

DRIVER'S APPLICATION FOR EMPLOYMENT

LONE STAR MILK TRANSPORT
2716 COMMERCE ST. WICHITA FALLS, TX 76301

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, national origin, age, marital status, or non-job related disability.

(ANSWER ALL QUESTION-PLEASE PRINT)

Date of Application ___/___/___ Position Preferred: OTR __Regional__Route__
Name _____ Social Security ___/___/___
Last First Middle

Date of Birth _____ Can you provide proof of age? _____

Home Phone (___)___-___ Cell Phone (___)___-___

List your addresses of residency for the past 3 years

Current Address _____
Street City State Zip How Long ?

Previous Address _____
Street City State Zip How Long ?

Previous Address _____
Street City State Zip How Long ?

Do you have OTR Experience ? Yes ___ No ___

How many states? _____ How many years? _____

Have you worked for this company before? _____ Reason you left _____

Are you currently, or have you ever been on parole or probation for a felony or misdemeanor conviction? Y N

Details: _____
Do you have the legal right to work in the US? Y N Have you ever had a roll-over accident? Y N
Has your license ever been suspended? Y N Have you ever been convicted of a felony? Y N
Have you ever been convicted of a DWI or DUI? Y N Have you ever been convicted of a misdemeanor? Y N
Have you ever failed a DOT drug/alcohol screen? Y N Have you ever driven a combination vehicle? Y N

Details: _____

This job requires that you have the ability to lift over 40lbs and be able to get in and out of very confined spaces including being able to climb in and around the tractor and/or trailer. Do you meet these physical qualifications at this time? Y N

STATEMENT OF UNDERSTANDING

I understand that the information in this form will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Motor Credit Safety Regulations and before being certified. I will complete an application complying with federal DOT requirements. I authorize release of any information, including all information related to my alcohol and controlled substances testing and training records by any former employers. I also authorize release of all background records and hold them harmless of any liability from release of said information.

Signature _____ Date _____

10 Year Employment History

Employer #1

Name _____ Phone Number(____) _____ - _____ To ____/____

Address _____ Contact _____ From ____/____
Street City State Zip Code

Position Held _____ Reason for Leaving _____ Salary _____

Were you subject to the FMCSRs while employed? Yes No

Were you subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40? Yes No

Employer #2

Name _____ Phone Number(____) _____ - _____ To ____/____

Address _____ Contact _____ From ____/____
Street City State Zip Code

Position Held _____ Reason for Leaving _____ Salary _____

Were you subject to the FMCSRs while employed? Yes No

Were you subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40? Yes No

Employer #3

Name _____ Phone Number(____) _____ - _____ To ____/____

Address _____ Contact _____ From ____/____
Street City State Zip Code

Position Held _____ Reason for Leaving _____ Salary _____

Were you subject to the FMCSRs while employed? Yes No

Were you subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40? Yes No

Employer #4

Name _____ Phone Number(____) _____ - _____ To ____/____

Address _____ Contact _____ From ____/____
Street City State Zip Code

Position Held _____ Reason for Leaving _____ Salary _____

Were you subject to the FMCSRs while employed? Yes No

Were you subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40? Yes No

Employer #5

Name _____ Phone Number(____) _____ - _____ To ____/____

Address _____ Contact _____ From ____/____
Street City State Zip Code

Position Held _____ Reason for Leaving _____ Salary _____

Were you subject to the FMCSRs while employed? Yes No

Were you subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40? Yes No

Employer #6

Name _____ Phone Number(____) _____ - _____ To ____/____

Address _____ Contact _____ From ____/____
Street City State Zip Code

Position Held _____ Reason for Leaving _____ Salary _____

Were you subject to the FMCSRs while employed? Yes No

Were you subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40? Yes No

*All driver applicants to drive in interstate commerce must provide the employment history on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. Applicants to drive a CMV in intrastate or interstate commerce shall also provide an additional 7 year's information on those employers for whom the applicant operated such vehicle.

