



1573 E. Betteravia Rd., Santa Maria, Ca 93454
805-925-1369 Fax 805-925-3274

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|----------------|-----------------|-------------------|
| ◆ Transfers | ◆ End Dumps | ◆ Portable Tanks |
| ◆ Bottom Dumps | ◆ Vacuum Trucks | ◆ Roll-Off Trucks |

Application for Driver/Operator

All application packages must contain the following:

1. A legible and complete application for employment listing current and previous employment for the past 10 years under your current Class A license.
2. A copy of a valid California Class A Drivers License containing all endorsements, (doubles/triples, tankers & hazardous)
3. A copy of your current medical card
4. A DMV printout of your driving record dated no more than 30 days ago

Prior to employment, all applicants will be required to do the following:

1. Successfully pass a pre-employment drug and alcohol screen.
2. Donate your time to be road tested and have your driving skills evaluated. You will be observed and rated by experienced personnel while driving and operating our equipment.



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Job Description

Speed's Oil Tool Service, Inc. is a service company responding to customer requests 24 hours per day, 365 days per year. Employees will be provided with a pager and will be on call every other weekend.

Employees of Speed's Oil Tool Service, Inc. are required to be knowledgeable and proficient in all areas of the following operations:

Vacuum Trucks • Roll Off Trucks • Portable Tank Hauling • High Pressure Pumps
Roper Gear Pumps • Tanker Hauling • Bottom Dump Hauling • Flat bed
End Dump Hauling • Transfer Trucks and Trailers • Loaders

All Speed's employees must:

1. Participate in pre-employment and random drug and alcohol testing.
2. Be capable and willing to operate any vehicle or machinery.
3. Respond to all jobs within 30 minutes from time of dispatch.
4. Be able to perform and complete any job assigned.
5. Be prepared to remain on any jobs beyond the standard work hours when necessary.
6. Be alert and attentive during performance of all jobs.
7. Be knowledgeable in the proper operation of all equipment.
8. Be knowledgeable in the preparation and/or display of manifest, placards and shipping papers.
9. Be courteous to all customers and fellow employees.
10. Be sure the vehicle you are operating is in proper working order and capable of performing the next job assignment
11. Be sure truck or machinery is clean, properly serviced and fueled prior to parking.
12. Be willing to undergo searches of person, personal effects or vehicles for prohibited drugs and/or alcohol.
13. Conform to initial and subsequent training requirements set forth by governmental or regulatory directives.
14. Be at least 21 years of age.

I have read and understand the above job description and agree to conform to its conditions in its entirety.

X _____

Date _____



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DIESEL TRUCK ENGINE IDLING PROCEDURE

The State of California has imposed diesel truck idling procedures under the Title 13 California Code of Regulations, Section 2485 Item C and D. This applies to all diesel truck engines that operate and are licensed in the State of California. This section reads as follows:

"...the driver of any diesel-fueled commercial motor vehicle shall comply with the following requirements: **The driver shall not idle the vehicle's primary diesel engine for greater than 5 minutes at any location.**" _____
Initial

"Idling" means the vehicle engine is running at any location while the vehicle is stationary.

It is imperative that all drivers comply with this state law. Fines are \$300.00 for the first violation and \$500.00 for the second. _____
Initial

Certain Exceptions for idling exist and are as follows:

1. Idling when the vehicle must remain motionless due to traffic conditions, an official traffic control device, or an official traffic control signal over which the driver has no control, or at the direction of a peace officer, or other device at the direction of a peace officer.
2. Idling of the primary diesel engine or operating other devices when forced to remain motionless due to immediate adverse weather conditions affecting the safe operation of the vehicle or due to mechanical difficulties over which the driver has no control.
3. Idling to verify that the vehicle is in safe operating condition as required by law and that all equipment is in good working order, either as part of a daily vehicle inspection or as otherwise needed, provided that such engine idling is mandatory for such verification.
4. Idling of the primary diesel engine or operating other devices is mandatory for testing, servicing, repairing, or diagnostic purposes.
5. Idling when positioning or providing a power source for equipment or operations which involve a PTO (power take off) or equivalent mechanism and is powered by the primary engine for:
 - a. controlling cargo temperature, operating a lift, crane, pump, drill, hoist (such as a dump body, semi-end trailer and/or transfer trailer dump), winch, mixer (such as a ready mix concrete truck), or other auxiliary equipment
6. Idling of the primary diesel engine, or operating a diesel-fueled operating other devices when operating defrosters, heaters, air conditioners, or other equipment solely to prevent a safety or health emergency;
7. Idling of the primary diesel engine, or operating a diesel-fueled or operating other devices by authorized emergency vehicles while in the course of providing services for which the vehicle is designed.

I have read, understand, and will comply with Idling Procedures and Requirements listed above and referenced in Title 13 California Code of Regulations, Section 2485 Item C and D.

