

PLEASE FAX TO: 904.757.5619  
ATTN: HIRING DEPT  
(OR)

PLEASE MAIL TO: PIPELINE TRANSPORTATION  
P. O. Box 26325  
Jacksonville, FL. 32226  
P. 904.757.5001  
TF.866.443.8383

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**ATTENTION: ALL APPLICANTS**

PLEASE PROVIDE A COPY OF  
YOUR

DRIVERS LICENSE

AND

SOCIAL SECURITY CARD

WHEN SUBMITTING THIS APPLICATION FOR EMPLOYMENT

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# DRIVER'S APPLICATION FOR EMPLOYMENT

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(answer all questions - please print)

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, or non-job related disability.

Date of application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City

Previous \_\_\_\_\_  
Addresses State Zip Code Phone How Long?

Street City State & Zip Code How Long?

Street City State & Zip Code How Long?

Street City State & Zip Code How Long?

Do you have the legal 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 \_\_\_\_\_

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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

EMPLOYER			DATE	
NAME			FROM MO.      YR.	TO MO.      YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING

EMPLOYER			DATE	
NAME			FROM MO.      YR.	TO MO.      YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING

EMPLOYER			DATE	
NAME			FROM MO.      YR.	TO MO.      YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING

EMPLOYER			DATE	
NAME			FROM MO.      YR.	TO MO.      YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING

EMPLOYER			DATE	
NAME			FROM MO.      YR.	TO MO.      YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING

EMPLOYER			DATE	
NAME			FROM MO.      YR.	TO MO.      YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle 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
LAST ACCOUNT _____			
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**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_

(NAME)

(CITY)

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

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 _____				
MOTOR COACH - 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? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - OTHER**

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)

**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.

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. (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 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.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

**PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE  
OFFICER OR COMPANY REPRESENTATIVE

SUPERIOR    GOOD    FAIR    BELOW AVERAGE    POOR    WRITTEN RECORD ON FILE

1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

\_\_\_\_\_  
SIGNATURE OF INTERVIEWING OFFICER

**TRANSFERS**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
DATE: \_\_\_\_\_  
REASON FOR TRANSFER \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
DATE: \_\_\_\_\_  
REASON FOR TRANSFER \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
DATE: \_\_\_\_\_  
REASON FOR TRANSFER \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
DATE: \_\_\_\_\_  
REASON FOR TRANSFER \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

**PIPELINE TRANSPORTATION, INC.**

P. O. BOX 26325  
JACKSONVILLE, FL. 32226  
TELEPHONE: 904-757-5001  
FAX: 904-757-5619

I, \_\_\_\_\_ give my permission for Pipeline Transportation to make any investigation of my personal history, including, but not limited to a driver's license history, military record, and Criminal Back Ground Check from the State of Florida upon consideration for employment or at anytime after employment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Current Address \_\_\_\_\_

Phone number \_\_\_\_\_

List all Addresses for Past 7 Years

\_\_\_\_\_ Dates \_\_\_\_\_  
Street Address                      City                      State                      Zip

\_\_\_\_\_ Dates \_\_\_\_\_  
Street Address                      City                      State                      Zip

Driver's License # \_\_\_\_\_

State \_\_\_\_\_                      DOB \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your current employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name \_\_\_\_\_

## **Pipeline Transportation**

1. Figure the following gallon amounts:

10% of 9200 gallons \_\_\_\_\_

30% of 9200 gallons \_\_\_\_\_

60% of 9200 gallons \_\_\_\_\_

2. If you load 1500 gallons in a 2900 gallon compartment, how much more gasoline can you load in that compartment?

\_\_\_\_\_

3. Your trailer is loaded with 5500 gallons of Unleaded gasoline. You arrive at the destination and the Unleaded gas tank has 3000 gallons of gas in it. The manager tells you the tank holds 8000 gallons of gas. Will this load fit?

