



P.O. Box 4162 • 78469-4162 CORPUS CHRISTI, TEXAS
 1001 McBride Lane • 78407 CORPUS CHRISTI, TEXAS

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer M/F

In order for your application to be properly evaluated, it is essential that all of the following questions are answered as carefully and completely as possible. If you need more space for your answers, please attach a separate sheet. **Feel free to add any additional information which will help us in placing you where you are best qualified.** (PLEASE TYPE OR PRINT ALL INFORMATION.)

Refinery Terminal Fire Company offers equal employment opportunities to all persons regardless of race, sex, age, national origin, religion, disability, or veterans' status.

PERSONAL

Name (Last, First, Middle)			Telephone No:	Today's Date:
Street			Social Security No:	Date Available:
City	State	Zip Code	Driver's License No. and Classification State: No. Class:	
Email:			How did you hear about this position?	
Have you been or are you currently known by any other name? Yes / No If yes, list names:			Are you related to a current or former RTFC employee? Yes / No If yes, explain:	
Have you previously worked for RTFC? Yes / No If yes, when:			Have you previously applied for a position with RTFC? Yes / No If yes, give date(s):	
Particular Position Desired: 1) 2)		Are you authorized to work in the U.S.? Yes / No Proof of employment eligibility is required.		Salary Desired (Annual)
Can you work 12 - Hour or 24 - Hour shift work; Work on Saturdays, Sundays, Holidays and work overtime when required? Yes / No If no, please explain.				

EDUCATION / TRAINING

	Name and Location	Course or Degree	Dates		Year Graduated
			From	To	
High School					
Business or Technical					
College					

Enter other specialized training or skills (machines operated, special courses, etc.)

MILITARY SERVICE

Branch of Service	Date Entered	Date Discharged	Military Training Courses:
Present Service Affiliations (Organized Reserve, National Guard, etc.)			Active: Yes / No

GENERAL

Previous
Addresses

	Street	City	State and Zip Code		How Long?
					Yr. / Mo.
	Street	City	State and Zip Code		How Long?
					Yr. / Mo.
	Street	City	State and Zip Code		How Long?
					Yr. / Mo.

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Have you ever been bonded? _____ Name of bonding company _____

Have you ever been convicted of a crime (other than minor traffic offenses), pleaded guilty or nolo contendere (no contest) to a crime, received a probated sentence (including deferred adjudication), or been assigned a probation officer? Yes / No

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)? Yes / No
If yes, explain if you wish _____

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVERS LICENSES				

- 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

DRIVING EXPERIENCE:

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX NO OF MILES (TOTAL)
STRAIGHT TRUCK YES _____ NO _____	VAN, TANK, FLAT, DUMP, REFER		
TRACTOR AND SEMI-TRAILER YES _____ NO _____	VAN, TANK, FLAT, DUMP, REFER		
TRACTOR - TWO TRAILERS YES _____ NO _____	VAN, TANK, FLAT, DUMP, REFER		
TRACTOR - THREE TRAILERS YES _____ NO _____	VAN, TANK, FLAT, DUMP, REFER		
MOTORCOACH - SCHOOL BUS 8 OR MORE PASSENGERS YES _____ NO _____	VAN, TANK, FLAT, DUMP, REFER		
MOTORCOACH - SCHOOL BUS 15 OR MORE PASSENGERS YES _____ NO _____	VAN, TANK, FLAT, DUMP, REFER		
OTHER			

List all the states you have operated in for the last five years _____

List training courses, award and experience not shown elsewhere in this application: _____

List special equipment or technical materials you can work with not shown elsewhere in this application: _____

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	
WERE YOU SUBJECT TO THE FMCSRs* WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO						
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO						

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON			PHONE NUMBER		REASON FOR LEAVING	
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO						

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* Includes vehicles having a Gross Vehicle Weight Rating (GVWR) of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver) or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

** The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

DRIVING RECORD

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED). IF NONE, WRITE NONE

	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
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)

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.

Signature _____

Date _____

AGREEMENT

I understand that I will be required to complete and pass a pre-employment medical examination which includes a drug screen, back x-rays, and a cardiac stress test. I will also be required to complete and pass a physical agility test.

I am willing to take a physical and other examinations when required and understand that I will be required to release the results of the examinations to Refinery Terminal Fire Company (RTFC) in order to be eligible for consideration of employment. I authorize RTFC to conduct an investigation regarding my suitability for employment which may include an investigation and verification of all statements and information contained in this application form and all information provided or obtained during the application screening process. I will hold Refinery Terminal Fire Company, their directors, employees, and agents harmless from claims arising from such examinations, inquiries and investigations. The company management reserves the sole right to determine my qualifications for a position.

I certify that all the statements and information provided on this application or otherwise during the applicant screening process are true and correct. I understand that any false or misleading information including any misrepresentation or omission of a fact on this application or during the applicant screening process shall result in rejection of my application or, if hired, my dismissal from employment.

I understand and agree that if I am employed by the company my employment shall be for an indefinite period. Nothing in the application, whether considered alone or in conjunction with other company documents, shall be construed as a contract for employment for any specific time. There shall be no guarantees, expressed or implied, as to how long the company will continue my employment and my employment may be terminated at any time, with or without cause, and without recourse by the company or myself. I further understand and agree that no employee or official of the company has any authority to alter the terms of my at-will employment through oral statements or promises. To be binding on the company, any agreement or promise that alters or purports to alter my at-will relationship with the company must be in writing, addressed specifically to me, and signed by the President of the company.

I further Understand and agree that if I am successful in obtaining the job with the company, as a condition of my employment with the company, I will be subject to and upon request, will submit to security-type investigations, drug and alcohol screening, honestly testing and applicable skills testing during the course of my employment.

Signature _____

Date _____

SUPPLEMENTAL DATA SHEET

Periodic reports are made to the government on the following applicant information. Your submission of this information is optional. This portion of the employment application will not become part of our applicant file.

Last name		First Name			Mid. Init.	Social Security Number			Birth Date			Application Date		
Street Address						City			State			Zip Code		
									Sex					
									Male <input type="checkbox"/>			Female <input type="checkbox"/>		
Describe any physical or mental disability you have (exclude use of eyeglasses or contact lens)														
Are you a Disabled Veteran?		Yes	No	Are you a Vietnam Era Veteran?		Yes	No	Race Ethnic		White - 1 <input type="checkbox"/>	Black - 2 <input type="checkbox"/>	Asian or Pacific Islander - 3 <input type="checkbox"/>	American Indian or Alaska Native - 4 <input type="checkbox"/>	Hispanic - 4 <input type="checkbox"/>
Position Applied For				HIGHEST EDUCATION LEVEL										
				School			Degree Recd			Major		Year of Grad.		

- 0 All persons having origins in any of the original peoples of Europe, North Africa, or The Middle East, and not specifically included in another group
- 1 All persons having origins in any of the black racial groups
- 2 All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or Indian subcontinent. This area includes, for example, China, Japan, Korea, India, the Philippine Islands, or Samoa.
- 3 All persons having origins in any of the original peoples of North America.
- 4 All persons of Spanish, Mexican, Puerto Rican, Cuban, Central or South American or other Spanish.