

**PRE SCREEN APPLICATION - COOL TRANSPORTS DRIVER ELIGIBILITY
REQUIREMENTS**

The Driver Eligibility Requirements listed below are the MINIMUM requirements for all drivers employed by COOL TRANSPORTS. You must read this document, meet the minimum requirements, sign and date it before an application for employment can be given to you.

- A. You must be a minimum of **25 years of age**.
- B. You must possess a valid Commercial driver's license issued by the State of California (or Nevada for Las Vegas drivers, or Arizona for Phoenix drivers).
- C. You must have Tanker and Hazmat Endorsements.
- D. You must have minimum of one (1) year **verifiable** Commercial Motor Vehicle Class A experience.
- E. You must have a valid Medical Examiners Certificate.
- F. You must be able to read, write, speak and understand the English language.
- G. You must have proof of your eligibility to work in the United States.
- H. There must be no record of the following during the 3 year (36 month) period prior to the date of this application:
 - 1. No Suspended or Revoked drivers license due to motor vehicle convictions.
 - 2. No more than three (3) moving motor vehicle convictions in any type of vehicle.
 - 3. No more than 1.5 points on your DMV printout.
 - 4. No speeding conviction in excess of fifteen (15) miles per hour over the posted speed limit in a Commercial Vehicle.
- I. You must not have any record of involvement in more than one (1) preventable accident in the twelve (12) month period prior to this application.
- J. You must not have any record of conviction for driving in any vehicle while under the influence of alcohol in the 6 years (72 months) prior to date of application.
- K. You must not have any record of conviction for driving in any vehicle while under the influence of drugs or any record of conviction for the transportation, possession or unlawful use of Schedule I, II & IV drugs or other substance as defined by the Department of Transportation.
- L. You must not have any record of refusal to take a drug/alcohol test provided for any legal requirement.
- M. You must be capable of lifting 40 pounds repetitively.
- N. You must be able to take and pass a pre-employment drug screen per DOT requirements.
- O. You must be able to successfully pass the COOL TRANSPORTS road test.
- P. You must be able to work any shift (days, nights or weekends).

_____ **I DO NOT** meet the minimum hiring requirements.

_____ **I DO** meet the minimum hiring requirements and understand that in the event of employment, any untrue or misleading information given may result in termination.

Signed _____

Date _____

MERIT OIL
1405 W. Rialto Ave.
San Bernardino, CA 92410
Phone: (909) 885-3411

COOL TRANSPORTS
1800 S. Riverside Ave.
Colton, CA 92324
Phone: (951) 682-5000

COOL TRANSPORTS
8330 Atlantic Ave.
Cudahy, CA 90201
Phone: (562) 630-6500

APPLICATION FOR EMPLOYMENT

Position applying for: _____ Company applying for: _____

Name: _____ Date: _____

Address: _____ How long at this address? _____

Street City State Zip

If less than 3 years at current address, previous address:

Address: _____ How long at this address? _____

Street City State Zip

Home Phone #: _____ Cell Phone #: _____

EMPLOYMENT DESIRED

Are you applying for: Full Time Part Time Temporary(Seasonal)

What days and hours are you available: _____

Are you available to work weekends: Yes No

Are you available to work overtime, if necessary: Yes No

If hired, what date are you available to start work: _____

Salary desired: _____

How did you hear about this position or who referred you: _____

PERSONAL INFORMATION

Have you ever applied to or worked for Merit Oil or Cool Transports: Yes No

If yes, when: _____

Do you have any friends or relatives that have worked or are currently working for Merit Oil or Cool Transports? Yes No

If yes, state name(s) and relationship:

Name

Relationship

Name

Relationship

If hired, would you have a reliable means of transportation to and from work: Yes No

Are you at least 18 years old: Yes No

(If under 18, hire is subject to verification that you are of minimum legal age)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country: Yes No

Are you able to perform the essential function of the job for which you are applying, either with or without reasonable accommodation: Yes No

If no, describe the functions that cannot be performed: _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of any criminal offense (felony or misdemeanor): Yes No

If yes, state nature of the crime(s), when and where convicted, and the disposition of the case:

(Note: No applicant will be denied employment solely on the ground of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed: Yes No