Yes \_\_\_\_\_

No \_\_\_\_\_

4. Gasoline weighs 6.4 lbs per gallon. An empty truck and trailer weights 25,000 lbs. You have been dispatched with 8600 gallons. Federal law regulates our industry to 80,000 lbs gross vehicle weight. Can you legally transport this load?

Yes \_\_\_\_\_

No \_\_\_\_\_

# **Pipeline Transportation**

## **Essential Job Functions – Truck Driver**

Driver must be able to read, write and speak the English language sufficiently to converse with the general public and to understand highway traffic signals and signs in the English language. The driver should have the ability to respond to inquiries, company, and customer requests and complete daily paperwork.

Driver must have a valid Class A Commercial Drivers' License with Hazmat and Tanker endorsements.

Driver must be able to physically qualify, pass a DOT drug and alcohol test and obtain a Medical Examiner's Certificate under the requirements of Subpart E, section 391 of the Federal Motor Carrier Safety Regulations.

Driver must be able to stand for extended periods of time on concrete floors and other level and non-level surfaces.

Driver must be able to drive and operate a tractor for extended periods of time up to 11 consecutive hours, in all types of weather, while transporting hazardous or non-hazardous material.

Driver must be able to utilize all tractor equipment and operate a vehicle in a forward and backward motion, maneuver curves and back into tight spaces in a safe and efficient manner.

Driver must be able to safely walk, bend, reach, push, pull, stoop, squat, and kneel and climb, as necessary, to perform vehicle inspections required under section 396.13 of the Federal Motor Carrier Safety Regulations or in accordance with company procedures, customer requirements and /or as circumstances dictate.

Driver must be able to safely grasp, lift as high as above the head, carry and handle heavy equipment up to 50lbs. as necessary to ensure efficient operation and safety during both the loading and unloading process of truck operation.

Driver must be able to walk, bend, stoop, squat, and kneel, as well as climb and balance on varying and sometimes slippery surface levels. Driver also must be able to climb upon trailer when the situation deems necessary and with due care if dome lids need inspection.

Driver must be able to report for dispatch at time specified, maintain contact with dispatch offices as required and perform duties and deliveries assigned in a proper and timely fashion in company issued uniform.

Driver must be able to familiarize self with, understand and comply with all applicable federal, state, local, and company rules and regulations that are in accordance with the accepted principles of safe and efficient truck operation.

Driver must be able to complete daily logs and all necessary trip, fuel and damage reports, as well as other paperwork required by the company.

Driver must be able to familiarize self with, understand and to physically and mentally comply with the proper and efficient methods of loading and unloading for the various cargos to be transported. Driver must be able to support up to 50lbs, other than drivers' body weight.

Driver must be able to follow company guidelines, procedures, rules, and policies regarding acceptable conduct when dealing with customers, fellow employees and motoring public.

Driver must have analytical capabilities in order to use a telephone or electronic equipment, weigh, measure and draw conclusions for written and computer-generated materials.

Driver must be able to work as a rapid pace and under time pressure, as necessary, in order to complete loading and unloading on time whether indoors or outdoors in inclement weather.

NOTE: THIS JOB FUNCTION DESCRIPTION IS NOT INTENDED TO BE AN ALL-INCLUSIVE LIST OF ALL TASKS OR DUTIES ASSOCIATED WITH THE JOB. EMPLOYEES WILL BE EXPECTED TO PERFORM ALL ASSIGNED DUTIES. THE JOB DUTIES OF ANY PARTICULAR POSITION MAY VARY, DEPENDING ON OPERATIONAL CHANGES, TERMINAL OR FACILITY SIZE, AND BUSINESS NEEDS, AMONG OTHER REASONS.

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After reviewing the above mentioned essential job functions, is there anything that would prevent you from performing such functions? YES\_\_\_\_\_ NO\_\_\_\_\_

If Yes, identify the job function(s) you cannot perform: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Neither the completion of this form, acceptance of it by the company, nor the subsequent entry into any kind of employment relationship, shall serve to create an actual or implied contract of employment, or confer any right to remain an employee of Pipeline Transportation Inc., or otherwise change in any respect the employment – at – will relationship between the company and the undersigned. This relationship cannot be altered except by a written instrument signed by the Senior Vice President of the company. Both the undersigned and Pipeline Transportation Inc. may end the employment relationship at any time, without specified notice, reason, and without liability by Pipeline Transportation Inc. to the undersigned for earned wages or salary.

