



[jammierhea@onpointoperations.com](mailto:jammierhea@onpointoperations.com)

432-332-1068 or 432-381-4222

### Owner Operator/Driver New Hire Application

Applications may be submitted **Monday and Thursday ONLY**

All applicants must have the following before taking a drug test or MVR:

- CDL for 2 years
- Current medical card
- Social security card
- Current H2S card
- Current Fit Test
- PEC (Safeland Card)

Owner Operators must have the following for their truck and trailer:

- Current truck inspection
- Current 2290 (must have the watermark or stamp)
- Truck registration or title in Texas
- Current trailer inspection
- Current trailer registration

If you need one of the safety cards, you may contact Vico Safety Solutions at (432)335-5000 (You are responsible for the fees for these tests.)

H2S and Fit Test is offered M-F at 8:00am; 10am; 1:00pm; 3:00pm



# APPLICATION FOR EMPLOYMENT DOT APPLICATION FOR TRUCK DRIVERS

Motor Carrier: On Point Operations, LLC  
1280 E. FM 1787  
Odessa, TX 79766

**You must answer every question:** If any question does not apply to you, answer with Not Applicable (NA).

In compliance with local, state, and federal equal opportunity laws, qualified applicants are considered for all positions without regard to age, race, color, sex, sexual orientation, marital status, veteran status, or non-job related disability. Please advise in advance if you need any type of special accommodation to complete this application form or need to take any pre-employment test.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Circle type of driver operation desired: Dry Bulk Flatbed Hot Shot

### Applicant Information

Position(s) Applied For: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Apt. #, Lot #, etc.

City State Zip Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_  
CDL Number/State of Issuance

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street  
City State Zip

Years Experience as a CDL operator: \_\_\_\_\_

1. Do you have the legal right to work in the United States? Yes No

Only U.S. Citizens or aliens who have the legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity?

2. Have you ever been convicted of a misdemeanor or felony? Yes No

**Note:** A conviction will not necessarily disqualify you from employment. If "YES", please explain in space provided below.

3. Are you over 18 years of age? Yes      No
4. Date of Birth: \_\_\_\_\_ Can you provide proof of age? Yes      No  
Required for truck drivers
5. Have you ever applied for this company before? Yes      No
6. Are you employed now?      Yes      No      If No, How long since last employment? \_\_\_\_\_
7. Have you ever been fired or asked to resign by an employer? Yes      No

**Emergency Contact(s)**

Name:	Telephone Number:	Relationship:
Name:	Telephone Number:	Relationship:

**Education**

School	Print name of school, city, state & phone number for each school	Number of Years Completed	Degree	Major Course of Study

**Skills:** List any job-related skills, qualifications, education or information that support your application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In order to permit a check of your work and educational records, should we be made aware of any changes of name or assumed name that you previously used? Yes      No

If "YES", identify name(s) and relevant dates: \_\_\_\_\_

\_\_\_\_\_

Have you ever filed an application here before? Yes      No  
 If "YES", give Date: \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected: \_\_\_\_\_

**Military Service**

Are you a veteran of the U.S. Military Services? Yes      No

If "YES", what branch of Service? \_\_\_\_\_

Beginning date and ending date of active service: From: \_\_\_\_\_ (year/month) To: \_\_\_\_\_ (year/month)

Date of discharge from Military Service: \_\_\_\_\_

**References**

List three persons not related to you whom you have known at least one year:

NAME	ADDRESS & TELEPHONE NUMBER	OCCUPATION
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Previous Employment History**

**EMPLOYMENT HISTORY MUST BE COMPLETED BY TRUCK DRIVER APPLICANTS**

All driver applications to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional seven years (7) information on those employers for whom the applicant operated such vehicle.

(Note: List employers in reverse order starting with the most recent. Add another sheet as necessary).

Consent for On Point Operations, LLC, to contact previous employers. YES No

If answer is no please list reason for refusal to contact previous employer below.

Please List any Previous Employers you do not consent for On Point Operations, LLC. to contact and list reason for refusal.

