
	Street	City	State	Zipcode	Phone No.
	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Name and Phone of Person to contact in case of Emergency:			

- Are you 25 years or older? Yes No
- Have you ever filed an application with us before? Yes No
 If Yes, Give Date: _____
- Have you ever been employed with us before? Yes No
 If Yes, Give Date: _____
- Are you currently employed? Yes No
- May we contact your present employer? Yes No
- Is your citizenship or immigration status such that you can lawfully work in the US? Yes No
(NOTE: Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Any Shift Temporary

Days & hours available to work:	DAY:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	FROM:	_____	_____	_____	_____	_____	_____	_____
	TO:	_____	_____	_____	_____	_____	_____	_____

- Are you currently on "lay-off" status and subject to recall? Yes No
- Have you ever been convicted of a felony? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain: _____

- We have a drug testing program for job applicant and employees. Are you willing to undergo a pre-employment drug test and periodic or random drug tests if you are hired by the company? Yes No
- Have you ever been disciplined for absenteeism or tardiness? Yes No
- Have you ever been refused a fidelity bond? Yes No

EXPERIENCE (List Last Employer First)

Employer:		Dates Employed		Duties:
Address:		From:	To:	
Telephone Number(s):		Earnings		
Job Title:	Supervisor:	\$	Per	
Reason for Leaving:				
Employer:		Dates Employed		Duties:
Address:		From:	To:	
Telephone Number(s):		Earnings		
Job Title:	Supervisor:	\$	Per	
Reason for Leaving:				
Employer:		Dates Employed		Duties:
Address:		From:	To:	
Telephone Number(s):		Earnings		
Job Title:	Supervisor:	\$	Per	
Reason for Leaving:				
Employer:		Dates Employed		Duties:
Address:		From:	To:	
Telephone Number(s):		Earnings		
Job Title:	Supervisor:	\$	Per	
Reason for Leaving:				

REFERENCES

LIST BELOW THREE INDIVIDUALS WHO HAVE KNOWN YOU FOR FIVE YEARS OR MORE

	NAME	ADDRESS	PHONE NUMBER
1.			
2.			
3.			

Have you ever had any job-related training in the United States military? Yes No

If Yes, please describe _____

Are you able, with reasonable accommodations if necessary, to perform all of the duties of the job for which you are applying? (Applicant will not necessarily be disqualified if unable to perform a particular job duty (or duties)) Yes No

If No, please describe which duties you are unable to perform: _____

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 statement giving details)

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
MOTORCOACH - 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? _____

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)

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, UPSSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT:	_____	_____	_____	_____
NEXT PREVIOUS:	_____	_____	_____	_____
NEXT PREVIOUS:	_____	_____	_____	_____

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

	Elementary					High School				Undergraduate College/University				Graduate/ Professional			
School Name and Location																	
Years Completed (circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities.																	
Describe any honors you have received.																	

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

In consideration of my employment, I agree to conform to the rules and regulations of this company, and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no manager or representative of this company, other than the president/owner of the Company, has any authority to enter into any agreement guaranteeing employment for any specified period of time, or to make any employment agreement contrary to the foregoing.

All of the information on this application and made in conjunction with this application is correct and true to the best of my knowledge. I understand that any false or misleading statement made by me in connection with this application or the failure to disclose any pertinent information may be grounds for immediate dismissal. Furthermore, I hereby release my former employers from all liability or damages on account of having furnished information regarding my personal character, work habits, work records, etc.

Signature of Applicant

Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

MVR Check, Drug Test and Background Check

Employee Release Form (Please Complete and Sign)

_____ Last Name	_____ First Name	_____ Other names Used	
_____ Date of Birth	_____ Social Security Number	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____ Driver's License #	_____ State Issued	_____ Date Issued	_____ Exp. Date

I understand and agree that part of the application process with COULSON OIL COMPANY, INC., SUPERSTOP STORES, LLC or CHIEFSEAHAWK TRANSPORT, LLC, includes an MVR check, Drug Test and Background Check. Should any of these return unsatisfactory, I will not be considered for employment. I also understand that periodic MVR checks, drug testing and background checks may be done as an employee and if any comes back unsatisfactory, in the future, I may be immediately terminated.