If yes, may we contact your current employer: Yes No

EDUCATION

High School: _____

Name

Address

City State Zip

No. of years completed: _____

Did you graduate: Yes No

Degree or Diploma: _____

College: _____

Name

Address

City State Zip

No. of years completed: _____

Did you graduate: Yes No

Degree or Diploma: _____

Vocational: _____

Name

Address

City State Zip

No. of years completed: _____

Did you graduate: Yes No

Degree or Diploma: _____

Vocational: _____
Name

Address

City State Zip

No. of years completed: _____

Did you graduate: Yes No

Degree or Diploma: _____

Can you speak, write and understand English: Yes No

Do you speak, write or understand any foreign languages: Yes No

If yes, which languages: _____

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for this position: Yes No

If yes, please explain: _____

EMPLOYMENT HISTORY

#1

Name of Employer

() _____
Telephone No.

Type of Business

Your Supervisor's Name

Address

_____, _____, _____
City State Zip

Dates of employment: _____ to _____
Starting Ending

Salary: _____
Starting Ending

Position: _____ Duties: _____

Reason for leaving: _____

May we contact this employer for a reference: Yes No

#2

Name of Employer

() _____
Telephone No.

Type of Business

Your Supervisor's Name

Address

_____, _____, _____
City State Zip

Dates of employment: _____ to _____
Starting Ending

Salary: _____
Starting Ending

Position: _____ Duties: _____

Reason for leaving: _____

May we contact this employer for a reference: Yes No

#3

Name of Employer

() _____
Telephone No.

Type of Business

Your Supervisor's Name

Address

_____, _____, _____
City State Zip

Dates of employment: _____ to _____
Starting Ending

Salary: _____
Starting Ending

Position: _____ Duties: _____

Reason for leaving: _____

May we contact this employer for a reference: Yes No

#4

Name of Employer

() _____
Telephone No.

Type of Business

Your Supervisor's Name

Address

_____, _____, _____
City State Zip

Dates of employment: _____ to _____
Starting Ending

Salary: _____
Starting Ending

Position: _____ Duties: _____

Reason for leaving: _____

May we contact this employer for a reference: Yes No

#5

Name of Employer

() _____
Telephone No.

Type of Business

Your Supervisor's Name

Address

_____, _____, _____
City State Zip

Dates of employment: _____ to _____
Starting Ending

Salary: _____
Starting Ending

Position: _____ Duties: _____

Reason for leaving: _____

If there are gaps in your employment history, please explain:

Dates: _____ Reason: _____

Dates: _____ Reason: _____

Dates: _____ Reason: _____

(Note: Attach additional pages if necessary)

Please read carefully, initial each paragraph and sign below.

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be ground for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize Merit Oil or Cool Transports to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgement) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Print Name - Applicant

Applicant's Signature

Date

Application stops here, unless you are applying for a Class "A" Driver. If you are applying for a driver position, please fill out the next section(s).

CLASS "A" DRIVER APPLICATION – CONTINUED
(If you are applying for a Class "A" Driver position, you must fill out this section)

Social Security No: _____ Drivers License No: _____

Date of Birth: _____
(Required for commercial drivers)

Have you ever been injured on the job: Yes No

If yes, explain: _____

Any time lost in the past three (3) years due to injury or illness: Yes No

If yes, explain: _____

List any disabilities that prevent you from doing certain kinds of work: _____

Are you willing to take a physical exam and test for drugs, alcohol or controlled substance as required for this position: Yes No

Have you ever tested positive or refused a drug or alcohol test: Yes No

If yes, explain: _____

#9

Name of Employer

Type of Business

Address

() _____
Telephone No.

Your Supervisor's Name

_____, _____, _____
City State Zip

Dates of employment: _____ to _____
Starting Ending

Salary: _____
Starting Ending

Position: _____ Duties: _____

Reason for leaving: _____

May we contact this employer for a reference: Yes No

#10

Name of Employer

Type of Business

Address

() _____
Telephone No.

Your Supervisor's Name

_____, _____, _____
City State Zip

Dates of employment: _____ to _____
Starting Ending

Salary: _____
Starting Ending

Position: _____ Duties: _____

Reason for leaving: _____

#11

Name of Employer

Type of Business

Address

() _____
Telephone No.

