



***“We Live Here. We Deliver Here.”***

**EMPLOYMENT APPLICATION**

# Lone Star Overnight

1601 Headway Circle  
Austin, Texas 78754

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## APPLICANT INSTRUCTIONS/ INFORMATION

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<b>WE ARE AN EQUAL OPPORTUNITY EMPLOYER</b>
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Please print all information so it can be easily read. Be certain that all questions are **completely** answered. Incomplete applications will not be considered. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you. If you need additional space, you may use the back of the application. This application form is intended for use in evaluating your qualifications for employment. This is not a contract for employment.

Employment decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training, work experience, and driving record (if job requires driving.) Credentials and experience will be verified through schools, former employers, and any other applicable sources. As an Equal Opportunity Employer, we make decisions to hire and promote without regard to race, color, creed, national origin, sex, physical or mental disability (unrelated to ability to do the job), or age (as defined by law).

You should understand that the position for which you are applying is considered at-will, which means that either you or the company can terminate employment for any reason or no reason at any time.

Our Texas locations are a voluntary non-subscriber to Workers' Compensation of Texas, pursuant to Article 8308, V.A.C.S. Oklahoma locations are subscribers to Oklahoma Workers Compensation.

This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are accepted at that time.

I understand that passing a drug screen is required prior to employment. If I receive a conditional job offer, I understand that for certain jobs (Couriers, Linehaul, and all Operations Managers) I will be required to pass a DOT physical examination and an eye exam. I have been advised that in order to perform the job of Courier I must be able to lift up to 75 pounds without assistance, and be able to maneuver up to 150 pounds with the aid of a two wheeler (dolly).

I will authorize the Company to conduct a background check. (Any conviction within the past seven (7) years for what the company considers to be business related, including but not limited to DWI, may be cause for disqualification.) I also agree to notify **Lone Star Overnight**, immediately if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust, while my application is pending or during my period of employment, if hired.

I understand that for all driving related positions, employment is conditional upon my driving record being acceptable to Company standards. I may have no more than one moving violation, zero (0) at fault accidents on my motor vehicle report (MVR) in the past three (3) years and zero (0) DWI's, or DUI's on my motor vehicle report (MVR) in the past seven (7) years. If there are any accidents listed on my MVR, I must provide, at my own cost, a police report clearing me of any liability connected with the accident.

I authorize investigation of all information contained in this application (and accompanying resume, (if any) and release individuals, organizations and **Lone Star Overnight** ("the Company") from any and all liability arising from such an investigation.

I authorize persons, schools, my current (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

If employed, I agree that I will not divulge to others at any time during employment, or thereafter, any confidential information obtained during the course of my employment including, but not limited to, operational procedures used by the Company, names of customers or any information about customers, pricing policies, employment policies, or any other information which is not readily available to the general public.

I have read and understood the above information.

Signature\_\_\_\_\_Date\_\_\_\_\_

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## APPLICATION FOR EMPLOYMENT

(Please Print)

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ (Cell) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ email address: \_\_\_\_\_

Position(s) Desired: \_\_\_\_\_ Date: \_\_\_\_\_

Availability: ☐ Full Time ☐ Part Time A.M. ☐ Part Time P.M. ☐ Any Shift

On what date would you be available to start work? \_\_\_\_\_

Are you over 18 years of age? ☐ Yes ☐ No

If you are under 18 years of age, can you provide proof of your eligibility to work? ☐ Yes ☐ No

Are you 21 years of age or over? (Courier only) It is a Company policy that all drivers are at least 21 years of age.

☐ Yes ☐ No ☐ N/A

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

☐ Yes ☐ No

If you are physically or otherwise unable to perform the duties of the job for which you applying, please explain:

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

☐ Yes ☐ No

*Proof of citizenship or immigration status will be required upon employment.*

Can you travel if a job requires it?

☐ Yes ☐ No

### Criminal History

For purposes of employment with **Lone Star Overnight** "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution.

Have you ever been convicted, pled guilty or no contest to a **misdemeanor** offense? ☐ Yes ☐ No

City/State \_\_\_\_\_ Charge \_\_\_\_\_ Disposition \_\_\_\_\_

Please explain \_\_\_\_\_

Have you ever been convicted, pled guilty or no contest to a **felony** offense? ☐ Yes ☐ No

City/State \_\_\_\_\_ Charge \_\_\_\_\_ Disposition \_\_\_\_\_

Please explain \_\_\_\_\_

*Conviction of a felony will not necessarily bar you from employment.*

### EDUCATION

Circle the highest grade completed in high school:

1   2   3   4   5   6   7   8   9   10   11   12

Name and location of school attended: \_\_\_\_\_

Did you graduate? ☐ Yes ☐ No

Name and location of college attended: \_\_\_\_\_

Did you graduate? ☐ Yes ☐ No Hours completed: \_\_\_\_\_

Post college education:

Name and location of graduate school: \_\_\_\_\_

Did you graduate? ☐ Yes ☐ No Graduate degree(s) obtained: \_\_\_\_\_

Name and location of vocational or business schools attended: \_\_\_\_\_

Did you graduate? ☐ Yes ☐ No

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**U.S. MILITARY SERVICE** (if ETS was within the last 10 years a DD214 may be required)

Branch of service \_\_\_\_\_ Date in service \_\_\_\_\_ Date out of service \_\_\_\_\_ Highest rank held \_\_\_\_\_

Special Training Courses completed: \_\_\_\_\_

## **EMPLOYMENT HISTORY FOR LAST TEN (10) YEARS**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, national origin, handicap or other protected status. If you do not have an employment history going back ten (10) years, include schools attended or other activity.