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding. * The FMCSRs apply to anyone operating a motor vehicle on a hwy in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Continuation of 10 Year Employment History

Employer #7

Name _____ Phone Number(____) _____ - _____ To ____/____

Address _____ Contact _____ From ____/____
Street City State Zip Code

Position Held _____ Reason for Leaving _____ Salary _____
 Were you subject to the FMCSRs while employed? Yes No
 Were you subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40? Yes No

Employer #8

Name _____ Phone Number(____) _____ - _____ To ____/____

Address _____ Contact _____ From ____/____
Street City State Zip Code

Position Held _____ Reason for Leaving _____ Salary _____
 Were you subject to the FMCSRs while employed? Yes No
 Were you subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40? Yes No

Employer #9

Name _____ Phone Number(____) _____ - _____ To ____/____

Address _____ Contact _____ From ____/____
Street City State Zip Code

Position Held _____ Reason for Leaving _____ Salary _____
 Were you subject to the FMCSRs while employed? Yes No
 Were you subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40? Yes No

Employer #10

Name _____ Phone Number(____) _____ - _____ To ____/____

Address _____ Contact _____ From ____/____
Street City State Zip Code

Position Held _____ Reason for Leaving _____ Salary _____
 Were you subject to the FMCSRs while employed? Yes No
 Were you subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40? Yes No

Employer #11

Name _____ Phone Number(____) _____ - _____ To ____/____

Address _____ Contact _____ From ____/____
Street City State Zip Code

Position Held _____ Reason for Leaving _____ Salary _____
 Were you subject to the FMCSRs while employed? Yes No
 Were you subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40? Yes No

Employer #12

Name _____ Phone Number(____) _____ - _____ To ____/____

Address _____ Contact _____ From ____/____
Street City State Zip Code

Position Held _____ Reason for Leaving _____ Salary _____
 Were you subject to the FMCSRs while employed? Yes No
 Were you subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40? Yes No

*All driver applicants to drive in interstate commerce must provide the employment history on all employers during the proceeding 3 years. List complete mailing address, street number, city, state and zip code. Applicants to drive a CMV in intrastate or interstate commerce shall also provide an additional 7 year's information on those employers for whom the applicant operated such vehicle.
 *Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding. * The FMCSRs apply to anyone operating a motor vehicle on a hwy in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 16,001 pounds or more, (2) is designed or used to transport 9 or more passengers, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD For the past 3 years or more (attach sheet if more space is needed) If None, write None

Dates	Nature of ACCIDENT	Fatalities	Injuries	Hazardous Material Spill
Last Accident ___/___/___	_____	_____	_____	_____
Previous Acc ___/___/___	_____	_____	_____	_____
Previous Acc ___/___/___	_____	_____	_____	_____

TRAFFIC CONVICTIONS and forfeitures for the past 3 years If None, write None

Dates	Location	Charge	Penalty
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____

DRIVER LICENSES List all licenses or permits held in the past 3 years

State	License Number	Type	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
 B. Has any license, permit, or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER IS YES TO EITHER A OR B, GIVE DETAILS _____

DRIVING EXPERIENCE Check Yes or No.

Class of Equipment	Circle Type of Equipment	Dates: From	To	APPROX # of Miles
STRAIGHT TRUCK ___ YES ___ NO	(VAN,TANK,FLAT, DUMP, REFER)	___/___	___/___	_____
TRACTOR & SEMI-TRAILER ___ YES ___ NO	(VAN,TANK,FLAT, DUMP, REFER)	___/___	___/___	_____
TRACTOR TWO TRAILERS ___ YES ___ NO	(VAN,TANK,FLAT, DUMP, REFER)	___/___	___/___	_____
TRACTOR THREE TRAILERS ___ YES ___ NO	(VAN,TANK,FLAT, DUMP, REFER)	___/___	___/___	_____
MOTORCOACH SCHOOL BUS ___ YES ___ NO	(VAN,TANK,FLAT, DUMP, REFER)	___/___	___/___	_____
OTHER _____				

LIST ALL STATES OPERATED IN FOR THE PAST 5 YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

LIST COURSES & TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION _____

EDUCATION: CIRCLE HIGHEST GRADE COMPLETED: HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____ CITY, STATE _____

TO BE READ AND SIGNED BY APPLICANT

This certifies 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.

Signature: _____ Date: _____

EXPERIENCE AND QUALIFICATIONS - OTHER

Show any trucking, transportation or other experience that may help in your work for this company

List courses and training other than shown elsewhere in this application

List special equipment or technical material you can work with (other than those already shown)

TO BE READ AND SIGNED BY APPLICANT

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 an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquires 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 understand, also, that I am required to abide by all rules and regulations of the company.

I understand that I have the right to: Review information provided by previous employers, have errors in the information corrected by previous employers and, for those previous employers, to resend the corrected information to the prospective employer.

I further understand that I can submit a written rebuttal to the previous employer when an agreement cannot be reached on whether information provided to the prospective employer is erroneous.