I have read, understand, and completed this form and certify that it was completed by me, and that the entries and information on it are true and complete. I further understand that any false, incomplete, or deceptive response made by me on this form shall be ground for denial of employment or discharge.

DATE\_\_\_\_\_ SIGNATURE\_\_\_\_\_

PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) X \_\_\_\_\_ X \_\_\_\_\_
First, M.I., Last Social Security Number
hereby authorize that:

Previous Employer: \_\_\_\_\_
Street: \_\_\_\_\_ Telephone: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_ Fax No.: \_\_\_\_\_

may release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to:

Prospective Employer: Pipeline Transportation, Inc
Attention:
Street: PO Box 26325 Telephone:
City, State, Zip: Jacksonville, FL 32226 Fax No.:

In compliance with 40.25(g), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

Prospective employer's confidential fax number: 904 757 5619
Prospective employer's e-mail address: \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_
Applicant's Signature Date

This information is being requested in compliance with 40.25 and 382.405(f) and (h). (See last page of form for regulations.)

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here [ ] sign below, and return.

Table with 3 columns: Question, YES, NO. Contains 5 questions about DOT testing requirements.

In answering these questions, include any drug or alcohol testing information obtained from previous employers under 40.25 or other applicable DOT agency regulations.

Name: \_\_\_\_\_
Company: \_\_\_\_\_
Street: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Section 2 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) [ ] Faxed to previous employer. [ ] Mailed. Date: \_\_\_\_\_

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method: [ ] Fax [ ] Mail [ ] E-mail

Date: \_\_\_\_\_

# REQUEST FOR INFORMATION From Previous Employer

I hereby authorize you to release the following information to

Pipe Line Transportation for the purpose of investigation  
(Prospective Employer)

as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

X Date \_\_\_\_\_ X Applicant's Signature \_\_\_\_\_

NAME AND ADDRESS OF  
PREVIOUS EMPLOYER:

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

THIS FORM WAS (check appropriate box)

Mailed, Date \_\_\_\_\_

Faxed, Date \_\_\_\_\_

Received by Phone, Date \_\_\_\_\_

Name of Person Contacted \_\_\_\_\_

Dear Sir/Madam:

The below named individual has made application to this company for a position as \_\_\_\_\_  
and states that he/she was employed by you as \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_

We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience. Thank you for your courtesy.

Sincerely,

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

Name of Applicant: X \_\_\_\_\_ Social Security No.: X \_\_\_\_\_

1. Employed from \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_ at wage or salary of \_\_\_\_\_.
2. Did he/she drive motor vehicle for you? \_\_\_\_\_, Straight Truck? \_\_\_\_\_, Tractor-Semitrailer? \_\_\_\_\_, Bus? \_\_\_\_\_. Other (Specify) \_\_\_\_\_
3. Was he/she a safe and efficient driver? \_\_\_\_\_
4. Reason for leaving your employ: Discharged \_\_\_\_\_; Resignation \_\_\_\_\_; Lay Off \_\_\_\_\_; Military Duty \_\_\_\_\_.
5. Was his/her general conduct satisfactory? \_\_\_\_\_
6. Please advise history of past driving record if available for past three years \_\_\_\_\_

PREVIOUS EMPLOYER CONFIDENTIAL REPORT OF PERSONAL REFERENCE

**NOT TO BE COMPLETED BY APPLICANT**

Please indicate your opinion by placing a check (✓) in the appropriate column.

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

Any other remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

**FOR PROSPECTIVE EMPLOYER'S RECORD  
MAINTAIN THIS INFORMATION IN THE DRIVER QUALIFICATION FILE FOR  
3 YEARS AFTER THE PERSON'S EMPLOYMENT BY THE MOTOR CARRIER CEASES.**