



**Lone Star Milk Transport**  
AN EQUAL OPPORTUNITY EMPLOYER

**APPLICATION FOR EMPLOYMENT**

We are an equal opportunity employer and do not discriminate in employment practices on the basis of race, color, age, religion, sex, national origin, citizenship, disability, marital status, veteran status or any other protected status.

THIS APPLICATION IS GOOD FOR SIXTY (60) DAYS AND ONLY FOR THE POSITION SET FORTH BELOW. CONSIDERATION FOR EMPLOYMENT AFTER SIXTY (60) DAYS OR FOR ANOTHER POSITION REQUIRES A NEW APPLICATION.

Position Desired: \_\_\_\_\_

**Personal**

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

ADDRESS: (Street) (City) (State) (Zip Code) PHONE NUMBER: \_\_\_\_\_

POSITION FOR WHICH YOU ARE APPLYING FOR: \_\_\_\_\_

SOCIAL SECURITY NUMBER: DRIVER'S LICENSE NUMBER E-MAIL ADDRESS: \_\_\_\_\_

HAVE YOU EVER APPLIED BEFORE OR BEEN EMPLOYED BY THE COMPANY BEFORE?

YES  NO If yes, please list jobs, dates, rate of pay, and reason for leaving?

HAVE YOU EVER BEEN CONVICTED OF (INCLUDING GUILTY PLEA, VERDICT, OR OTHER FINDING OF GUILT REGARDLESS OF WHETHER A SENTENCE WAS IMPOSED) OR PLED NO CONTEST TO A FELONY OR MISDEMEANOR?

YES  NO

IF YES, EXPLAIN IN DETAIL.

(Conviction of a crime will not necessarily be a bar for employment. Factors such as age at the time of the offense, type of offense, remoteness of the offense in time, and rehabilitation will be taken into account in determining effect on suitability for employment.)

1. ARE YOU 18 YEARS OF AGE OR OLDER?  
 YES  NO

2. ARE YOU LEGALLY ENTITLED TO WORK IN THE U.S.?  
 YES  NO  
(If hired, you will be required to comply with the verification provisions of the Immigration Act as a condition of employment.)

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**Education****Name and Location of School:****Dates Attended:****Degree:**

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HIGH SCHOOL

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COLLEGE

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GRADUATE SCHOOL

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TECHNICAL/CLERICAL OR OTHER JOB RELATED SKILLS: (TO INCLUDE EQUIPMENT AND MACHINES)

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**Employment History** Begin with your **present** experience and **work backward** in order listing all of your employers, and other training programs, periods of military service, self-employment, and periods of unemployment for the last 10 years. All time must be accounted for. Use supplementary sheets if needed. Fill in all blanks. If discharged from any job, please explain.

ARE YOU EMPLOYED NOW?  YES  NO IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER?  YES  NO  
If NO, EXPLAIN WHY:

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**I. COMPANY:**TYPE OF BUSINESS/INDUSTRY:

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ADDRESS:

PHONE NUMBER:

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POSITION HELD:	EMPLOYED (Month & Year)	ANNUAL/MONTHLY/WEEKLY/HOURLY SALARY/WAGE
	FROM To	Beginning Ending

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NAME OF SUPERVISOR AND DESCRIPTION OF YOUR DUTIES:

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REASON(s) FOR LEAVING OR CONSIDERING CHANGE:

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**II. COMPANY:**TYPE OF BUSINESS/INDUSTRY:

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ADDRESS:

PHONE NUMBER:

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POSITION HELD:	EMPLOYED (Month & Year)	ANNUAL/MONTHLY/WEEKLY/HOURLY SALARY/WAGE
	FROM To	Beginning Ending

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NAME OF SUPERVISOR AND DESCRIPTION OF YOUR DUTIES:

---

REASON(s) FOR LEAVING OR CONSIDERING CHANGE:

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**III. COMPANY:**TYPE OF BUSINESS/INDUSTRY:

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ADDRESS:

PHONE NUMBER:

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POSITION HELD:	EMPLOYED (Month & Year)	ANNUAL/MONTHLY/WEEKLY/HOURLY SALARY/WAGE
	FROM To	Beginning Ending

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NAME OF SUPERVISOR AND DESCRIPTION OF YOUR DUTIES:

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REASON(s) FOR LEAVING:

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**IV. COMPANY:**

TYPE OF BUSINESS/INDUSTRY:

---

ADDRESS:

PHONE NUMBER:

---

POSITION HELD:

EMPLOYED (Month & Year)

ANNUAL/MONTHLY/WEEKLY/HOURLY SALARY/WAGE

FROM

To

Beginning

Ending

---

NAME OF SUPERVISOR AND DESCRIPTION OF YOUR DUTIES:

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REASON(s) FOR LEAVING:

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**DID YOU EVER WORK FOR ANY OF THESE EMPLOYERS UNDER A DIFFERENT NAME?**     YES     NO

If yes, which employer(s) and under what name(s)?

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**HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN?**     YES     NO    If yes, please explain (include by whom, when and for what):

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**LIST ADDITIONAL BUSINESS REFERENCES**

NAME	ADDRESS	POSITION	PHONE

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**GENERAL**

WHAT STARTING SALARY WILL YOU CONSIDER?    WHEN WILL YOU BE AVAILABLE TO EMPLOYMENT?

