



5801 Martin Luther King Boulevard, Lubbock, TX 79404

EMPLOYMENT APPLICATION FOR COMMERCIAL DRIVER

Applicant: Read and sign before submitting this application.

Our policy is to seek highly qualified Team Members and to select without regard to race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information.

It is understood that the information in this application will be used and that present and prior employers will be contacted for purposes of investigation as required by 391.23 of the 49 CFR Federal Motor Carrier Safety Regulations. In accordance with 391.23(i) & 391.23 (i)(2), upon written request, you have the right to review any investigation report received from a previous employer within the last three years, to have erroneous information corrected by the previous employer and rebut erroneous information a previous employer declines to change. It is agreed and understood that Llano may investigate my background to ascertain any and all information of concern whether same is of record or not, and I release past and present employers and persons named herein from all liability for any damages on account of his/her furnishing such information.

Applicants Signature _____

Date _____

First Name

Middle Name

Last Name

Email Address

Home Telephone Number

Mobile Telephone Number

Social Security Number

Date of Birth

Have you ever worked for The United Family? (includes Albertsons Market, United, United Express, Market Street, Amigos, Llano, RC Taylor or Praters). Yes No If yes, when, where and name of Manager/Immediate Supervisor: _____

Do you have any relatives employed by Llano? Yes No If yes, name and relationship _____

How did you hear about Llano? Walk in Friend/Relative Building/Road Sign Advertisement Employment Agency Team Member Referral Other If referred, by whom? _____

Only United States citizens or aliens legally entitled to work in the United States are eligible for employment. Can you, upon employment, submit documentation verifying your identity and your legal right to work in the United States? Yes No

Did you serve in the U.S. Armed Forces? Yes No Branch _____ Discharge date _____

Have you ever been convicted, pled guilty or no contest, or received deferred adjudication or probation for one or more of the following:

- 1) Any felony;
- 2) Any crime involving violence, bodily injury or theft; OR
- 3) Any misdemeanor in the past 7 years, other than a minor traffic violation?

A conviction does not mean you will not be offered a job. The United Family will consider the offense in question, the circumstances surrounding the action and the date of the conviction as important factors in making a hiring decision.

Yes No If you answered yes, please provide details regarding the offense(s). _____

MUST ENTER ADDRESSES FOR PAST SEVEN (7) YEARS: Use additional sheets if necessary.

Present Address _____
Street City State Zip How Long?

Previous Address _____
Street City State Zip How Long?

Previous Address _____
Street City State Zip How Long?

Previous Address _____
Street City State Zip How Long?

EDUCATION:

High School
Name of School _____ Graduate? _____ Year finished _____

College
Name of School _____ Graduate? _____ Year finished _____

Type of course (s) or degree _____

Other training or technical schools _____

EMPLOYMENT HISTORY

GIVE A COMPLETE RECORD OF ALL EMPLOYMENT DURING THE PAST TEN (10) YEARS

List all employers starting with the most recent and work backwards, listing your employers for at least ten years, including all part-time, full-time and self-employment. Use additional sheets if necessary.

Employer _____ Supervisor Name/Title _____

Company Address _____ Company Phone _____

Employed (month and year) From _____ To _____ Rate of pay _____

Job title and duties _____ Reason for leaving _____

While employed were you subject to the Federal Motor Carrier Safety Regulations? Yes No

Was this position DOT regulated and subject to alcohol and controlled substance testing as required by 49 CFR Part 40? Yes No

Employer _____ Supervisor Name/Title _____

Company Address _____ Company Phone _____

Employed (month and year) From _____ To _____ Rate of pay _____

Job title and duties _____ Reason for leaving _____

While employed were you subject to the Federal Motor Carrier Safety Regulations? Yes No

Was this position DOT regulated and subject to alcohol and controlled substance testing as required by 49 CFR Part 40? Yes No

Employer _____ Supervisor Name/Title _____

Company Address _____ Company Phone _____

Employed (month and year) From _____ To _____ Rate of pay _____

Job title and duties _____ Reason for leaving _____

While employed were you subject to the Federal Motor Carrier Safety Regulations? Yes No

Was this position DOT regulated and subject to alcohol and controlled substance testing as required by 49 CFR Part 40? Yes No

List all Driver's Licenses or permits that have been active within the last three (3) years. List your current license first.

