

PREVIOUS WORK HISTORY CONTINUED

Employer: _____
Address: _____
City: _____ ST: _____ Zip: _____
Phone: _____ Fax: _____
Position Held: _____ From: _____ To _____
Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No

Employer: _____
Address: _____
City: _____ ST: _____ Zip: _____
Phone: _____ Fax: _____
Position Held: _____ From: _____ To _____
Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No

Employer: _____
Address: _____
City: _____ ST: _____ Zip: _____
Phone: _____ Fax: _____
Position Held: _____ From: _____ To _____
Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No

Employer: _____
Address: _____
City: _____ ST: _____ Zip: _____
Phone: _____ Fax: _____
Position Held: _____ From: _____ To _____
Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No

PREVIOUS WORK HISTORY

All driver applicants in order to drive in interstate commerce per FMCSR 383.35 must provide employment history on ALL employers during the past 10 years. Regulations require Lone Star Milk Transport to contact all previous employers of the past 3 years for previous employment verification. List complete mailing address, city, state, zip code, contact #'s. Start with your most current employer, list and explain any gaps in employment.

Employer: _____
Address: _____
City: _____ ST: _____ Zip: _____
Phone: _____ Fax: _____
Position Held: _____ From: _____ To _____
Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No

Employer: _____
Address: _____
City: _____ ST: _____ Zip: _____
Phone: _____ Fax: _____
Position Held: _____ From: _____ To _____
Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No

Employer: _____
Address: _____
City: _____ ST: _____ Zip: _____
Phone: _____ Fax: _____
Position Held: _____ From: _____ To _____
Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No

Employer: _____
Address: _____
City: _____ ST: _____ Zip: _____
Phone: _____ Fax: _____
Position Held: _____ From: _____ To _____
Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No

ACCIDENT RECORD FOR THE PAST 3 YEARS (Personal and Commercial Vehicle) (attach sheet if more space is needed) If None, Write None

Month / Year	Nature of Accident	Fatalities or Injuries	Personal or Commercial	Hazmat Spill Yes/No

TRAFFIC CONVICTIONS AND FOREFEITURES FOR PAST 3 YEARS (Other than parking violations) If None, Write None

Month/Year	Location	Charge	Penalty

DRIVING EXPERIENCE Circle Yes or No

Class of Equipment	Yes/No	Circle Type of Equipment	Dates:		APPROX # of Miles
			FROM:	TO:	
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			
Motor Coach/School Bus	Yes/No	Van, Tank, Flat, Dump, Refer			

- 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
- C. Have you ever been disqualified for violations of the FMCSR? YES NO
- D. Do you currently hold a valid Class A CDL? YES NO Check CDL Endorsements: Double/Triple Tanker Hazmat

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

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: _____

Memorandum of Understanding
(To be Read and Signed by Applicant)

I agree and understand that Lone Star Milk Transport (LSMT) and or its agents may investigate my safety performance and history, driving record, background and employment history to ascertain any and all information pertaining to my record, whether the same is of record or not. I release Lone Star Milk Transport, employers and persons named herein from all liability for any and all damages resulting from the furnishing and release of such information. I understand that that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.12(d)and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to Lone Star Milk Transport,
- 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.

I understand and agree that this application for employment does not obligate LSMT to employ me, and that any interviews granted may be at my expense. Once a contingent offer of employment has been made, I agree to furnish any additional information and/or submit to oral, written, or physical examinations, including testing for the presence of controlled substances, bonding and pre-employment processing as may be required to complete the employment file.

In consideration of my employment, I agree to conform to the rules and regulation of LSMT. I understand and agree that should I become employed by LSMT, I will be an employee at will. My employment can be terminated, with or without notice, at any time, with or without cause, at the option of either LSMT or myself.

I understand that any misrepresentation, omission, or false statement by me in this application, in any supplement thereto, or on any other corporate records including those used in connection with LSMT drug testing procedures, will be sufficient grounds for not employing me and may result in dismissal without notice at any time during my employment.