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ARE YOU WILLING TO TRAVEL?

IF YES, TO WHAT EXTENT?

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ARE YOU WILLING TO RELOCATE?

LOCATION PREFERENCES/RESTRICTIONS:

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ARE YOU WILLING TO WORK EXTENDED HOURS?    OVERTIME?

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If you would like to provide additional information about yourself, you may do so here, or attach to this application a resume, certificates or training, transcripts, or other information you feel may better depict your qualifications.

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**EMPLOYMENT APPLICATION CERTIFICATION**

**PLEASE READ CAREFULLY**

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE COMPANY**

**I HEREBY CERTIFY that the facts and information given by me in this Application for Employment are true and complete in all respects. I understand and agree that if any of the facts or information is found to be false, misleading or incomplete (in the exclusive judgment of the Company) I may be disqualified from consideration for employment or subject to immediate termination at any time during my employment.**

I AUTHORIZE the Company and its agents, in making this Application for employment, to investigate all information furnished in the Application. I hereby authorize all individuals and organizations named or referred to in the Application, and any law enforcement organizations to give the Company or its designee any and all information that relates to or is requested during the Company's investigation and I hereby release those individuals, organizations and the Company, its employees and its agents from any and all liability for any claim or damage resulting there from. I agree to furnish any supporting documentation that the Company requires.

I ACKNOWLEDGE that I have completed the Notification and Authorization to Conduct Background Investigation form that may be used by Lone Star Milk Transport for the purpose of evaluating me for employment.

I AGREE, if hired, to submit, at any reasonable time during my employment, and without notice, to a drug and/or alcohol-screening test. I understand that refusal to take a requested drug and/or alcohol screening test may result in discharge. I further understand that, if employed, a positive test result may also result in immediate discharge.

I AGREE, if hired, to wear or use protective clothing or devices as required to fully comply with all relevant safety rules. If hired, I agree to conform with all rules and regulations.

I UNDERSTAND AND AGREE that nothing in this Application for Employment or in the interview process is intended to be a promise of employment or to create an employment contract for a specified period of time. I further understand and agree that, if hired, my employment is of an "at will" nature, is for no definite period and may be terminated by the Company or me at any time with or without notice or cause. I further understand that this "at will" employment relationship may not be changed except by a written agreement signed by an authorized executive of the Company.

**I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE FOREGOING STATEMENTS.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## Voluntary Disclosure Form

As a means of complying with regulations stated in 29 CFR 1602.13 for Equal Employment Opportunity report requirements we request employees to voluntarily submit information related to their ethnic/race and gender. This confidential information is used only by the Human Resources Department and only to complete the Company's EEO-1 Report. **Submission of the information below is entirely voluntary and refusal to provide it will not adversely affect your employment status in any way.** Information you submit will be kept confidential, except as may be otherwise required by law or governmental reporting requirements.

Name: \_\_\_\_\_

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

### Please check the appropriate boxes

I **do not** wish to furnish the information requested below.

1. What is your gender?

MALE

FEMALE

2. Are you Hispanic or Latino?  Yes  No

3. If your answer to Question 2 was "No", please identify your race:

AMERICAN INDIAN/ALASKAN NATIVE (Not Hispanic or Latino). Persons having origins in any of the original people of North America and South America (including Central America) and who maintain tribal affiliation or community attachment.

BLACK or AFRICAN AMERICAN (Not Hispanic or Latino). Persons having origins in any of the Black racial groups of Africa.

HISPANIC or LATINO. Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

NATIVE HAWAIIAN OR PACIFIC ISLANDER (Not Hispanic or Latino). Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

WHITE (Not Hispanic or Latino). A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

Two or more races (Not Hispanic or Latino). All persons who identify with more than one of the above five races.



## Notification and Authorization To Conduct Background Investigation

I hereby authorize Lone Star Milk Transport or its agents to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, including, but not limited to a credit check, driver's license history, educational background, military record, criminal records and more through and investigative or credit agency or bureau of your choice I authorize the release of this information by the appropriate agencies to the investigating service. I understand that this may include a workers compensation claims search after a conditional job offer has been made. I also understand that I may be required to take a drug test before or during employment.

This authorization, in original or copy form shall be valid for this and for any future reports and updates that may be requested.

### PLEASE PRINT CLEARLY

FULLNAME: \_\_\_\_\_ SSN: \_\_\_\_\_

OTHER NAMES OR SSN USED: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
Street City State Zip

PHONE: (\_\_\_\_) \_\_\_\_\_

LIST ALL ADDRESSES FOR PAST 7 YEARS: (show others on back and check here \_\_\_\_\_)

\_\_\_\_\_ DATES \_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_ DATES \_\_\_\_\_  
Street Address City State Zip

DRIVER'S LIC. # \_\_\_\_\_ STATE \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
(DOB is optional and is only used for identification purposes in screening inquiries)

\*\*\*MAY WE CONTACT YOUR CURRENT EMPLOYER? \_\_\_\_\_ YES \_\_\_\_\_ NO

\*\*\*HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_ YES \_\_\_\_\_ NO

This includes but is not limited to pleas of guilty, nolo contendere, no contest, adjudication withheld, and pretrial intervention programs. If YES show details including date, charge, county, disposition on rear.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