State	License Number	Type/Class	Expiration Date

List all driving experience.

Class of Equipment	Type of Equipment (Trailer)	Dates of Experience	Approximate Total Miles

List any safe driving awards earned _____

List all traffic convictions and forfeitures for the past three (3) years, including DOT roadside violations.

Date	Location (City, State)	Charge	Penalty

List all motor vehicle accidents, both personal and professional, in which you were involved during the past five (5) years.

Date	Location (City, State)	Type Vehicle Driven	Nature of Accident	Preventable Yes/No	Injuries/Fatalities Yes/No

GENERAL

Have you ever been bonded? Yes No If yes, for what company? _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

Has any license or privilege ever been suspended or revoked? Yes No

Have you ever been disqualified subject to any section of Federal Motor Carrier Safety Regulations? Yes No

Have you ever been suspended, discharged, or released from any job? Yes No

PERSONAL CHARACTER REFERENCES – Please do not list relatives or former employers

Name	Telephone Number	Address	Occupation	Known for how long?

TO BE READ AND SIGNED BY APPLICANT AFTER COMPLETING APPLICATION

I certify the information on this application is accurate and subject to verification by Llano. I authorize such verification and release from liability any person giving or receiving such information. I understand that any misrepresentation or omission of facts or circumstances that would be detrimental to this application may be sufficient cause for preventing my being hired or for termination of my employment after hire.

This application does not constitute a contract of employment, nor is it or any provision in it part of any contract of employment, either expressed or implied. The employment relationship is “at will” in that either the employee or Llano may terminate the employment relationship at any time either with or without cause.

I authorize investigation of all statements contained in this application, personal history, financial, credit record, and criminal history as may be necessary in arriving at an employment decision. I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry may include information as to my character, general reputation, personal characteristics, and mode of living.

In connection with my application with Llano; I understand that an investigative consumer report is being requested from third party information providers that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Information will also be requested regarding my driving records from various state, federal and other agencies regarding previous driving record requests made by others from such agencies; state provided driving records and claims involving me in the files of insurance companies. I authorize, without reservation, any party or agency contracted by Llano, or other third party information services, to furnish the above mentioned information. I also understand and agree to subsequent driving record and criminal checks in the event I am hired.

I understand by written request I have the right to:

- Review information provided by my previous employers
- Have the right to request the nature and substance of all consumer reports on me at the time of the request, including the sources of the information and the recipients of any reports on me
- Have errors in the information corrected by the previous employer and for those previous employers to resubmit the corrected information to the prospective employer
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information

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

Applicant's Signature

Date Signed

DRUG & ALCOHOL TEST RESULTS, TREATMENT RECORDS & REFUSAL TO TEST HISTORY

APPLICANT: Please check yes or no in response to the following questions as required by 49 CFR Part 40.25.

In the past two years:

Have you had any DOT required alcohol tests with a result of 0.04 or higher alcohol concentration? Yes No

If you answered yes, please provide details _____

Have there been any situations in which you refused to test (including having an adulterated or substituted sample) to a **pre-employment** drug and/or alcohol test for a DOT employer? Yes No

If you answered yes, please provide details _____

Have there been any situations in which you tested positive on a **pre-employment** drug and/or alcohol test for a DOT employer that did not hire you? Yes No

If you answered yes, please provide details _____

Have you tested positive for **any** DOT required drug and/or alcohol tests? Yes No

If you answered yes, please provide details _____

Have there been any situations in which you refused to test (including having an adulterated or substituted sample) for **any** drug and/or alcohol test? Yes No

If you answered yes, please provide details _____

Have you had any other violation of DOT agency drug and/or alcohol testing regulations? Yes No

If you answered yes, please provide details _____

If you have violated a DOT drug and/or alcohol regulation, can you obtain or provide proof that you successfully completed DOT return to duty requirements (including follow-up tests)? Yes No Not Applicable

If you answered yes, please provide details _____

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

Applicant's Signature

Date Signed

MANDATORY USE FOR ALL ACCOUNT HOLDERS

IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE PSP ONLINE SERVICE

1. In connection with your application for employment with Llano Logistics (“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 decisions 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 decisions 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

2. I authorize Llano Logistics, (“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 consenting to 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.

3. 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 <http://dataqs.fmcsa.dot.gov>. If I am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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.

Applicant’s Name (please print)

Applicant’s Signature

Date Signed