Date

Applicant's Signature

REQUEST FOR CHECK OF DRIVING RECORD

By signing the Fair Credit Reporting Disclosure Act below I hereby authorize the release of the driving record(s) to LONE STAR MILK TRANSPORT for the purposes of fulfilling the requirements of the FMCSR.

Applicants Name

Address

Date of Birth

Social Security Number

Drivers License Number

State of Issuance

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508 as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, any previous criminal history, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Applicant's Printed Name

Social Security Number

PLEASE JUST SIGN AND DATE NEXT PAGE AT BOTTOM

Lone Star Milk Transport

2716 Commerce St. Wichita Falls, TX 76301
 940-285-6309 Ext. 1272 800 701-7919
 Fax: 940-761-5848

Employer _____

Name of Applicant _____

Phone _____

Fax _____

Dates of Employment/Contract _____

Social Security Number _____

The above mentioned individual has completed an application for employment with our company. In accordance with the DOT regulations, we are requesting verification of his/her past work history with you. We have attached a copy of the individual's signature authorizing any information to be released from your files. If you have any questions, please do not hesitate to call. We thank you for your promptness and cooperation in this matter.

PREVIOUS EMPLOYER-Please fill out:

Are you a DOT regulated entity that is required to abide by Hours of Service Regulations? YES NO

Dates of Employment/Contract: _____ Position: _____

Types of Equipment Operated: _____ Number of States: _____

DRUG & ALCOHOL

Alcohol Screens .04% or Greater? YES NO
 Tested Positive for Controlled Substance? YES NO
 Ever Refuse Drug or Alcohol Testing? YES NO

ACCIDENTS

of Preventable Accidents: _____ # of Non-Preventable Accidents: _____

Accidents Details: _____

Date: _____ City & St _____ # of Injuries _____ # of Fatalities _____ Hazmat Release _____
 Date: _____ City & St _____ # of Injuries _____ # of Fatalities _____ Hazmat Release _____

WORK HISTORY

SATISFACTORY _____ UNSATISFACTORY _____

If Unsatisfactory, please explain: _____

Reason for leaving: _____

Eligible for Rehire/Contract ? YES NO

If no, please explain: _____

CONTACT INFORMATION

Name of Person replying and department: _____ Date: _____

APPLICANT: please read the following statement, sign and date.

STATEMENT OF UNDERSTANDING

I understand that the information in this form will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 and allowed by sections 383.35 of the Motor Carrier Safety Regulations. I will complete an application complying with federal DOT requirements. I authorize release of any information required by 49 CFR 382.413, including but not limited to any information related to my alcohol and controlled substances testing and training records by any former employers and hold them harmless of any liability from release of said information.

SIGNATURE: _____

DATE: _____

1st Attempt Initials _____
 Date: _____
 Spoke With: _____
 Action: _____

2nd Attempt Initials _____
 Date: _____
 Spoke With: _____
 Action: _____

3rd Attempt Initials _____
 Date: _____
 Spoke With: _____
 Action: _____



**RELEASE OF CDL HOLDER'S REPORTED
POSITIVE ALCOHOL OR CONTROLLED
SUBSTANCE TEST RESULTS**



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

1. This form must be completed in full and include the driver's original signature.
2. Deliver, mail or FAX the completed form to:

**Texas Department of Public Safety
Motor Carrier Bureau, MSC# 0522
6200 Guadalupe, Building P
Austin, Texas 78752-4019
Facsimile: 512-424-5310**

I, _____
Print Name of CDL Holder

of _____
Print Address of CDL Holder

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law

to _____ Lone Star Milk Transport
Print Name

of _____ 2716 Commerce St. Wichita Falls, TX 76301
Print Address

Driver License Number: _____ State: _____ Date of Birth: _____

Signature of Driver:

Date:

X

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address: <http://www.txdps.state.tx.us/forms/index.htm>.

MOTOR VEHICLE RECORD DISCLOSURE AND RELEASE FORM

In connection with my ongoing employment or my application for employment, should I have or secure a position with Lone Star Milk Transport/Bullseye Transport, I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such reports will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the above mentioned information to Lone Star Milk Transport/Bullseye Transport, or its agent.

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. **Bullseye Transport/Lone Star Milk Transport's commercial auto insurer and agent will also use the information in conjunction with loss control and safety review efforts.**

Full Legal Name (include middle initial)

Social Security

Drivers License Number

State of Issuance

Date of Birth

Signature

Date

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Lone Star Milk Transport ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Lone Star Milk Transport ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015