



EMPLOYMENT APPLICATION

BOEHLKE BOTTLED GAS CORPORATION

APPLICANT INSTRUCTIONS

AS AN APPLICANT WITH A COMMERCIAL DRIVERS LICENSE, AT BOEHLKE BOTTLED GAS CORPORATION, MEQUON, WI. PLEASE FOLLOW THE BELOW DIRECTIONS:

1. Thoroughly complete the Application For Employment (3 Pages)
2. Thoroughly complete the CDL Supplement (1 Page)
3. Complete and sign the top half of Inquiry To Past Employers Form
4. Read and sign the Employee Right to Correct Information Form
5. Complete Certificate of Violations Form
6. Complete Driver Information Form.
7. Give a copy of your Medical Certificate Card, if applicable **AND** copy of Long Form of Physical to Boehlke Bottled Gas Corporation Point of Contact.
8. Make a copy of your CDL and give to Boehlke Bottled Gas Corporation Point of Contact.
9. Return all forms to Boehlke Bottled Gas Corporation Point of Contact.

You will also be required to complete a Pre-Employment Controlled Substance test, which will be scheduled by the Boehlke Bottled Gas Corporation Point of Contact.

You will be issued the following regulatory documents:

- Drug & Alcohol Information Packet
- Federal Motor Carrier Safety Regulation Book
- Drivers Guide to Hazmat (For Hazmat Certified Drivers Only)
- Emergency Response Guidebook (For Hazmat Certified Drivers Only)
- Boehlke Bottled Gas Corporation Employee Handbook

Boehlke Bottled Gas Corporation

Employment Application

Boehlke Bottled Gas Corporation is an Equal Opportunity / Affirmative Action employer. Qualified applicants will be considered for positions without regard to race, color, creed, religion, sex, sexual preference, national origin, age, marital status, veteran status, citizenship status, status with regard to public assistance, or disability. We may verify the information in your application, therefore, please review it for completeness and accuracy.

Please print clearly - fill out completely.

Name (first, middle, last)		Preferred first name	Today's Date
Social Security Number - - -	Telephone Number ()	Alternate Number ()	Are you under 18 years of age? ?Yes ?No
Present Address		City/State	
Permanent Address		City/State	

Position Desired		Have you applied at Boehlke Bottled Gas Corporation before? ?Yes ?No If yes, when?
Date available to start work	Starting wage desired	Do you have the legal right to work in the United States?
Are you willing to relocate? ?Yes ?No	Can you travel if required? ?Yes ?No % _____	Have you previously worked at Boehlke Bottled Gas Corporation?
Indicate the type of employment desired: ?Full-time ?Part-time ?Temporary ?Rotating Shifts ?Weekend hours ?On-Call ?Summer		
Referred to Boehlke Bottled Gas Corporation by:		If through a newspaper, please indicate specific ad

Have you ever been convicted of a felony? Y N (Circle appropriate and explain ALL convictions on a hand written attachment)

Check each of the following in which you have experience and operating skill:					Please do not write in this space
Indicate Skill (level) as: L (limited) I (intermediate) P (proficient)					
Word Processor		Computer		Miscellaneous	Skill
System	Skill	Hardware/Software	Skill	?Ten-key/calculator	
				?Dictaphone	
				?CRT/Data Entry	
				?Switchboard	
				?Shorthand _____ wpm	
				?Typing _____ wpm	

List any activities, hobbies, special skills, experience or other information you feel would be helpful in evaluating your qualifications. (eg. Professional organizations, inventions, published papers, licenses, volunteer work, positions in outside organizations). Do not list information revealing race, color, creed, religion, national origin, sex or ancestry.
List special experience or training from military service.

Education

Circle highest year of school completed in each category.	High School				College/University				Graduate School				
	9	10	11	12	1	2	3	4	1	2	3	4	5
Name of School (city, state)	Major Studies				Did you graduate? Yes or No	If yes, date of graduation			Degree/Major	Cumulative GPA or Grade Average (A = 4.0)			
High School													
Business, Trade or Correspondence													
College (undergraduate)													
College (undergraduate)													
College (graduate)													
Scholastic honors, scholarships, assistantships, etc:													
Attending school now: ?Yes ?No If yes, where?													
List subjects of special study or training													
Foreign language proficiency													

Employment History

May we contact your present employer for verification? ?Yes ?No	May we contact you at your place of business? ?Yes ?No Telephone () _____
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Please begin with present or most recent employer. Account for full-time and part-time or temporary employment.

You must list 10 years if you have a CDL.(49CFR383.35(c))

Use separate paper if necessary.