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EMPLOYER:	DATE:	
NAME:	From: Mo. Yr.	To: Mo. Yr.
ADDRESS:	POSITION HELD:	
CITY:	SALARY/WAGE: \$	
CONTACT PERSON & PHONE NUMBER:	REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 40 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER:	DATE:	
NAME:	From: Mo. Yr.	To: Mo. Yr.
ADDRESS:	POSITION HELD:	
CITY:	SALARY/WAGE: \$	
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\*Includes vehicles having a GVWR of 26,001 lbs. or more; vehicles designed to transport fifteen (15) or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

^The Federal Motor Carrier Safety Regulations (FMCSR) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more; (2) is designed or used to transport nine (9) or more passengers; or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**MUST BE COMPLETED BY TRUCK DRIVER APPLICANTS**

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

	DATE	DETAILS	FATALITIES	INJURIES
LAST ACCIDENT				
PREVIOUS ACCIDENT				
PREVIOUS ACCIDENT				
PREVIOUS ACCIDENT				
PREVIOUS ACCIDENT				

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

DRIVER LICENSES	STATE	LICENSE NO.	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 to either A or B is yes, attach statement giving details.

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**Driving Experience**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES
		FROM	TO	(TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILER				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

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

WHICH SAFE OPERATING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**Previous Employment Pre-Employment Drug & Alcohol Statement**

- |   |     |    |
|---|-----|----|
| 1. Have you ever failed a DOT drug and/or alcohol test?   | Yes | No |
| 2. Have you ever refused to take a DOT drug and/or alcohol test?  | Yes | No |
| 3. Have you ever violated any other DOT drug and/or alcohol regulations?  | Yes | No |
| 4. In the past two years have you tested positive or refused to test, on any pre-employment drug or alcohol test, but did not get hired for a safety sensitive position as a result of the result or failure? | Yes | No |
| 5. If yes to any of the above questions, please provide proof that you have successfully completed the SAP evaluation.  |     |    |

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

**NOTICE TO APPLICANT**

This Employer complies with the Americans with Disabilities Act of 1990. During the interview process you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination. All information will be kept confidential and in separate files.

Applicants accepted for employment should clearly understand that while we make an effort to provide steady, continuous work, we have no employment contracts and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or Employer policies, conformity to our work rules, job performance, etc., and of course, employees may elect to leave of their own accord to seek other jobs.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to random blood tests and/or urinalysis screening for drug or alcohol use.

On Point Operations, LLC. provides a smoke-free work environment for its employees.



**APPLICANT'S STATEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of my background and all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others, and hereby release the Employer from any liability as a result of such contact and release all such persons or companies or corporations supplying information from all liability for all damages on account of supplying such information. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment or, if employed by the Employer, may result in the termination of my employment. I agree to furnish such additional information and complete such examinations as may be required to complete this application.

In consideration of my employment, I agree to conform to the rules and regulations of the Employer. I understand that my employment with the Employer is for no specific term, and that my employment, compensation, and benefits can be terminated, with or without cause, and with or without notice, at any time, for any reason, at the option of the Employer or myself.

I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Employee Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between the Employer and me.

The contents of any Employee Handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice.

I also understand that no manager, supervisor, or company representative(s) other than the Employer's two Directors, has any authority to enter into any employment agreement for any specified time period, or to make any oral or written agreement contrary to the foregoing.

I understand all notices to applicants above, and I agree to submit to testing for drug or alcohol use in accordance with the Employer's policies.

**TO BE READ AND SIGNED BY ALL 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 inquiries 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

*This application will remain active for thirty (30) days. Any applicant wishing to be considered for employment beyond thirty (30) days should reapply.*

\_\_\_\_\_  
  
This Employer is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, sexual orientation, religion, national origin, disability, veteran or marital status, or any other status or condition protected by applicant's federal or state statutes, except where a bona fide occupational qualification exists. Your opportunity for employment with the Employer depends solely upon your qualifications.

**Fair Credit Reporting Act – Disclosure**

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 1, of Public Law 104-208.) You are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record will be obtained on you for employment purposes with this company. These reports are required by sections 382, 413, 391.23 and 319.25 of the Federal Motor Carrier Safety Regulations.

Drivers Name: Last,                      First                      Middle Initial                      Social Security Number

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\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

**DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK**

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ of service of a common contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

(circle one)

Are you currently working for another employer?

Yes    No

At this time do you intend to work for another employer while

Still employed by this company?

Yes    No

I hereby certify that the information given above is true, and I understand that one I become employed with the company if I begin working for any additional company for compensation, I must inform the company immediately of such employment activity, log the hours worked, and maintain compliance with the HOS Rules.

Drivers Name: Last,                      First                      Middle Initial                      Social Security Number

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\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

# Motor Vehicle Driver's

## Certification of Compliance with Driver License Requirements

**MOTOR CARRIER INSTRUCTIONS:** The requirements in part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the states. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b) (2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**DRIVER CERTIFICATION:** I certify that I have read and understood the above requirements.

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

Notes \_\_\_\_\_