



**Yoder Oil Co., Inc.**  
*Since 1937*

## APPLICATION FOR EMPLOYMENT

PLEASE READ THIS APPLICATION CAREFULLY BEFORE COMPLETING

As and Equal Employment Opportunity Employer, no discrimination is made on the basis of race, color, religion, national origin, ancestry, sex, age, handicap, or veteran status. Your application will be given careful consideration; however, its receipt does not imply employment. If an offer of employment is made, it may be contingent upon your ability to meet specific requirements of the position for which the offer is made.

You must answer all questions. If one is not applicable, so indicate by inserting "N/A". Print legibly and clearly.

FULL NAME					SOCIAL SECURITY NUMBER	
ADDRESS	STREET	CITY	STATE	ZIP CODE	TELEPHONE	
IF YOU HAVE BEEN AT THE ABOVE ADDRESS LESS THAN 3 YEAR LIST BELOW ALL RESIDENCES FOR THE PAST 3 YEARS.						
ADDRESS	STREET	CITY	STATE	ZIP CODE		
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ADDRESS	STREET	CITY	STATE	ZIP CODE		
WHAT POSITION OR TYPE OF WORK ARE YOU SEEKING?			HOW DID YOU LEARN ABOUT THE JOB WHICH YOU ARE SEEKING?		ARE YOU OVER 18 YEARS OF AGE YES NO	
ARE YOU INTERESTED IN: FULL TIME PART TIME TEMPORARY			WHAT DAYS AND HOURS ARE YOU WILLING TO WORK?		CAN YOU WORK OVERTIME IF REQUIRED? YES NO	
EXPECTING HOURLY PAY?			IF HIRED, WHEN WILL YOU BE AVAILABLE TO START?		ARE YOU PRESENTLY ON LAYOFF FROM ANOTHER JOB AND SUBJECT TO RECALL? YES NO	
HAVE YOU EVER APPLIED HERE BEFORE? NO YES, WHEN: _____			HAVE YOU PREVIOUSLY BEEN EMPLOYED HERE? NO YES, LAST DATE WORKED: _____ SAME NAME? YES NO, WHAT? _____			
DO YOU HAVE RELATIVES WORKING HERE? NO YES, NAME: _____ RELATIONSHIP: _____					ARE YOU PRESENTLY EMPLOYED? YES NO MAY WE INQUIRE OF YOUR EMPLOYER? YES NO	
CIRCLE HIGHEST GRADE LEVEL COMPLETED 1 2 3 4 5 6 7 8 9 10 12				COLLEGE 1 2 3 4 5 6 7 8		
LAST SCHOOL ATTENDED  NAME ADDRESS						
HAVE YOU EVER BEEN BONDED?				NAME OF BONDING COMPANY?		
HAVE YOU EVER BEEN CONVICTED OF A FELONY? (A CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT - ALL CIRCUMSTANCES CONSIDERED) NO YES, PLEASE EXPLAIN _____ _____ _____ _____ _____						

<b>DRIVER EXPERIENCE &amp; QUALIFICATION</b> ANSWER THE QUESTIONS IN THIS SECTION ONLY IF APPLYING FOR DRIVER POSITION				
DATE OF BIRTH _____ / _____ / _____ THE U.S. DEPARTMENT OF TRANSPORTATION REQUIRES THAT DRIVER APPLICANTS STATE THEIR DATE OF BIRTH (391.21b2)				
LIST DRIVERS LICENSES HELD IN THE PAST 3 YEARS				
STATE	LICENSE NUMBER	CLASSIFICATION	ENDORSEMENTS	EXPIRATION DATE

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?
 

NO
 YES

HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?
 

NO
 YES

HAVE YOU EVER BEEN DISQUALIFIED FOR VIOLATIONS OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?
 