Dates/Salary	1. Full name of employer 2. Street 3. City, State, ZIP Code	4. Type of business 5. Position title 6. Name of Supervisor/telephone	Describe major responsibilities	?Full time ?Part time ?Temporary
From (mo-yr)	1.			
	2.			
	3.			
To (mo-yr)	4.			
	5.			
	6.			
Ending Salary	Reason for leaving:			

Dates/Salary	1. Full name of employer 2. Street 3. City, State, ZIP Code	4. Type of business 5. Position title 6. Name of Supervisor/telephone	Describe major responsibilities	?Full time ?Part time ?Temporary
From (mo-yr)	1.			
	2.			
	3.			
To (mo-yr)	4.			
	5.			
	6.			
Ending Salary	Reason for leaving:			

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From (mo-yr)	1.			
	2.			
	3.			
To (mo-yr)	4.			
	5.			
	6.			
Ending Salary	Reason for leaving:			

Business/Professional References

Name	Title	Company	Phone Number

Understanding regarding conditions of employment

I hereby give Boehlke Bottled Gas Corporation the right to make a thorough investigation of my past employment, education and activities; and I release from all liability all persons, companies and corporations supplying such information. I indemnify Boehlke Bottled Gas Corporation against any liability which might result from making such investigation. I understand that any false answer or statement or implications made by me in this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Boehlke Bottled Gas Corporation, and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Boehlke Bottled Gas Corporation, unless made in writing. **If an employment relationship is established, I understand that I will be a "terminable-at-will" employee. My employment and compensation can be terminated with or without cause, with or without notice, at any time, at the option of either Boehlke Bottled Gas Corporation or myself.**

I understand that, if hired, I will be required to furnish proof of identity and right to work in the United States.

Applicants who are offered employment with Boehlke Bottled Gas Corporation will be subject to testing for use of illegal drugs according to company policy/procedure.

Signature	Date
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Boehlke Bottled Gas Corporation
Mequon, WI.

Commercial Driver Application Supplement

To be completed, in addition to the Boehlke Bottled Gas Corporation Employment Application, for positions requiring a CDL.

Applicant's Name:	Social Security Number:	Date of Birth:
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Driver's Licenses and Addresses for the Past Three Years

Addresses		Driver's Licenses				
Address	Dates Resided	State	License #	Type	Endorsements	Exp. Date

Driving Experience

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	From (date)	To (date)	Approximate number of miles driven

List states operated in during the last five years:

Which safe driving awards do you hold and from whom?

Accident Record for the Past Three Years

Date	Nature of Accident	Fatalities	Injuries

Traffic Convictions and Forfeitures for the Past Three Years (excluding parking)

Location	Date	Charge	Penalty
Have you ever been denied a license, permit or privilege to operate a motor vehicle? ?Yes ?No	Has any license, permit or privilege ever been revoked or suspended? ?Yes ?No		
If yes, explain:	If yes, explain:		

To be Read and Signed by Applicant

It is understood and agreed that any misrepresentation by me in this application may be cause for cancellation of the application and/or for separation from the company's service if I have been employed.

****Have you failed or refused to complete a DOT Pre Employment Drug Test within the last two years? YES _____ NO _____**

I authorize and request any and all of my former employers and any other person to furnish Boehlke Bottled Gas Corporation and any agent acting on its behalf, any information they may have concerning information relevant to employment consideration. Moreover, I hereby release each such employer and each such other person from any and all liability of whatsoever nature by reason of furnishing such information to Boehlke Bottled Gas Corporation and any agent acting on its behalf.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment and driver files.

This certifies that the Application Supplement was completed by me, and that all entries on it and information on it are true and complete to the best of my knowledge.

Date:	Applicant's signature:
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Inquiry to Past Employers Form

DRIVER SAFETY PERFORMANCE HISTORY / ALCOHOL AND DRUG RELEASE CONSENT

I, _____ understand that as a condition of employment
(Applicant's Name)

with Boehlke Bottled Gas Corporation, I must provide Boehlke Bottled Gas Corporation with written authorization to obtain the results of all U.S. Department of Transportation required alcohol and drug tests, refusals to test, rehabilitation and follow-up testing when I was employed as a driver or other safety sensitive employee positions I held for the preceding three years. (391.23(d))

I hereby authorize Boehlke Bottled Gas Corporation, or its agent, to obtain from my previous employers listed on the job application, and hereby authorize those employers, to release to Boehlke Bottled Gas Corporation, or its agent, my driver safety performance history records from my personnel files for the preceding three years.(49 CFR 391.23(a)(2))

I certify that all information provided on this form is true and complete and that I have identified all of my previous employers for the preceding ten years. I also understand that signing this authorization does not constitute an offer of employment or any guarantee of future employment with Boehlke Bottled Gas Corporation.