Print Name

Signature

Date



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EMPLOYMENT APPLICATION
An Equal Opportunity Employer

Personal Information					
Last Name:		First Name:		MI:	Today's Date:
Address:		City:		State:	Zip Code:
Mailing Address:		City:		State:	Zip Code:
Phone Number:			Are you 21 years or older? Yes () No ()		
Message Phone Number:			Social Security Number:		
Employment Desired					
Position Applying For:		Salary Desired:		Date Available to Start Work:	
Are you currently employed? Yes () No ()		May we contact your current employer?			
Have you ever worked for Speed's? Yes () No ()		If yes, give dates & reason for leaving:			
Do you know anyone currently or previously employed by Speeds: Yes () No () List names & dates of employment:					
Do you have a valid class A License? Yes () No () - Date Obtained: / /			List any endorsements or restrictions to your class A license:		
Are you available to work full time? Yes () No ()					
If no, list the hours you are available:					
Are you available to work weekends?					
Education					
Highest Grade Completed?					
Did you attend college? Yes () No ()		Did you graduate? Yes () No ()			
Have you attended a Trade, Buisness or Correspondence School?				Yes () No ()	
Name of Trade School:			What type of Training:		

Former Employers- Starting with most recent, list all employers for the last 10 years

Previous Employer:

Address:	City:	State:	Zip:
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Name of Supervisor:	Phone Number (with Area Code)
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Job Position/Title:	Start Date:	Beginning Salary: \$
	End Date:	Ending Salary: \$

Reason for Leaving:

Are you eligible for rehire? Yes() No()

If no, please explain:

Previous Employer:

Address:	City:	State:	Zip:
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Name of Supervisor:	Phone Number (with area code)
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Job Position/Title:	Start Date:	Beginning Salary: \$
	End Date:	Ending Salary: \$

Reason for Leaving:

Are you eligible for rehire? Yes() No()

If no, please explain:

Previous Employer:

Address:	City:	State:	Zip:
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Name of Supervisor:	Phone Number (with area code)
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Job Position/Title:	Start Date:	Beginning Salary: \$
	End Date:	Ending Salary: \$

Reason for Leaving:

Are you eligible for rehire? Yes() No()

If no, please explain:

References- List three person, not related, whom you have known for at least one year			
Name		Phone Number	
Address		City	State Zip
Relationship:		Number of Years acquainted:	
Name		Phone Number	
Address		City	State Zip
Relationship:		Number of Years acquainted:	
Name		Phone Number	
Address		City	State Zip
Relationship:		Number of Years acquainted:	
Have you ever been convicted of a felony within the last 7 years? Yes() No()			
If yes, please explain: (Any convictions may be relevant if job related, but will not exclude you from consideration)			

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I understand and agree that I am free to resign at any time and Speed's Oil Tool Service, Inc. reserves the right to terminate my employment at any time, with to without cause and without prior notice. And no representative of Speed's has the authority to make any assurances to the contrary. I understand that Speed's has zero tolerance drug policy and I will be participating in their random testing program.

Signature

Date



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INQUIRY TO PAST EMPLOYER

To Personnel Manager,

The person named in this request has applied to this company for employment and your firm is listed by the applicant as a previous employer. Please refer to the attached inquiry regarding this applicant. As you will note from the wavier stated below, the applicant has waived any claim of liability against your company, and/or its agents, for information submitted in response to this inquiry.

APPLICANT TO READ AND SIGN THIS SECTION WAIVER

I (the applicant) hereby authorize you to release all information concerning my employment, including oral assessments of my job performance, ability, and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above-mentioned information to the above-mentioned person.

Dated this _____ day of _____, 20_____

Name of Applicant: _____

Signature of Applicant: _____

SS Number of Applicant: _____

Witness: _____

Release & Verification of Previous Drug Program Participation

The CODE OF FEDERAL REGULATION TITLE 49 PART 382.413, requires that the following information be obtained from my previous employer and allow

Speeds Oil Tool Service, Inc.
1573 E. Betteravia Rd.
PO Box 276
Santa Maria, Ca. 93456
(805) 925-1369 **Fax #: (805) 925-3274.**

to obtain information on my drug and alcohol testing program participation; results of any positive controlled substance tests; Results of any alcohol tests with a result of .04 or greater; evidence of refusals to be tested (including verified adulterated or substituted drug test results); and information on any required substance abuse professional (SAP) evaluation, determination of need for assistance, and compliance with SAP requirements or recommendations for the preceding two years, or such lesser period if applicable.

I request that you release this information immediately.

Dated this _____ day of _____, 20_____

Name of Applicant: _____

Signature of Applicant: _____

SS Number of Applicant: _____ - _____ - _____

Witness: _____

Employer's to complete and return the attached information.