NO
 YES

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS GIVE DETAILS

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS DRIVER

LIST DRIVING AWARDS HELD AND WHO AWARDS WERE PRESENTED

LIST STATES OPERATED IN DURING THE PAST 5 YEARS

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	EQUIPMENT TYPE	DATES FROM	DATES TO	APPROXIMATE MILES
TRACTOR AND SEMI-TANKER				
TRACTOR AND SEMI-TRAILER				
STRAIGHT TRUCK TANKER				
STRAIGHT TRUCK BOX OR FLAT				

ACCIDENT REVIEW (PAST THREE YEARS)			
DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES

TRAFFIC VIOLATIONS (PAST THREE YEARS)			
DATES	LOCATION	CHARGE	PENALTY
TRACTOR AND SEMI-TANKER			
TRACTOR AND SEMI-TRAILER			

STRAIGHT TRUCK TANKER			
STRAIGHT TRUCK BOX OR FLAT			

EMPLOYMENT HISTORY			
IN THE SPACES BELOW, LIST YOUR EMPLOYMENT AND/OR SELF EMPLOYMENT STARTING WITH THE MOST RECENT. INCLUDE ANY PERIODS OF UNEMPLOYMENT			
DATES	EMPLOYER	LAST RATE OF PAY	REASON FOR LEAVING
FROM	ADDRESS	CITY & STATE	PHONE#
TO	POSITION HELD		NAME OF SUPERVISOR

DATES	EMPLOYER	LAST RATE OF PAY	REASON FOR LEAVING
FROM	ADDRESS	CITY & STATE	PHONE#
TO	POSITION HELD		NAME OF SUPERVISOR

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TO	POSITION HELD		NAME OF SUPERVISOR

DATES	EMPLOYER	LAST RATE OF PAY	REASON FOR LEAVING
FROM	ADDRESS	CITY & STATE	PHONE#
TO	POSITION HELD		NAME OF SUPERVISOR

PERSONAL REFERENCES - NO FAMILY REFERENCES WILL BE ACCEPTED			
PERSONS NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION

AGREEMENT	
PLEASE READ THE FOLLOWING STATEMENT CAREFULLY	
<p>I HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE (INCLUDING ANY ACCOMPANYING ATTACHMENTS) TO THE BEST OF MY KNOWLEDGE AND AGREE THAT FALSIFIED INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY BE CONSIDERED JUSTIFICATION FOR DISMISSAL IF DISCOVERED AT A LATER DATE.</p> <p>I AUTHORIZE ALL REFERENCES NAMED IN THIS APPLICATION (AND ACCOMPANYING ATTACHMENTS) TO PROVIDE YODER OIL COMPANY WITH ANY AND ALL INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, TO ENABLE YODER OIL COMPANY TO ARRIVE AT AN EMPLOYMENT DECISION. I DO HEREBY RELEASE AND DISCHARGE ANY AND ALL SUCH PARTIES, INCLUDING YODER OIL COMPANY, FROM ANY AND ALL CLAIMS THAT I MAY HAVE NOW OR IN THE FUTURE ARISING OUT OF THE RELEASE OR USE OF SAID INFORMATION.</p> <p>I FURTHER AUTHORIZE YODER OIL COMPANY OR ANY CREDIT RATING AGENCY EMPLOYED BY YODER OIL COMPANY TO CONDUCT A CREDIT INVESTIGATION TO DETERMINE MY ELIGIBILITY FOR EMPLOYMENT WITH THE COMPANY.</p> <p>I UNDERSTAND THAT NOTHING CONTAINED IN THIS APPLICATION OR IN THE GRANTING OF AN INTERVIEW CREATES A CONTRACT BETWEEN THE COMPANY AND ME FOR EITHER EMPLOYMENT OR FOR THE PROVIDING OF ANY BENEFIT. NO PROMISE REGARDING EMPLOYMENT HAS BEEN MADE TO ME, AND I UNDERSTAND THAT NO SUCH PROMISE OR GUARANTEE BINDING UPON THE COMPANY UNLESS MADE IN WRITING BY THE PRESIDENT. IF AN EMPLOYMENT RELATIONSHIP IS ESTABLISHED, I ACKNOWLEDGE THAT NO CONSIDERATION HAS BEEN FURNISHED TO THE COMPANY FOR MY EMPLOYMENT OTHER THAN MY SERVICES, AND I UNDERSTAND I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME AND THAT THE COMPANY HAS THE SAME RIGHT.</p>	
SIGNATURE	DATE SIGNED