(Signature of Applicant)

(Print Name of Applicant)

(Date)

TO BE COMPLETED BY PREVIOUS EMPLOYEE

1. Were there any instances of reporting for duty or remaining on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater?
• Y or N
2. Were there any instances of performing safety-sensitive functions within four hours after using alcohol?
• Y or N
3. Was there any use of alcohol for eight hours following an accident, while waiting for a post-accident test?
• Y or N
4. Were there any refusals to submit to a post-accident alcohol or controlled substances test?
• Y or N
5. Were there any refusals to submit to a random alcohol or controlled substances test?
• Y or N
6. Were there any refusals to submit to a reasonable suspicion alcohol or controlled substances test?
• Y or N
7. Was there any refusal to submit to a follow-up alcohol or controlled substances test?
• Y or N
8. Were there any instances of reporting for duty or remaining on duty requiring the performance of safety-sensitive functions when under the influence of any unauthorized controlled substance?
• Y or N
9. Were there any instances of reporting for duty, remaining on duty or performing a safety-sensitive function, after testing positive for, or adulterating / substituting a test specimen for controlled substances?
• Y or N

Please attach all records pertaining to completion, or failure to complete alcohol and/or drug rehabilitation prescribed by a Substance Abuse Specialist.

Please attach any post rehabilitation positive test for alcohol with a result of 0.04 or higher concentration.

Please attach any post rehabilitation verified positive drug test or refusal to test for alcohol or drug (including verified adulterated or substituted drug test results).

Employees Right to Correct Information Form

YOUR RIGHTS REGARDING SAFETY PERFORMANCE HISTORY INFORMATION: The information you provided on this application may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. Pursuant to Federal Motor Carrier Safety Regulations 49 CFR Sec. 391.23 (i)(1) you have the following rights with regard to the safety performance history information provided by your previous employers.

THE RIGHT TO REVIEW SAFETY PERFORMANCE RECORDS: You have the right to review the records provided by your previous employers. You must make your request to review in writing and submit it to your prospective employer no later than thirty (30) days after employment begins or notification of employment is made. You will be provided with the records within five (5) business days of receipt of your written request. If the prospective employer has not received the records at the time of your request, then the five-day period to provide access will begin on the day the records are received from the previous employer. If you fail to arrange to pick up or receive the requested records within thirty (30) days of when they are first made available to you, then your right to review is considered waived.

THE RIGHT TO HAVE ERRONEOUS INFORMATION CORRECTED: If you believe there is an error in the records, you have the right to have your previous employer correct the error. Send your request for correction to the previous employer that provided the records in question. The previous employer must either correct and forward the record to the prospective employer or notify you within fifteen (15) days of receiving your request that they do not agree the record is in error. If the previous employer corrects and forwards the record as requested, that employer must also retain the corrected information as part of your safety performance history record and provide it to subsequent prospective employers when requests for this information are received.

THE RIGHT TO REBUT DISPUTED INFORMATION: If the previous employer does not agree that information in the records provided is in error, you may rebut the disputed information in writing and send it to the previous employer with instructions to include the rebuttal in your safety performance history file. Within five (5) business days of receiving your rebuttal, the previous employer must; forward a copy of the rebuttal to the prospective employer; append the rebuttal to the your safety performance information and include it as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement period. You may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

THE RIGHT TO REPORT FAILURES TO CORRECT ERRONEOUS INFORMATION: You may report failures of a previous employer to correct information or include your rebuttal as part of the safety performance information, to the Federal Motor Carrier Safety Administration by following procedures specified at 49 CFR Section 385.12.

I certify that this application was completed by me and that the information provided is a correct, complete and true representation of the facts as known to me.

(Applicant's Signature)

(Date)

Certificate of Violations/Annual Review of Driving Records

Driver Certification (to be completed by driver)

I certify:

- That I comply with the Federal Motor Carrier Safety Regulations and the Hazardous Material Regulations.
- That I have reported all moving traffic violations to my supervisor during the past 12 months.
- That my CDL is current and is registered in the state of residence.
- That my DOT physical is current and in my possession while driving.
- The following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Citations: If none, circle NONE. If convicted of a moving violation, list by type and date:

Date	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Driver's signature: _____ **Date:** _____

Driver Information Form

Personal Information

Full Name: _____

Date of Birth: _____

Home Address: _____

Social Security Number: _____

CDL Information

Driver's License Number: _____ State: _____

Class: _____ Endorsements: _____

HAZMAT TRAINING DATE: _____

Date Issued: _____ Expires: _____

Medical Information

Date directed for medical exam: _____

If you have a Medical Card, what is its expiration date? _____

Location Manager Signature: _____ Date: _____

Applicant hired? **Yes** **No** Hire Date: _____

Received completed Driver Qualification File _____ Initials: _____

Date