

(USE LAST PAGE IF MORE SPACE IS NEEDED)

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 IS YES TO EITHER A OR B, ATTACH A STATEMENT GIVING DETAILS

EMPLOYMENT RECORD - STARTING WITH MOST RECENT

LIST EMPLOYMENT FOR LAST 10 YEARS

(USE LAST PAGE IF MORE SPACE IS NEEDED)

LAST EMPLOYER: NAME			PHONE
ADDRESS			
POSITION HELD	FROM	TO	SALARY
REASON FOR LEAVING			

SECOND EMPLOYER: NAME			PHONE
ADDRESS			
POSITION HELD	FROM	TO	SALARY
REASON FOR LEAVING			

THIRD EMPLOYER: NAME			PHONE
ADDRESS			
POSITION HELD	FROM	TO	SALARY
REASON FOR LEAVING			

FOURTH EMPLOYER: NAME			PHONE
ADDRESS			
POSITION HELD	FROM	TO	SALARY
REASON FOR LEAVING			

A. HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE?

_____ YES _____ NO *IF NO, SKIP TO B.*

DATES: FROM _____ TO _____ RATE OF PAY _____ POSITION _____

REASON FOR LEAVING _____

B. ARE YOU CURRENTLY EMPLOYED?

_____ YES

_____ NO

IF YES, SKIP TO C.

HOW LONG SINCE LAST EMPLOYMENT?

C. WHO REFERRED YOU?

RATE OF PAY EXPECTED

D. IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED?

_____ YES

_____ NO

IF YES, EXPLAIN IF YOU WISH

EDUCATION, TRAINING, & RECOGNITION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

LIST STATES OPERATED IN FOR LAST FIVE YEARS

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

CONVICTIONS

DO YOU HAVE ANY PRIOR CONVICTIONS IN A COURT OF LAW?

_____ YES

_____ NO

IF YES, PLEASE EXPLAIN

OTHER

PLEASE DESCRIBE ANYTHING ELSE THAT DEMONSTRATES YOUR ABILITY TO PERFORM THE JOB APPLIED FOR.

ADDITIONAL INFORMATION:

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 IN ARRIVING AT AN EMPLOYMENT DECISION. (GENERAL 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.

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME AND THAT ALL ENTRIES ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE:

APPLICANTS SIGNATURE:

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT AT FOSTER FUELS, INC.

**AFFIRMATIVE ACTION PROGRAM
INVITATION TO SELF-IDENTIFY RACE/ETHNICITY**

Foster Fuels (the "Company") is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Foster Fuels invites applicants and employees to voluntarily self-identify their gender, race and ethnicity. Submission of this information is strictly voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provision of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. ***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.***

Anti-Discrimination Notice. Foster Fuels is an equal opportunity employer in all personnel practices, including recruitment, advertising, hire, 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, age, religion, national origin, disability, covered 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

Race/Ethnicity:

- 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 maintains 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 _____