

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.

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: \$	
CONTACT PERSON & PHONE NUMBER:	REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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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.

Driving Experience

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
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

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

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: _____

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____
DATE EMPLOYED _____ POINT EMPLOYED _____
DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR
COMPANY REPRESENTATIVE

BELOW

SUPERIOR GOOD FAIR **AVERAGE** POOR WRITTEN RECORD ON FILE

- 1. APPLICATION
- 2. INTERVIEW
- 3. PAST EMPLOYMENT
- 4. WRITTEN EXAM
- 5. ROAD TEST
- 6. CRIMINAL AND TRAFFIC CONVICTIONS

	SUPERIOR	GOOD	FAIR	AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER: _____

Date: _____
