



424 N. Main Street San Angelo, TX 76903
P.O. Box 950 San Angelo, TX 76902
(325) 658-7521

REGAL OIL, INC. DRIVER APPLICATION

AT-WILL EMPLOYMENT APPLICATION

REASONABLE ACCOMMODATION NEEDS: If you need any reasonable accommodation to complete this Application Form or other elements of the application process, please let us know. We will attempt to assist you in applying for a job with our company. **INITIALS:** _____

EMPLOYMENT AT WILL: I understand and agree that my employment will be at will and may be terminated by me or the Employer at any time for any cause or no cause. I understand and agree that all benefits, programs, rules and policies of the Employer are subject to exceptions or change at will at any time as decided by the Employer. Also, it is understood that your' completing this application does not guarantee a job with this company. **INITIALS:** _____

CONFIDENTIALITY AND TRADE SECRETS: I agree that except at the request and for the benefit of the Employer, I will not disclose to anyone or use for my own purposes any of the Employer's confidential or proprietary information, either during or after my employment. I understand and agree that the Employer's trade secrets, bidding costs, pricing and marketing information and techniques, designs, methods of engineering and production, financial and market information, computer software, sources of supply, customer names and information and employee's names and information are confidential and proprietary information of the Employer; I also agree that I will not make written or other copies of notes regarding these matters except as necessary to perform my job, and agree that if my employment with Employer ends, I will deliver to the Employer all material of any kind that I have relating to the Employer, including any such notes and copies. I also agree that I will disclose and assign to the Employer any invention, design or process which I conceive or develop while employed by the Employer relating to the Employer's business or to any product or service offered or being developed by the Employer, and that all such designs or conceptions shall be property of the Employer.

INITIALS: _____

SEARCH AND INSPECTIONS: I agree that Regal Oil, Inc. and subsidiaries may conduct reasonable inspections of any lockers, desks, hardware, software, or other Employer property I may be using, and any of my own property I bring to the Employer's premises (including vehicles, packages and purses at any time, and I waive and promise not to make claims against the Employer (or its employees, directors, owners or agents) relating to such inspection. **INITIALS:** _____

TRUTH/ACURACY/COMPLETENESS: I certify that the facts contained in this application are true and complete. I understand that any false statement(s) in this application shall be the basis for my rejection or dismissal from employment. Resumes will not be accepted in lieu of a completed Application Form.

This application is to be completed in its entirety. That means that there will be NO BLANK SPACES. If a question or section does not apply to you or the job you are applying for, then write in the area/section a "not applicable" @ or a "N/A" @ so that we understand your answer. If you leave any spaces/sections blank the application will be incomplete and invalid. We do not accept incomplete applications. INITIALS: _____

AUTHORIZATION AND WAIVER: The State of Texas allows an employer to obtain information about a person's "job performance." @ "Job performance" means the manner in which an employee performs a position of employment and includes an analysis of the employee's attendance at work, attitudes, effort, knowledge, behaviors and skills.

I authorize and request my former employers, references, education institutions and any credit agencies or reporting services which have information about me, to give the Company and subsidiaries any and all information and opinions about me in their possession and which may lawfully be disclosed. I hereby waive written notice of such release of information and opinions, and I release such former employers, reference, education institutes and credit agencies or reporting service from any liability or claim relating to such release of information and opinions. I also authorize and request federal, state and local governmental agencies to release subsidiaries and information requested concerning any criminal convictions on my record. A photocopy of this signed authorization waiver shall be valid as an original.

If given a bona fide qualified-conditional job offer, I also authorize the Company to seek, if they desire, medical and health background information on me that could be pertinent to the job(s) I am interested in.

I understand that an offer of employment and continued employment with the Company is contingent upon my furnishing satisfactory proof of my authorization to work in the United States.

Also, I understand the Company has/may adopt an Arbitration Agreement to resolve any disputes concerning complaints I have about my employment. I agree to abide by the Company's Arbitration Agreement and if required waive my right to trial to resolve these issues. I understand that having a job with the Company is a consideration for agreeing with this. In addition, I understand the Arbitration Agreement will be for my benefit and the Company since it will save us both time and money to resolve issues. **INITIALS: _____**

DRUG TESTING AND PHYSICAL EXAMINATIONS: I hereby give my consent to Regal Oil, Inc. and its agents or independent contractors, to perform appropriate tests or examinations on me for alcohol, illegal drugs and/or other pre-employment tests, including a pre-employment physical examination, with the results of the tests or examinations to be released to Regal Oil, Inc., for whatever use it deems fair and appropriate under the circumstances. **INITIALS: _____**

MONITORING ACTIVITY: I understand the Company may monitor certain employees; activities, particularly communications and the use of communication devices. The use of such communication devices as these may be monitored: telephones, fax machines, computer e-mails, web pages, cell phones and pagers. **INITIALS: _____**

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER: We believe firmly in providing equal employment opportunities to those who apply for a job with us. We will not discriminate in recruitment, processing applications, interviews, or hiring promotions. We will not discriminate on the basis of race, color, sex, age, gender, religion, national origin, ancestry, marital status, veteran status, parenthood or physical or mental disability disclosed to us (with or without reasonable accommodation). **INITIALS:** _____

AGREEMENT: I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.

I have read and reviewed the information provided in this application and the above statements. I understand the terms and statements above and agree to them. Also, I am aware that completion of the Application Form does not in itself mean I will be interviewed for a position or be given a job offer. By signing this application below, I certify that I have answered all the questions completely and fully and acknowledge my understanding and acceptance of the statements and conditions of employment of Regal Oil, Inc.

Signature of Applicant _____ Date _____

Regal Oil, Inc. is an equal opportunity employer. The company does not discriminate on the basis of race, color, creed, religion, ancestry, marital status, gender, gender identity, pregnancy, sex, sexual orientation, national origin, political affiliation, military status, age, mental/physical disability or any other protected status in accordance with applicable federal, state and local laws.

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Do you have legal right to work in the United States? YES NO

PREVIOUS THREE YEARS RESIDENCY					
<i>Attach additional sheet if more space is needed</i>					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. Check this box if none

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Attach additional sheet if more space is needed. Check this box if none

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

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

If yes, explain

Has any license, permit, or privilege ever been suspended or revoked? YES NO

If yes, explain

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			