

# **DORADO**

## **OIL COMPANY**

A Crude Oil Gathering and Marketing Company

### JOB DESCRIPTION – DRIVER

To be considered qualified to apply for the position of Crude Oil Driver of Dorado Oil Company, an applicant must be able to meet the following stated job requirements and be able to perform the following job functions:

### REQUIREMENTS:

- Must have a valid Texas Commercial Drivers License (CDL) Certified for a combination of the tank vehicle and hazardous materials endorsement
- Must be 25 years of age or older
- Truck driving experience
- An acceptable MVR driving record, approved by our insurance carrier
- Must be able to meet part 391 of the Federal Motor Carrier Safety Regulations with regards to Qualifications of Drivers (examinations, tests, physical qualifications and controlled substance testing)

### JOB DESCRIPTION:

Competently perform pre/post trip unit inspections, drive unit to dispatched locations, climb lease tank ladders and accurately gauge and test oil, hook up tank truck hose to lease tank valve, open/close lease tank and truck tank valves, engage truck pump, accurately complete all paperwork, perform other duties assigned by dispatcher.

### JOB PERFORMANCE:

Should any employee be unable to perform duties for which they were hired, for a period of (1) year. Said employee shall be terminated. This applies to all circumstances, health problems, workers' compensation or any other reason for non-performance.

### PLEASE RETURN TO:

Dorado Oil Company  
PO BOX 578  
9101 Up River Rd  
Corpus Christi, TX 78403

# DRIVER'S APPLICATION FOR EMPLOYMENT



A Crude Oil Gathering and Marketing Company  
P O Box 578  
Corpus Christi, TX 78403

(Answer all questions – please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_ Temporary \_\_\_\_\_ Part-Time \_\_\_\_\_ Full Time \_\_\_\_\_

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

Current Address \_\_\_\_\_  
Street City  
State Zip Phone \_\_\_\_\_ How Long? \_\_\_\_\_

\*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street City State & Zip How Long? \_\_\_\_\_  
Street City State & Zip How Long? \_\_\_\_\_  
Street City State & Zip How Long? \_\_\_\_\_

Do you have a legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Where? \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

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)?  
\_\_\_\_\_

If yes, explain if you wish. \_\_\_\_\_  
\_\_\_\_\_



## EMPLOYMENT HISTORY

Have you ever been discharged or suspended from a job? \_\_\_\_\_ If yes, explain in appropriate "Reason for Leaving" space below

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.)

**10 Years of Work History Required**

EMPLOYER			DATE	
NAME	FROM MO    YR	TO MO    YR		
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
EMPLOYER			DATE	
NAME	FROM MO    YR	TO MO    YR		
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
EMPLOYER			DATE	
NAME	FROM MO    YR	TO MO    YR		
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
EMPLOYER			DATE	
NAME	FROM MO    YR	TO MO    YR		
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
EMPLOYER			DATE	
NAME	FROM MO    YR	TO MO    YR		
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
EMPLOYER			DATE	
NAME	FROM MO    YR	TO MO    YR		
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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

DRIVER APPLICANT ONLY

I understand that 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) and (e). I understand that I have the right to:

- Review the information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The U.S. Department of Transportation requires that driver applicants states their date of birth (§391.21(b)(2)). Date of Birth \_\_\_\_\_  
month / day / year

Company Name DORADO OIL COMPANY

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Social Security number

# REQUEST FOR CHECK OF DRIVING RECORD

NOTE TO MOTOR CARRIER: SEE BACK SIDE FOR STATES THAT ACCEPT THIS FORM.

I hereby authorize you to release the following information to DORADO OIL COMPANY  
(Prospective Employer)  
for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
(Applicant's Signature) (Date)

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation;
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Sections 300002(a)).

\_\_\_\_\_  
(Signature of Requester) (Date)

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEAR SIR/MADAM:

- The following named person has made application with our company for the position of \_\_\_\_\_  
\_\_\_\_\_ . In accordance with Section 391.23, Federal Department of Transportation Regulations,  
please furnish the undersigned with the applicant's driving record for the past three years.
- The following named person is employed with our company in the position of \_\_\_\_\_  
\_\_\_\_\_ . In accordance with Section 391.25, Federal Department of Transportation Regulations,  
please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Number & Street) (City) (State) (Zipcode)

FORMER ADDRESS: \_\_\_\_\_  
(Number & Street) (City) (State) (Zipcode)

DATE OF BIRTH: \_\_\_\_\_ SSN \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

REQUESTED BY

DORADO OIL COMPANY \_\_\_\_\_  
(Name of Company) (Typed Name)  
P.O. BOX 578 \_\_\_\_\_  
(Address) (Title)  
CORPUS CHRISTI, TX 78403 \_\_\_\_\_  
(City) (State) (Zipcode) (Signature)







## RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



**Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.**

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE  
ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

1. This form must be completed in full and include the driver's original signature.

**Texas Department of Public Safety  
Motor Carrier Bureau, MSC# 0521  
6200 Guadalupe, Building P  
Austin, Texas 78752-4019  
Facsimile: 512-424-5310**

2. Deliver, mail or FAX the completed form to:

I, \_\_\_\_\_  
Print Name of CDL Holder

of \_\_\_\_\_  
Print Address of CDL Holder

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law

to \_\_\_\_\_  
Dorado Oil Company  
Print Name

of \_\_\_\_\_  
P.O. BOX 578, Corpus Christi, TX 78403  
Print Address

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If you would like information about how to receive responses by e-mail in the future, please check this box:

Signature of Driver:

Date:

X

**If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address: <http://www.txdps.state.tx.us/forms/index.htm>.**

## REQUEST FOR INFORMATION - From Previous Employer

I hereby authorize you to release the following information to for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations	<b>DORADO OIL COMPANY</b> (Prospective Employer)
Applicant's Signature _____	Date _____

NAME AND ADDRESS OF  
PREVIOUS EMPLOYER:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

THIS FORM WAS (check appropriate box)

Mailed, Date \_\_\_\_\_

Faxed, Date \_\_\_\_\_

Emailed, Date \_\_\_\_\_

Received by Phone, Date \_\_\_\_\_

Name of Person Contacted \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dear Sir/Madam:

The above named individual has made application to this company for a position as \_\_\_\_\_

\_\_\_\_\_ and states that he/she was employed by you as \_\_\_\_\_

\_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding (date of application) \_\_\_\_\_

Please complete the information below and return to us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax, mail, or email.

Prospective Employer: DORADO OIL COMPANY Attention: \_\_\_\_\_

Street: P.O. BOX 578 City, State, Zip: CORPUS CHRISTI, TX 78403

Telephone: (361) 241-3200 Fax: (361) 241-3207 Email: \_\_\_\_\_

### TO BE COMPLETED BY PREVIOUS EMPLOYER

**SECTION 1: DRIVER IDENTIFICATION**

The applicant named above was employed by us Yes  No

Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here

**SECTION 2: SAFETY PERFORMANCE HISTORY**

1. Did he/she drive motor vehicles for you? Yes  No  If yes, what type? Straight Truck  Tractor-Semitrailer  Bus

Cargo Tank  Doubles/Triples  Other (Specify) \_\_\_\_\_

2. Reason for leaving your employ: Discharged  Resignation  Lay Off  Military Duty

If there is no safety performance history to report, check here  sign below and return

**ACCIDENTS:** Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here  if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

\_\_\_\_\_

Any other remarks: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PREVIOUS EMPLOYER: KEEP A RECORD OF THIS REQUEST AND THE RESPONSE FOR ONE YEAR, INCLUDING THE DATE, THE PARTY TO WHOM IT WAS RELEASED, AND A SUMMARY IDENTIFYING WHAT WAS PROVIDED.**

**SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name) \_\_\_\_\_  
 First, M.I., Last \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 hereby authorize: \_\_\_\_\_  
 Date of Birth \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Fax No.: \_\_\_\_\_

to release and forward the information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from \_\_\_\_\_  
 (date of employment application)

To: \_\_\_\_\_  
 Prospective Employer: DORADO OIL COMPANY  
 Attention: \_\_\_\_\_ Telephone: (361) 241-3200  
 Street: P.O. BOX 578  
 City, State, Zip: CORPUS CHRISTI, TX 78403

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

Prospective employer's confidential fax number: (361) 241-3207  
 Prospective employer's confidential e-mail address: \_\_\_\_\_

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

Date \_\_\_\_\_

This information is being requested in compliance with §40.25 and §391.23. (See back of form for regulations.)

**SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER**

If driver was **not** subject to Department of Transportation testing requirements while employed by this employer, please check here  fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, complete bottom of Section 2, sign, and return

Driver was subject to Department of Transportation testing requirements from _____ to _____	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.	<input type="checkbox"/>	<input type="checkbox"/>
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	<input type="checkbox"/>	<input type="checkbox"/>

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Section 2 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one)  Faxed to previous employer  Mailed  Emailed  Other \_\_\_\_\_  
 Complete below when information is obtained. \_\_\_\_\_ Date \_\_\_\_\_  
 Information received from: \_\_\_\_\_  
 Recorded by: \_\_\_\_\_ Method:  Fax  Mail  Email  Telephone  
 Date: \_\_\_\_\_  Other \_\_\_\_\_