



Propane & Oil Since 1932

# Application for Employment

## Eastern Propane & Oil

Applications and resumes may be emailed to [Careers@Eastern.com](mailto:Careers@Eastern.com)

or mailed to PO Box 1800, Rochester, NH 03866, Attn: HR

*Note: Resume may not be submitted in lieu of an application*

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Full Middle Name)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_\_\_\_\_  
(Home Phone) (Mobile Phone) (Email Address)

Location of Interest:  Claremont, NH  Hudson, NH  North Conway, NH  Amesbury, MA  Springvale, ME  
 Enfield, NH  Loudon, NH  Wolfeboro, NH  Dennis, MA  Wells, ME  
 Rochester, NH  Epping, NH  Tamworth, NH  Danvers, MA  Franklin, MA  Winchendon, MA

Have you ever been employed by Eastern Propane & Oil?  YES  NO If YES, give dates: \_\_\_\_\_

Are you currently employed?  YES  NO If NO, how long since leaving last employment? \_\_\_\_\_

### PREVIOUS EMPLOYMENT

Please list all prior employment, which must include a minimum of 10 years if applying for a position to operate a placarded commercial motor vehicle

**You must complete this section even if you are submitting a resume. List most recent first.**

Employer:		Dates Employed (mm/yy): to
Address:		Phone:
Position:	Supervisor:	May we contact? <input type="radio"/> YES <input type="radio"/> NO
Responsibilities:		
Reason for leaving:		
Were you subject to Federal Motor Carrier Safety Regulations while employed here?		<input type="radio"/> YES <input type="radio"/> NO
Was the job designated as a "safety sensitive function" position in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40?		<input type="radio"/> YES <input type="radio"/> NO
Employer:		Dates Employed (mm/yy): to
Address:		Phone:
Position:	Supervisor:	May we contact? <input type="radio"/> YES <input type="radio"/> NO
Responsibilities:		
Reason for leaving:		
Were you subject to Federal Motor Carrier Safety Regulations while employed here?		<input type="radio"/> YES <input type="radio"/> NO
Was the job designated as a "safety sensitive function" position in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40?		<input type="radio"/> YES <input type="radio"/> NO



Continue with Previous Employment History

Employer:		Dates Employed (mm/yy): to	
Address:		Phone:	
Position:	Supervisor:	May we contact?	<input type="radio"/> YES <input type="radio"/> NO
Responsibilities:			
Reason for leaving:			
Were you subject to Federal Motor Carrier Safety Regulations while employed here?		<input type="radio"/> YES <input type="radio"/> NO	
Was the job designated as a "safety sensitive function" position in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40?		<input type="radio"/> YES <input type="radio"/> NO	
Employer:		Dates Employed (mm/yy): to	
Address:		Phone:	
Position:	Supervisor:	May we contact?	<input type="radio"/> YES <input type="radio"/> NO
Responsibilities:			
Reason for leaving:			
Were you subject to Federal Motor Carrier Safety Regulations while employed here?		<input type="radio"/> YES <input type="radio"/> NO	
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Position:	Supervisor:	May we contact?	<input type="radio"/> YES <input type="radio"/> NO
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Was the job designated as a "safety sensitive function" position in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40?		<input type="radio"/> YES <input type="radio"/> NO	





**NOTICE: PLEASE READ CAREFULLY BEFORE SIGNING**  
**Certification and Authorization of Applicant**

- **Certification of Accuracy:** I certify that all the information on this application and my resume (if applicable) and all information I will provide in any interview and any other part of the hiring process is (and will be) true, accurate, and complete. I understand that any misleading information, misrepresentation, false statement, or omission may result in my disqualification from further consideration for employment and/or my termination from employment.
- **Authorization for Background Check:** Further, in order that Eastern Propane and Oil (“Eastern”) may process my application for employment, I hereby authorize Eastern and its parents, affiliates, subsidiaries, officers, directors, employees, representatives, and agents (hereinafter collectively referred to as “Eastern”) to conduct a complete investigation into my background including, but not limited to, inquiring into my entire employment history, my education history, professional licenses and certifications; motor vehicle record, criminal record, credit record, ; to obtain references ,and to solicit and obtain any other information Eastern, in its sole discretion, deems necessary to determine my eligibility for employment and/or to confirm the accuracy or completeness of any information I have provided to Eastern. I authorize the investigations and inquiries described in this Notice to include Internet searches regarding me.
- **Authorization for Release of Information and Release from Liability:** I authorize all keepers of records and information concerning my background (including, without limitation, schools, previous employers, businesses, individuals, and any person or entity listed on this employment application) to release those records and information to Eastern or its agents. In consideration for the processing of my application for employment with Eastern, I hereby RELEASE, INDEMNIFY, AND HOLD HARMLESS Eastern, its agents, and all previous employers and other persons and organizations furnishing information in connection with Eastern’s investigation into my background from any and all liability based on their receipt, disclosure, and/or use of the information gathered in processing my application for employment with Eastern.
- **Certain Conditions of Employment:** I understand that, if hired, any employment is contingent upon production of proof of employment eligibility and the completion of a Form I-9 (within three business days); and depending on the position for which I am hired, a satisfactory motor vehicle record and/or criminal background check, my submission to a post offer drug and alcohol test and medical examination (for DOT regulated purposes the medical card must be valid for at least one year) to determine my ability to perform the essential functions of the position offered.
- **Nature of Employment:** I understand that if I am offered employment, I will be an employee at will, meaning that either Eastern or I can terminate the employment relationship at any time, for any reason or no reason, with or without cause or notice.