I also acknowledge that LSMT may continue to investigate my background if I am hired, and that my employment may be terminated if that investigations s=determines that I do not meet LSMT hiring criteria. I agree that should I become employed by LSMT for a DOT position, I will meet the qualifications of the Department of Transportation, or my employment can be terminated.

My signature below certifies that this application was completed by me, the undersigned, and that all entries and information submitted are true and accurate to the best of my knowledge. I further acknowledge that I have read the foregoing and fully understand and agree to the same.

Signature of Applicant

Printed Name of Applicant

Date

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 requirement of the FMCSR.

Applicant's Name

Address

City, ST, Zip

Date of Birth

Social Security Number

Driver's License

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, and 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



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, Email or FAX the completed form to:
Texas Department of Public Safety
Motor Carrier Bureau, MSC #0521
6200 Guadalupe, Building P
Austin, Texas 78752-4019 / Facsimile: 512-424-5310

Check here if CDL Holder is requesting results on self

Email: MCB.VPR@dps.texas.gov

 Print Name of CDL Holder Phone Number

 Print full Address, City, State and Zip Code of CDL Holder Social Security #

Driver License Number of CDL Holder _____ State _____ Date of Birth _____

authorize release of any and all of CDL holder's reported positive alcohol or controlled substance test results reported under Texas state law to

 Lone Star Milk Transport (800) 701-7919
 Print Motor Carrier's Name Phone Number

2716 Commerce St, Wichita Falls TX 76301

 Print full Address, City, State and Zip Code of Motor Carrier

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 to secure a position with Lone Star Milk 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, 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. 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

Driver's License

State of Issuance

Date of Birth

Signature

Date



Lone Star Milk Transport

2716 Commerce St. Wichita Falls, TX 76301

940-285-6309 Ext. 1272 800 701-7919

Fax: 940-761-5848

SECTION 1: PREVIOUS EMPLOYEE INFORMATION AND RELEASE

NAME: _____ SOCIAL SECURITY #: _____

Employment Date: _____ Employer Phone #: _____

I hereby authorize _____ to release the below information to Lone Star Milk Transport for the purpose of investigation and qualifying me to drive a commercial motor vehicle, including to employment drug test results. You are required by the U.S. DOT and Federal Motor Carrier Safety Regulations 49 CFR Parts 40, 382, 391 to furnish this information. You are hereby released from and all liability that may result from furnishing such information. Your quick response to this request is greatly appreciated.

SIGNATURE: _____ DATE: _____

SECTION 2: PREVIOUS EMPLOYEE WORK HISTORY (to be completed by past employer)

Dates of Employment-From _____ to _____ Job Title: _____
 Did this employee drive a motor vehicle? Yes No
 Type of Equipment operated: _____
WORK HISTORY - Satisfactory or Unsatisfactory Eligible for Rehire? Yes No
 If no or unsatisfactory, please explain: _____

SECTION 3: SAFETY PERFORMANCE HISTORY PER 49 C.F.R.391.23 (2)

Was the employee a safe and efficient driver? Yes No
 Was the employee involved in accidents in the past three years? Yes No
 If yes, were any accidents preventable?
 Accident Details: _____
 Date: _____ City/St: _____ # of injuries: _____ # of Fatalities: _____
 Date: _____ City/St: _____ # of injuries: _____ # of Fatalities: _____

SECTION 4: PREVIOUS DRUG AND ALCOHOL RESULTS PER 48 C.F.R. 40.25

Was this employee in a DOT controlled substance testing program with your company? Yes No
 Did the employee have a verified positive test result? Yes No
 Did the employee refuse to be tested? Yes No
 Did the employee have other violations of DOT agency drug and alcohol testing regulations? Yes No
 Did any previous employers report any drug or alcohol rule violations to you? Yes No
 Did any previous employers report any drug and alcohol rule violations to you? Yes No

Previous Employer Signature: _____ Date: _____

1 st Attempt	Initials	2 nd Attempt	Initials	3 rd Attempt	Initials
Date: _____		Date: _____		Date: _____	
Spoke With: _____		Spoke With: _____		Spoke With: _____	
Action: _____		Action: _____		Action: _____	

**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