Signature

Date

MVR STANDARDS

Motor Vehicle Records (MVRs) will be checked annually on all employees where driving is a part of their job. The MVR will be reviewed to ascertain the employee holds a valid license and their driving record is within the parameters set by company management. An employee will be disqualified from driving company operated vehicles, or those vehicles in the care and custody of Coulson Oil Company if an MVR check reveals:

1. Three (3) or more traffic violations and/or at-fault accidents over a three (3) year period for drivers age 25 and older; two (2) traffic violations and/or at fault accidents for drivers between the ages of 18 and 25; or
2. One or more of the following types of serious traffic convictions within the past three (3) years:
 - driving while under the influence or while disabled by use of drugs;
 - refusal to take a breath analyzer test;
 - leaving the scene of an accident without reporting it;
 - homicide, assault, or criminal negligence resulting from the operation of a vehicle;
 - driving while license is suspended or revoked;
 - reckless or dangerous driving, which results in injury to a person;
 - racing; and/or
 - passing a stopped school bus.

Violations include seat belt violations, but do not include such non-moving violations as weight violations or improper or inadequately maintained equipment.

INVESTIGATION INTO PREVIOUS EMPLOYMENT

Date: ___/___/___



ChiefSeahawk Transport, LLC
2207 Central Airport Road
North Little Rock, AR 72115

Contact: Richard Cannon
Phone: 501.945.3919
Fax: 501.945.3798

ISSUED TO:

Form fields for recipient information: (Company Name), (Name), (Title), (Street Address or P.O. Box), (City), (State), (Zipcode)

Mr./Mrs./Ms. _____ SSN: _____
has made application to our company for a position as _____ and states that he/she was employed by your
company as _____ from ___/___/___ to ___/___/___.

Please reply to this inquiry respecting this applicant. Your reply will be held in strict confidence and will in no way involve you in any
responsibility.

- 1. Is employment record with your company correct as stated above?
2. What kind(s) of work did he/she do?
3. Did he/she have custody of money or valuables?
4. Was the above named person ever convicted of the illegal usage of alcohol/drugs?
5. Is there any record of written reprimand?
6. If employed as a driver, specify what type of equipment was driven
7. Was the above named person ever involved in any accidents?
8. Were any of these accidents preventable?
9. Was his/her driver's license ever suspended or revoked?
10. Were there any on the job injuries while employed by you?
11. The reason for leaving your employment was a result of:
12. Was his/her general conduct satisfactory?
13. Do you feel as a previous employer that the above named person is competent for the position he/she is seeking?
14. Would you ever consider re-hiring this person?
15. Do you have any additional comments on the above named person's employment history or to any of the above questions?

RELEASE AUTHORIZATION
With my signature below, I am authorizing you to release any and all information regarding my services, character and
conduct while I was employed by your company and you are released from any and all liability which may result from
furnishing such information. You are hereby authorized to give any and all information to ChiefSeahawk Transport, LLC.
(Witness) Driver Applicant Date

PRIOR EMPLOYER INFORMATION



ChiefSeahawk Transport, LLC
 2207 Central Airport Road
 North Little Rock, AR 72117

Contact: Richard Cannon
 Phone: 501.945.3919
 Fax: 501.945.3798

Driver's Name: _____

Social Security Number: _____

RELEASE AUTHORIZATION

I hereby authorize and request

Prior Employer Company Name and Address, Telephone and Fax number

to release ALCOHOL and CONTROLLED SUBSTANCES information as listed in 49 CFR Section 40.25(b) to the above named company. You are released from any and all liability, which may result from releasing such information. Per 49 CFR Section 40.25(b) you are required by law to immediately release this information.

Driver's Signature: _____

Date: _____

Witnessed by: _____

Required Information from Section 382.413 and 40.25(b)

1.	Has the above named individual had an alcohol test with a breath alcohol concentration of 0.04 or greater while in your employ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has the above named individual had a controlled substance test with a positive result while in your employ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has the above named individual refused a controlled substance test or alcohol test while in your employ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Other violations of DOT Agency Drug and Alcohol testing regulations? <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Do you have documentation of the employee's successful completion of the 49 CFR Subpart O return to duty requirements? <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signed By: _____

Date: _____

Prior employer's official title: _____

With reference to question number 5 please identify the Substance Abuse Professional you referred the driver to if he/she tested positive or refused testing.

Name: _____

Address: _____

City, State, Zipcode: _____

Phone Number: _____

NOTE: Failure to furnish information requested as required by 49 CFR 382.413 and 40.25 will result in the above named individual being removed from any CDL driving position. You are required to release this information immediately per 49 CFR 382.405(i) and 40.25(b). Fines and penalties for not releasing this information is found in 49 CFR 382.507 under 49 USC 521(b).

We reserve the right to notify the US DOT Federal Motor Carrier Safety Administration in the event the above information is not received.