I have read the above Notice Section or have had someone read or explain it to me, and I fully understand it.

Print Name:	Signature:
Date:	If applying for a position as a <b>commercial motor vehicle operator</b> , initial here that you completed the CDL Section: <input type="checkbox"/>

Note: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Applicants for employment are considered without regard to age, race, color, religion/creed, sex, sexual orientation, gender identity, marital status, pregnancy, national origin, disability, genetic information, or protected military or veteran status, or any other basis protected by law. Disabled applicants requiring reasonable accommodation in the application and/or interview process should notify the Human Resources Department.



Propane & Oil Since 1932

# CDL SECTION Eastern Propane & Oil

PO Box 1800, Rochester NH 03866-1800

If you are applying for a position that involves **operating a commercial motor vehicle and requires any endorsements you MUST complete the CDL Section below.**

1. As a commercial motor vehicle operator candidate, current Federal DOT guidelines require your PREVIOUS EMPLOYMENT information for the past **10 years WITHOUT** any gaps. If there are gaps in employment, please explain in the comments section at the end of the application.
2. Please provide a current driving record (no older than 60 days) along with your application. Driving records need to be from **each state** in which you have held a motor vehicle operators license and/or permit for the previous three years.
3. Proof of a current, valid driver's license from the state you live in will be required as a condition of employment.
4. All commercial motor vehicle operators offered employment at Eastern Propane & Oil are required to pass a DOT physical (either you have a current valid medical examiners card or pass a DOT physical by an Eastern approved facility) and drug test as part of the new hire process. This DOT physical must be valid for at least one year from the date of issue. We do not accept any drug test results that you may currently possess.
5. In accordance with federal regulations, information you provide on the Employment and CDL Application may be used to investigate your "safety performance history" for the past three years, and your previous employers for the past three years will be contacted for purposes of investigating your safety performance history. You have a right to:
  - a. Review information provided by previous employers;
  - b. Have errors in the information corrected by the previous employer, and for that previous employer to re-send the corrected information to Eastern Propane; AND
  - c. Have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (M)

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_ (Both are required on the application by federal regulation for CMV Drivers)

### RESIDENTIAL ADDRESS(ES) FOR THE LAST THREE YEARS *Most recent first.*

*If you need additional space, please continue on a separate sheet of paper.*

Address: \_\_\_\_\_ Dates: \_\_\_\_\_ to **CURRENT**  
(Street) (City) (State) (Zip)

Address: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
(Street) (City) (State) (Zip)

### DRIVER LICENSE INFORMATION

As required by federal regulation, please list all unexpired commercial motor vehicle operator's license or permit issued to you.

State: \_\_\_\_\_ License #: \_\_\_\_\_ Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ **States operated in for last 5 years:**

State: \_\_\_\_\_ License #: \_\_\_\_\_ Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

State: \_\_\_\_\_ License #: \_\_\_\_\_ Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

A. Have you ever been denied a license, permit or privilege to operate any type of motor vehicle?  YES  NO

B. Has any license, permit or privilege to operate any type of motor vehicle ever been suspended or revoked?  YES  NO

If the answer to either A and/or B is YES, **PLEASE LIST DETAILS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DRIVING EXPERIENCE (IF NONE, WRITE NONE)**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. # OF MILES (TOTAL)
		TO	FROM	

List special courses or training: \_\_\_\_\_

List safe driving awards received: \_\_\_\_\_

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (IF NONE, WRITE NONE)**

*As required by federal regulation, list all motor vehicle accidents in which you have been involved, most recent first.*

DATE	NATURE OF ACCIDENT (HEAD ON, REAR END, ETC)	FATALITIES	INJURIES

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (IF NONE, WRITE NONE)**

*As required by federal regulation, list all violations of motor vehicle laws or ordinances, other than violations involving only parking, of which you were convicted or forfeited bond or collateral. List most recent first.*

DATE	LOCATION	CHARGE	PENALTY

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature