



EMPLOYMENT APPLICATION

Coyne Oil Corporation
914 W Pickard St.
Mt Pleasant, MI 48858

(Please complete **ALL** questions unless otherwise stated)

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, or non-job related disability.

Application Date: _____ Potential Start Date: _____

Position(s) applied for: _____ Full-time/Part-time/Temporary: _____

Name: _____ Social Security No: _____
Last First MI

Date of Birth (required for CDL applicants): _____

Email Address: _____

Must list all addresses for the past 3 years:

Current Address: _____
Street City

_____ Phone: _____ How Long? _____
State Zip Code

Previous Address: _____
Street City

_____ Phone: _____ How Long? _____
State Zip Code

Please submit completed application via email to:
HR@coyneoil.com



EMPLOYMENT HISTORY

CDL Applicants: To drive in interstate commerce, you must provide the following information on all former/current employers (*driving positions and non-driving positions*) for the last 3 years. All information must be complete for your application to be considered. To be employed as a driver of a commercial motor vehicle (any vehicle requiring a CDL License) in intrastate or interstate commerce, you must also provide an additional 7 years information on those employers for whom you worked as a driver operating a commercial motor vehicle. If you are applying for a driving position, please include at least 10 years of employment history.

Non-CDL Applicants: If you are applying for a non-driving position, please provide at least 7 years of employment history.

CURRENT OR LAST EMPLOYER	DATES
Name: _____	From: _____ To: _____
Address: _____	Position Held: _____
City: _____ State: _____ Zip : _____	Salary/Wage: _____
Contact Person: _____ Phone No. _____	Reason for leaving: _____

Were you subject to DOT rules while employed with this company?

Yes / No

While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?

Yes / No

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Yes / No

EXPERIENCE AND QUALIFICATIONS (CDL Applicants Only)

Accident Record: Please include all accidents you were involved in during the last 7 years. If none, write "none". Attach additional sheets if more space is required.

DATES	NATURE OF ACCIDENT (HEAD-ON; REAR-END; UPSET, JACK-KNIFE, ETC.)	FATALITIES	INJURIES	CHARGEABLE	✓ If You Can Provide Documentation
Last Accident		YES NO	YES NO	YES NO	
Next Previous		YES NO	YES NO	YES NO	
Next Previous		YES NO	YES NO	YES NO	
Next Previous		YES NO	YES NO	YES NO	

Traffic Convictions and License Forfeitures: Please include all traffic convictions and license forfeitures (other than parking violations) during the last 7 years. If none, write "none". Attach additional sheets if more space is required.

LOCATIONS	DATE	CHARGE	PENALTY

DRIVERS LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO

Have you ever had any license, permit or privilege suspended or revoked? YES NO

IF THE ANSWER TO EITHER OF THE ABOVE TWO QUESTIONS IS "YES", GIVE THE DETAILS.

DRIVING EXPERIENCE (CDL Applicants Only)

<u>CLASS OF EQUIPMENT</u>	<u>TYPE OF EQUIPMENT</u>	<u>AMOUNT OF EXPERIENCE (MONTHS & YEARS)</u>
STRAIGHT TRUCK	CONTRACTOR'S DUMP	
	REGULAR DUMP TRUCK	
	TANKER	
	WRECKER	
	FLAT BED	
	VAN	
	REEFER	
	CEMENT TRUCK	
	BOOM TRUCK	
	SERVICE TRUCK	
	STRAIGHT TRUCK PULLING TRAILER	
	VAC TRUCK	
TRACTOR TRAILER	NON-HEATED, NON- REFRIGERATED, LIQUID TANKER	
	REFRIGERATED TANKER	
	HEATED TANKER	
	DRY BULK TANKER	
	OPEN DUMP TRAILER	
	FLAT BED	
	REEFER	
	VAN	
	CAR CARRIER	
	DOUBLES	
	TRIPLES	
BUSES	STRAIGHT BUS (SCHOOL BUS, CHURCH BUS)	
	COMMERCIAL BUS	
	DOUBLE	
	TRIPLE	
OTHER NOT LISTED		

APPLICANT STATEMENT

This certifies that this application was completed by me, the applicant, and that all entries on it and the information contained in this application, are true and complete to the best of my knowledge. I authorize Coyne Oil Corporation to make such investigations and inquiries of my personal, employment, driving, financial, medical, Drug and Alcohol Testing history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical, drug testing and alcohol testing history will be made only if and after a conditional offer of employment has been extended.). I hereby release former 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 further understand that any false or misleading information given in either my application or in interview(s) may result in discharge. I understand, also, that I will be required by Coyne Oil Corporation to abide by all the rules and regulations of the company and any Federal/state agency. This includes all mandatory safety meetings/training meetings. I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I understand that this application remains current of only 30 days. At the conclusions of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to re-apply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause, and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause, and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide a proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable, federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, nation origin, citizenship, age, disability, or any other protected status. The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT. I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date Signed