Your Supervisor's Name

_____, _____, _____
City State Zip

Dates of employment: _____ to _____
Starting Ending

Salary: _____
Starting Ending

Position: _____ Duties: _____

Reason for leaving: _____

May we contact this employer for a reference: Yes No

#12

Name of Employer

() _____
Telephone No.

Type of Business

Your Supervisor's Name

Address

_____, _____, _____
City State Zip

Dates of employment: _____ to _____
Starting Ending

Salary: _____
Starting Ending

Position: _____ Duties: _____

Reason for leaving: _____

May we contact this employer for a reference: Yes No

#13

Name of Employer

() _____
Telephone No.

Type of Business

Your Supervisor's Name

Address

_____, _____, _____
City State Zip

Dates of employment: _____ to _____
Starting Ending

Salary: _____
Starting Ending

Position: _____ Duties: _____

Reason for leaving: _____

May we contact this employer for a reference: Yes No

#14

Name of Employer

() _____
Telephone No.

Type of Business

Your Supervisor's Name

Address

_____, _____, _____
City State Zip

Dates of employment: _____ to _____
Starting Ending

Salary: _____
Starting Ending

Position: _____ Duties: _____

Reason for leaving: _____

May we contact this employer for a reference: Yes No

List any traffic convictions or forfeitures in the last three (3) years except parking violations. If none, write "NONE".

<u>Location</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Note: If more space is required in any these sections, use a separate sheet of paper.)

Have you ever been denied a license, permit or privilege to operate a motor vehicle: Yes No

Has any license, permit or privilege ever been suspended or revoked: Yes No

If yes, explain: _____

List equipment you have experience driving:

<u>Class of Equipment</u>	<u>Type(Tank, flat, etc.)</u>	<u>Dates From</u>	<u>Dates To</u>	<u>Total Approx Miles</u>
Straight Truck	_____	_____	_____	_____
Tractor & Semi-Trailer	_____	_____	_____	_____
Tractor & 2 Trailers	_____	_____	_____	_____
Truck & Trailer	_____	_____	_____	_____
Other	_____	_____	_____	_____

How many total years have you been driving with a Class "A" license: _____

Have you taken any special courses or training that will help you as a driver: Yes No

If yes, from whom: _____ When: _____

Have you received any safe driving awards: Yes No

If yes, from whom: _____ When: _____

In case of emergency, notify:

Name: _____ Relationship: _____

Address: _____

Phone: _____ Alt Phone: _____

DISCLAIMER AND SIGNATURE

I hereby certify that this application was completed by me, and that all entries and information on it are true and complete to the best of my knowledge. I also certify that I meet all the qualification as required on the Pre-Screen Application.

In the event of employment, I understand that false or misleading information given on my application or during any interview(s) may result in termination.

I further agree that, if hired by Merit Oil or Cool Transports, I will abide by all rules and regulations of the Company.

Print Name

Applicant's Signature

Date

MERIT OIL/COOL TRANSPORTS

Previous Pre-Employment Employee Alcohol and Drug Test Statement

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25 (b)(5) and (e))

Prospective Employee (Please Print): _____

Social Security Number: _____

The prospective employee is required by Sec. 40.25(j) to respond to the following questions:

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? Yes No

If you answered yes, can you provide/obtain proof that you have successfully completed DOT return-to-duty requirements? Yes No

Prospective Employee: _____

Date: _____

Witnessed By: _____

Date: _____



A-Check America, Inc.
 P.O. Box 5615
 Riverside, CA 92517 USA
 Call Toll free: 877-345-2021
 Call Direct: 951-750-1501
 Fax: 951-750-1301

Authorization for Background Investigation

File # (online users only): _____

To Whom It May Concern:

I, _____, hereby authorize A-Check America, Inc. and/or its agents to make an independent investigation of my background, which may include my character, general reputation, personal characteristics, or mode of living in connection with an application of employment with _____.

The Scope of the report may include information concerning my driving record, civil and criminal court records, credit, workers' compensation record, education, credentials, identity, past addresses, social security number, previous employment, and personal references.

