

APPLICATION FOR EMPLOYMENT

Cota & Cota, Inc.
Main Office: 4 Green St.
Bellows Falls, Vt. 05101
Ph: (802) 463-0000
www.cotaoil.com

Cota & Cota

PERSONAL INFORMATION

Last Name		First	Middle	Date
Street Address				Phone
City, State, Zip				Email
Mailing Address (If different from home address)				Social Security #
City, State, Zip				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Desired			When will you be available to begin work?	
Have you ever applied for employment with us? If so When?			Pay Expected	
Are you available for full-time work?			Driver's License No., License Class, & Expiration Date	
Are you legally eligible for employment in the United States? If you are hired, you will be required to document citizenship by giving us a photo copy of your Driver's licence for the United States Immigration Office. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How did you learn of our company?				

EDUCATION:

School	Name & Location of School	Area of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Schooling				<input type="checkbox"/> Yes <input type="checkbox"/> No	

What was your previous address? Also list all addresses for the last 3 years.	How long at previous address?
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of minimum legal age.	Are you over 20 Years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, you may be restricted from commercial Interstate driving.

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DRIVING DATA & LICENSE DATA (USE BACK IF NECESSARY)

List all road violations that you have been convicted of in the last 3 years (except parking violations).
List all vehicle accidents that you have had in the last 3 years (except parking violations).
Has your license ever been suspended or revoked? If so explain.

PER DOT REQUIREMENTS §382.40.25 (J):

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever refused to be tested on a pre-employment drug test? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever tested positive on a drug test? |

APPLICANT'S NAME (TYPE OR PRINT)

APPLICANT'S SIGNATURE

DATE

PRE-EMPLOYMENT URINALYSIS CONSENT AGREEMENT:

The Federal Motor Carrier Safety Regulations Title 49 United States Code of Federal Regulations, § 391.103 Pre-Employment testing requirement apply to driver-applicants of this company.

391.103 Pre-employment testing requirements.

- (A) A motor carrier shall require a driver applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a prequalification condition.
- (B) A driver-applicant shall submit to controlled substance testing as a prequalification condition.
- (C) Prior to collection of a Urine sample under §391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my Employment Application, I consent to the urine sample collection and controlled substance testing. I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties. I have read and understand the above conditions for the Pre-employment Urinalysis Consent Agreement.

I understand that the job positions outside of the office positions require physical work demands that are HEAVY to VERY HEAVY. To help assure successful employee placement the Company REQUIRES a pre-placement/post offer physical. Upon the successful completion of the physical and assessment of the Physical Demands required for the said position, the first day of employment will be scheduled. I understand a copy of the Work Site Analysis for Physical Demands and the Medical History Statement will be provided for review at the time of the job interview. Please be advised that the process usually is a matter of an office visit. If further information is needed by the medical practitioner(s) to complete the evaluation this process may be extended.

APPLICANT'S NAME (TYPE OR PRINT)

APPLICANT'S SIGNATURE

DATE

COMPANY REPRESENTATIVE'S SIGNATURE

DATE

APPLICATION FOR EMPLOYMENT **EMPLOYMENT HISTORY**

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If you are applying for a position which may at some time include commercial driving (any vehicle larger than 10,000 lbs.), the Federal commercial drivers' license program requires that you be 21 years or older. Pursuant to 49 CFR 391.21 (b) (10), please list the name(s) of each employer(s) over the previous 3 years where the job you performed was subject to the Federal Motor Carrier Safety Regulations. Please also list the name of each previous employer(s) over the previous 3 years where the job you performed was subject to U.S. DOT alcohol and controlled substance testing requirements. Otherwise, please list your employers over the last 15 years. Start with your most recent employer. Federal law also requires a complete physical with drug testing before driving.

1	Company Name	Telephone
	Address/City/State/Zip	
	Name of Supervisor	Employed (State Month and Year) From To
	State Job Title and Describe Work	Reason for Leaving
2	Company Name	Telephone
	Address/City/State/Zip	
	Name of Supervisor	Employed (State Month and Year) From To
	State Job Title and Describe Work	Reason for Leaving
3	Company Name	Telephone
	Address/City/State/Zip	
	Name of Supervisor	Employed (State Month and Year) From To
	State Job Title and Describe Work	Reason for Leaving
4	Company Name	Telephone
	Address/City/State/Zip	
	Name of Supervisor	Employed (State Month and Year) From To
	State Job Title and Describe Work	Reason for Leaving
5	Company Name	Telephone
	Address/City/State/Zip	
	Name of Supervisor	Employed (State Month and Year) From To
	State Job Title and Describe Work	Reason for Leaving

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EMPLOYMENT HISTORY CONTINUED

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6	Company Name	Telephone
	Address/City/State/Zip	
	Name of Supervisor	Employed (State Month and Year) From To
	State Job Title and Describe Work	Reason for Leaving
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	Address/City/State/Zip	
	Name of Supervisor	Employed (State Month and Year) From To
	State Job Title and Describe Work	Reason for Leaving
8	Company Name	Telephone
	Address/City/State/Zip	
	Name of Supervisor	Employed (State Month and Year) From To
	State Job Title and Describe Work	Reason for Leaving
9	Company Name	Telephone
	Address/City/State/Zip	
	Name of Supervisor	Employed (State Month and Year) From To
	State Job Title and Describe Work	Reason for Leaving
10	Company Name	Telephone
	Address/City/State/Zip	
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EMPLOYMENT ESSAYS

1. What are you anticipating this job to be?

2. Why do you think you are qualified? State how your past experience determines your qualifications.

3. Why are you making a job change at this time?

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EMPLOYMENT ESSAYS CONTINUED

4. What questions do you have about this job?

REFERENCES:

Reference Name	Telephone
Address	Relationship to you
Town/State/Zip	When may we contact this individual.

Reference Name	Telephone
Address	Relationship to you
Town/State/Zip	When may we contact this individual.

Reference Name	Telephone
Address	Relationship to you
Town/State/Zip	When may we contact this individual.

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at the employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries 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 understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by Law.

I understand and agree that nothing in the employment application creates or is intended to create a promise or presentation of employment, or continued employment and that employment at the Company is employment at-will; employment may be terminated at the will of either the Company or myself. My signature below certifies that I understand that the foregoing agreement on at-will status is the sole and entire agreement between the Company and myself concerning the duration of my potential employment and the circumstances under which my potential employment may be terminated. It supersedes all prior agreements, understandings and representations concerning my potential employment with the Company.

Date

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Signature