



# M&W Commercial Driver Application

8124 Sprague Road, Odessa, TX 79764

Phone: (432) 362-0548

Fax: (432) 362-0032

**PRINT IN BLACK OR BLUE INK.**

**Position Desired:** \_\_\_\_\_

These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "N/A." **Do not leave questions blank.** Be sure to sign when completed.

M&W Hot Oil, INC. is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of the application and enter different position titles, but **each copy must be signed.** Resumes will not be accepted in lieu of applications, unless specifically stated in the job vacancy notice. This application will be used for the purposes of investigation as required by the Federal Highway Administration and Department of Transportation (see 49 CFR §391.23, Investigation and Inquiries).

## Personal Information

List your address of residency for the past 3 years.

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

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Can you provide proof of age?** YES / NO  
*(Required for Commercial Drivers)*

**Current Address** \_\_\_\_\_ **How Long?** \_\_\_\_\_  
Street Address City State Zip Code yr./mo.

**Previous Addresses** \_\_\_\_\_ **How Long?** \_\_\_\_\_  
Street Address City State Zip Code yr./mo.

\_\_\_\_\_ **How Long?** \_\_\_\_\_  
Street Address City State Zip Code yr./mo.

\_\_\_\_\_ **How Long?** \_\_\_\_\_  
Street Address City State Zip Code yr./mo.

**Mailing Address** \_\_\_\_\_  
(if different) Street Address City State Zip Code

**Primary Phone** \_\_\_\_\_ **Referral Source** \_\_\_\_\_

**Email Address** \_\_\_\_\_

Have you worked for M&W Hot Oil, Inc. before? **YES / NO** Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Position Held \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Can you perform, with or without reasonable accommodations, the essential functions of the job  
[ as described in the job description your applying for ] YES / NO

Employment History

Applicants who desire to drive in intrastate/interstate commerce must provide the following information on all employers during **the preceding (3) three years**. List complete mailing address, street number, city, state, and zip code. Any gaps in employment and/or unemployment must be explained. Please include dates (month and year) and reason.

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. Please attach additional sheet(s) as necessary.)

Employer					Date			
Company Name					From Mo.	Yr.	To Mo.	Yr.
Address					Position Held			
	Street Address	City	State	Zip Code	Reason for Leaving			
Contact Person		Phone Number						
Were you Subject to the FMSCRs <sup>t</sup> 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			
Company Name					From Mo.	Yr.	To Mo.	Yr.
Address					Position Held			
	Street Address	City	State	Zip Code	Reason for Leaving			
Contact Person		Phone Number						
Were you Subject to the FMSCRs <sup>t</sup> 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			
Company Name					From Mo.	Yr.	To Mo.	Yr.
Address					Position Held			
	Street Address	City	State	Zip Code	Reason for Leaving			
Contact Person		Phone Number						
Were you Subject to the FMSCRs <sup>t</sup> 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**

Company Name					From Mo.	Yr.	To Mo.	Yr.
Address					Position Held			
	Street Address	City	State	Zip Code	Reason for Leaving			
Contact Person		Phone Number						

Were you Subject to the FMSCRs<sup>1</sup> while employed? ☐ YES ☐ 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? ☐ YES ☐ NO

**Employer****Date**

Company Name					From Mo.	Yr.	To Mo.	Yr.
Address					Position Held			
	Street Address	City	State	Zip Code	Reason for Leaving			
Contact Person		Phone Number						

Were you Subject to the FMSCRs<sup>1</sup> while employed? ☐ YES ☐ 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? ☐ YES ☐ NO

**Employer****Date**

Company Name					From Mo.	Yr.	To Mo.	Yr.
Address					Position Held			
	Street Address	City	State	Zip Code	Reason for Leaving			
Contact Person		Phone Number						

Were you Subject to the FMSCRs<sup>1</sup> while employed? ☐ YES ☐ 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? ☐ YES ☐ NO

\*Includes vehicles having a GVWR of 26,0001 lbs. 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.

<sup>1</sup>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 Information

Section 383.21 of the FMCSR states, “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license.”

By completing the following Driver’s License Information, I certify that I do not have more than one motor vehicle license the information, for which, is listed below.

Driver's License

Number	State	Class	Expiration
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Do you currently possess either of the following?

☐ Tanker Endorsement☐ HAZMAT

Do you currently have a valid medical card?

☐ YES☐ NO

Accident Record For past 3 years or more (attached 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  Previous  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)

Experience and Qualifications — Driver

Driver licenses or permits held in the past 3 years	State	License No.	Class	Endorsement(s)	Expiration Date

A. Have you ever been denied a license, permit or privilege to operator a motor vehicle?

YES \_\_\_\_\_ NO \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revokes?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS

Driver Experience Check YES or NO

Class of Equipment	Circle Type of Equipment	Dates		Approx. No. of Miles
		From (M/Y)	To (M/Y)	(TOTAL)
Straight Truck <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump, Refer)			
Tractor and Semi-Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump, Refer)			
Tractor - Two Trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump, Refer)			
Tractor - Three Trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump, Refer)			
Motor coach - School Bus <input type="checkbox"/> YES <input type="checkbox"/> NO	—			
Motor coach - School Bus <input type="checkbox"/> YES <input type="checkbox"/> NO	—			
Other				

List States Operated in for last (5) 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)

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, State)

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND  
ACCEPTANCE BY SIGNING IN THE SPACES PROVIDED BELOW.**

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, immediate termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they may have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
4. I authorize M&W Hot Oil, Inc. to make any and all necessary investigations and inquiries concerning my personal, Motor Vehicle Record, employment, financial or medical histories or any other matters related to arriving at an employment decision. I release all parties named herein from all liability of damages resulting from the furnishing of such information.
5. I understand that if employed by this facility, my employment will be on a ninety (90) day introductory basis wherein I may be discharged without recourse. Furthermore, I understand that, if employed, I am required to abide by all rules and regulations of M&W Hot Oil, Inc.
6. I understand that my employment will require certain physical capabilities vis-à-vis lifting and transporting objects and assisting other employees of M&W Hot Oil, Inc. with various physical tasks. I further understand that, if employed by M&W Hot Oil, Inc., my initial and continued employment may be contingent upon my maintaining a favorable health evaluation. At the request of M&W Hot Oil, Inc., I agree to take a physical examination at any time by a qualified medical doctor designated as such by M&W Hot Oil, Inc. Such exams will be paid by M&W Hot Oil, Inc. and will not be the responsibility of the applicant. I agree that the qualified medical doctor mentioned above may disclose the findings of the physical exam to M&W Hot Oil, Inc. or its authorized agent.
7. I understand that the information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR §391.23(d).
8. I understand that I have the right to:
  - a. Review information provided by current/previous employers
  - b. Have errors in the information correct by previous employers and for those previous employers to resubmit the corrected information to M&W Hot Oil, Inc.
  - c. Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

By signing my name below, I certify that I have read the above information. Any questions concerning these policies have been discussed. My signature also certifies my understanding of an agreement with the above policies.

Further, by signing my name below, I certify that I have completed this application and that all information contained herein is true and complete to the best of my knowledge.

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*Applicant Signature*

*Social Security Number*

*Date*

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.