I authorize and request any present or former employer, state/federal government office, state department of motor vehicles, credit bureau, school, police department, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me, to furnish A-Check America, Inc. with any and all information in their possession regarding me for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive the need to receive a written notice for disclosure of information from any present or former employer who may provide information based upon this authorization.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: _____

Print Maiden Name or Other Names Used: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth (for I.D. purposes only): ____/____/____ (MM/DD/YYYY)

Social Security Number: ____ - ____ - ____

Driver's License Number: _____ State of Issuance: _____

A-Check America will need to contact you if additional information is needed to process your Background Investigation. Please provide a cell and/or alternate phone number and email address where we may contact you.

Cell Phone: (____) ____ - ____ Alternate Phone: (____) ____ - ____

Email Address: _____

Signature: _____ Date: _____

(Please do not type in name; your hand-written signature is required above)

California, Minnesota and Oklahoma Residents Only:

If a consumer background report is ordered, would you like a free copy of the report mailed to your home?

YES NO

Signature: _____ Date: ____/____/____

NOTICE: This form is the property of A-Check America, Inc. No alterations to its content may be made without the prior written consent of its author. Any changes made without A-Check's authorization are considered a breach of contract.



Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

- 1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.

New Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- 1. Did the employee have alcohol tests with a result of 0.04 or higher? YES ___ NO ___
2. Did the employee have verified positive drug tests? YES ___ NO ___
3. Did the employee refuse to be tested? YES ___ NO ___
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES ___ NO ___
5. Did a previous employer report a drug and alcohol rule violation to you? YES ___ NO ___
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A ___ YES ___ NO ___

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in Section II-A: _____

Title: _____

Phone #: _____

Date: _____



**“Release of Information Form -- 49 CFR 391.23
Background Investigation of Safety Performance History”**

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my personnel and previous employers accident records as mandated by Federal guidelines, as listed in 49 CFR Section 391.23, & accidents as defined by 390.15 & 391.5, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR 391.23.

1. Drivers Name, Date of Birth, CDL license number, dates of employment, reason for termination or separation of employment;
2. List of accidents for the previous three years with data elements as outlined in 49 CFR 390.15 & 49 CFR 390.5;
3. Any records the previous employer deems relevant to the accidents as previously described in item 2 or less serious offenses;

Cool Transports has also provided me a copy of my rights in the release of this information as outlined in 49 CFR 391.23(i) & 49 CFR 391.23 (j).

Employee Signature: _____ Date: _____

I-A.

New Employer Name: Cool Transports

Address: P.O. Box 341, Bloomington, CA 92316

Phone #: (951) 682-5000 ext 191 Fax: (951) 682-1882

Employer Representative: Tatiana Vollhardt, Senior Safety Director

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____

Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. Confirmation of Identifying Information and Employment History

1. Complete Name on file: _____

2. Date of Birth: _____

3. CDL #: _____ Issuing State: _____

4. Dates of Employment: _____

5. Reason for termination or separation of employment: _____

II-B. In the three years prior to the date of the employee's signature (in Section I), ~

1. Did the employee operate a commercial motor vehicle subject to Federal D.O.T. regulations while in your employment. **YES** ___ **NO** ___

2. Did the employee have any accidents during the requested time frame? **YES** ___ **NO** ___

(if yes-supply information pursuant to 49 CFR 391.23 (d)(2) or as defined by 391.23 (d)(2)(i)

II-B.

Name of person providing information in Section II-A: _____

Title: _____

Phone #: _____

Date: _____

Drivers “Rights” under 49 CFR 391.23 Safety Background Check & 49 CFR Part 40 Drug and Alcohol Testing Information Release by Previous Employers

49 CFR 391.23

Section:

(i)(1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years-via the application form or other written document prior to any hiring decision-that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section:

(i)(1)(i) The right to review information provided by previous employers;

(i)(1)(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;

(i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

(j)(1) Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

(j)(2) After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

(j)(3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

(j)(4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

(j)(4)(i) Forward a copy of the rebuttal to the prospective motor carrier employer;

(j)(4)(ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

(j)(5) The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

(j)(6) The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at [§386.12](#).

I understand my rights as outlined by 49 CFR 391.23 sections (i)1 through (j)6 and I have received a copy of my rights from Cool Transports.

Print Name

Signature

Date

Witness

Date