



Golden Gate Petroleum
501 Shell Avenue Martinez CA 94553 Tel: 925-228-2222 Fax: 925-957-9589



Golden Gate Petroleum **DRIVER EMPLOYMENT APPLICATION**

**ALL APPLICANTS MUST COMPLETE THE ENCLOSED
FORMS:**

- ◇ **Application**
- ◇ **Previous Employer Inquiry**
- ◇ **Background Investigation**
- ◇ **Applicant/Employee Identification Form**
- ◇ **Attach a copy of Recent DMV record and
Photo Copy of Drivers License**

Golden Gate Petroleum (the "Company") is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin,

Property of Golden Gate Petroleum (10/01/2006 Revision)

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6. Company: _____ Address: _____ Position held: _____ Reason For Leaving: _____	Supervisor's name: _____ Phone: (_____) _____ From: _____ To: _____ Salary: _____ month/year month/year
7. Company : _____ Address: _____ Position held: _____ Reason For Leaving: _____	Supervisor's name: _____ Phone: (_____) _____ From: _____ To: _____ Salary: _____ month/year month/year
8. Company: _____ Address: _____ Position held: _____ Reason For Leaving: _____	Supervisor's name: _____ Phone: (_____) _____ From: _____ To: _____ Salary: _____ month/year month/year
9. Company: _____ Address: _____ Position held: _____ Reason For Leaving: _____	Supervisor's name: _____ Phone: (_____) _____ From: _____ To: _____ Salary: _____ month/year month/year
10. Company: _____ Address: _____ Position held: _____ Reason For Leaving: _____	Supervisor's name: _____ Phone: (_____) _____ From: _____ To: _____ Salary: _____ month/year month/year

CLERICAL EXPERIENCE & QUALIFICATIONS

List courses and training in office work: _____

Rates (indicate tariffs with which you have worked) _____

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Indicate training and experience in the following

	Formal Training (Yes/No)	Years of Experience	Area	Formal Training (Yes/No)	Years of Experience
Typing (wpm)			Photocopier		
Shorthand (wpm)			Dictating Machine		
Billing			Bookkeeping Machine		
Filing			Switchboard Equipment (indicate type)		
Computers (indicate software)			Tabulator		
Word Processing Equipment			Accounting		
Key Punch			OS & D		
Calculator			Interline		
Adding Machine			Claims		
Telecopier			Dispatcher		

DRIVER EXPERIENCE & QUALIFICATIONS

LICENSES

Drivers licenses held in past three years must be shown.

State: _____ License No. _____ Type: _____ Exp. Date: _____
 State: _____ License No. _____ Type: _____ Exp. Date: _____
 State: _____ License No. _____ Type: _____ Exp. Date: _____

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

If you answered "yes" to A,B,C, attach a statement giving details.

DRIVING EXPERIENCE

Straight Truck: _____ From: _____ To: _____ Approximate Total Miles: _____
 Type of Equipment (Van, Tank, Flat, etc.)
 Tractor and Semi-Trailer: _____ From: _____ To: _____ Approximate Total Miles: _____
 Type of Equipment (Van, Tank, etc.)
 Twin Trailers: _____ From: _____ To: _____ Approximate Total Miles: _____
 Type of Equipment (Van, Tank, Flat, etc.)
 Other: _____ From: _____ To: _____ Approximate Total Miles: _____
 Type of Equipment (Van, Tank, Flat, etc.)

List states operated in during last five years: _____

List Special courses or training that will help you as a driver: _____

List safe driving awards held and who awards were presented by: _____

Driving Experience cont.

Accident Review for past three years (Attach a separate sheet of paper if more space is needed)

Last Accident: _____ Date _____ Nature of Accident: _____ (Head-on, Rear-end, upset, etc.) Fatalities: _____ Injuries: _____

Next Previous: _____ Date _____ Nature of Accident: _____ (Head-on, Rear-end, upset, etc.) Fatalities: _____ Injuries: _____

Next Previous: _____ Date _____ Nature of Accident: _____ (Head-on, Rear-end, upset, etc.) Fatalities: _____ Injuries: _____

Traffic Convictions and Forfeitures for the past three years other than parking violations.

1. Location: _____ Date: _____ Charge: _____

2. Location: _____ Date: _____ Charge: _____

MAINTENANCE AND QUALIFICATIONS

List courses and training in maintenance work: _____

JOB FUNCTION

Indicate training and experience in the following.

	Formal Training (Yes/No)	Years of Experience	Area	Formal Training (Yes/No)	Years of Experience
Drive line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling Systems		
Air Conditioning			Inspections		
			General Car Repair		

SHOP EQUIPMENT

Indicate training and experience in the following.

	Formal Training (Yes/No)	Years of Experience	Area	Formal Training (Yes/No)	Years of Experience
Electrical Diagnostic Equipment			Wheel and Tire Balancing Machine		
Sheet Metal Equipment			Tire Recapping Mold		
Frame and Axle Straightening Equip.			Engine Dynamometer		
Engine Rebuilding Equipment			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxyactylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Smoke Measuring Equipment		
Air Conditioning			Inspections		
Tire Servicing Machine			General Car Repair		

PLATFORM EXPERIENCE & QUALIFICATIONS

List Types of platform experience and number of years of each _____

List platform equipment you can operate (lift truck, etc.) _____

List courses or training in platform work _____

APPLICANT MUST READ & SIGN

It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Act, Public Law 91-508, I have been told that this investigation may include and Investigative Consumer Report, including information regarding my character, general reputation, personal characteristics and mode of living.

I agree to furnish such additional information and complete such examination as may be required to complete my employment file.

_____ Applicant's signature _____ Date _____

Date employed _____ Point Employed _____

Department _____ Classification _____
 (If not hired, summary report of reasons should be placed in file)

STOP

THE SECTION BELOW IS TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview						
3. Physical Exam						
4. Past employment						
5. Written Exam						
6. Road Test						
7. Policy and Traffic Record						

Signature of Interviewing Officer _____ Date: _____

TRANSFERS

From: _____ To: _____ From: _____ To: _____

Date: _____ Date: _____

Reason for Transfer: _____ Reason for Transfer: _____

TERMINATION OF EMPLOYMENT

Date Terminated: _____ Department Released Form: _____

Dismissed _____ Voluntarily Quit _____ Other _____

Termination Report Placed in File _____ Supervisor: _____