

**Application for Employment**

**Greeneville Oil & Petroleum, Inc.  
860 West Andrew Johnson Hwy.  
Greeneville, TN 37745**

**Name** \_\_\_\_\_ **Maiden Name** \_\_\_\_\_  
(Last) (First) (mi.) (If applicable)

**Address** \_\_\_\_\_  
(House or apt. #) (Street) (City) (State)

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security Number:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Addresses for past three years  
(Attach sheet if more space is needed)**

Street or Apt. Number	City	State and Zip	How Long?

**Experience and Qualifications – Driver**

**Driving Experience**

Class of Equipment	Type of Equipment	From (date) To	Makes, Models, Manufacturers
<b>Straight Truck</b>			
<b>Tractor Trailer</b>			
<b>Doubles or Triples</b>			
<b>Other</b>			





**Employment Record**  
(Attach additional sheet if more space needed)

Note: DOT requires that employment for at least 3 years and/or Commercial Driving Experience for the past 10 years be shown.

**Last Employer:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street/Apt. #) City State Zip

**Position held:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_  
Area code and number

**Second to Last Employer:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street/Apt.#) City State Zip

**Position held:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_  
Area code and number

**Third Last Employer:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street/Apt. #) City State Zip

**Position held:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_  
Area code and number

**You must answer the following questions. Failure to do so will result in voiding of your application.**

1. Have you tested positive or refused to test on a pre-employment drug and alcohol test administered by an employer that you applied to, but did not obtain, safety sensitive transportation work?      **Yes   No**
  
2. Have you ever tested positive for drugs and/or alcohol on a test required by the Federal Motor Carrier Safety Regulations?  
**Yes   No**

**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.**

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

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