Are you currently employed?

☐ Yes ☐ No

May we contact your present employer?

☐ Yes ☐ No

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## **CURRENT OR MOST RECENT EMPLOYER:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Positions/Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

Reason for leaving \_\_\_\_\_

Were you subject to U.S. Department of Transportation's alcohol and controlled substances testing requirements and the Federal Motor Carriers Safety Regulations for this job listed? ☐ Yes ☐ No

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## **NEXT PREVIOUS EMPLOYER:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Positions/Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

Reason for leaving \_\_\_\_\_

Were you subject to U.S. Department of Transportation's alcohol and controlled substances testing requirements and the Federal Motor Carriers Safety Regulations for this job listed? ☐ Yes ☐ No

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## NEXT PREVIOUS EMPLOYER:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Positions/Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

Reason for leaving \_\_\_\_\_

Were you subject to U.S. Department of Transportation's alcohol and controlled substances testing requirements and the Federal Motor Carriers Safety Regulations for this job listed? ☐ Yes ☐ No

## NEXT PREVIOUS EMPLOYER:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Positions/Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

Reason for leaving \_\_\_\_\_

Were you subject to U.S. Department of Transportation's alcohol and controlled substances testing requirements and the Federal Motor Carriers Safety Regulations for this job listed? ☐ Yes ☐ No

## NEXT PREVIOUS EMPLOYER:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Positions/Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

Reason for leaving \_\_\_\_\_

Were you subject to U.S. Department of Transportation's alcohol and controlled substances testing requirements and the Federal Motor Carriers Safety Regulations for this job listed? ☐ Yes ☐ No

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## NEXT PREVIOUS EMPLOYER:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Positions/Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

Reason for leaving \_\_\_\_\_

Were you subject to U.S. Department of Transportation's alcohol and controlled substances testing requirements and the Federal Motor Carriers Safety Regulations for this job listed? ☐ Yes ☐ No

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Have you ever been terminated from employment? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Use this space to give us other information about your personal skills or qualities, work style, interpersonal ability or communication skills which would further qualify you for this job.

\_\_\_\_\_

\_\_\_\_\_

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## REFERENCES

Name three previous **supervisors/managers** that are familiar with your work capabilities. Do not list relatives or friends:

Name	Phone/ Address	Position	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List names of friends or relatives now employed by **Lone Star Overnight**.

\_\_\_\_\_

\_\_\_\_\_

I certify that answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentation, falsification, or omission of facts called for in this application may be cause for disqualification or dismissal at any time in the future.

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

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**Please complete the following  
section of the application if  
applying for:**

- **Courier**
- **Line Haul Driver**
- **Operations Management**

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## **DOT Section** **For Driving Positions Only**

*(Please Print)*

### **ACCIDENT RECORD AND TRAFFIC CONVICTIONS**

Include vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**Accident Record** for past 3 years or more (attach sheet if more space is needed) if none, write none.

Dates	Type of Vehicle	Nature of Accident (Head-on, rear-end, etc.)	Fatalities Yes / No	Injuries Yes / No
Last Accident				
Next Previous				
Next Previous				

List all violations of motor vehicle laws or ordinances (other than parking violations) of which you were convicted, forfeited bond, or collateral during the past three (3) years.

Location	Date	Charge	Penalty

(attach sheet if more space is needed)

### **Experience and Qualifications - Driver**

	State	License No.	Type	Expiration Date
Driver License				
Driver License				

- 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

Include a detailed explanation of the facts and circumstances for each denial, revocation or suspension.

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## **Driving Experience (if none, write none.)**

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor - Two Trailers				
Motorcoach - school bus				
Other				

## Driving Experience (cont.)

List states operated in for last five years. \_\_\_\_\_

\_\_\_\_\_

List special courses or training that will help you as a driver: \_\_\_\_\_

\_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

\_\_\_\_\_

## **EXPERIENCE AND QUALIFICATIONS - OTHER**

List any trucking, transportation, or other experience that may help in your work for this Company.

\_\_\_\_\_

\_\_\_\_\_

List courses and training other than those shown elsewhere in this application.

\_\_\_\_\_

\_\_\_\_\_

List special equipment or technical materials you can work with (other than those already shown).

\_\_\_\_\_

\_\_\_\_\_

## **DRUG TESTING**

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you have applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? ☐ Yes ☐ No

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## **YOUR RIGHTS REGARDING SAFETY PERFORMANCE HISTORY INFORMATION**

The information you provided on this application may be used, and your prior employers may be contacted, for the purpose of investigating your safety performance history information. Pursuant to Federal Motor Carrier Safety Regulations 49 CFR Sec. 391.23 (i) (1) you have the following rights with regard to the safety performance history information provided by your previous employers.

### **THE RIGHT TO REVIEW SAFETY PERFORMANCE RECORDS**

You have the right to review the records provided by your previous employers. You must make your request to review in writing and submit it to your prospective employer no later than thirty (30) days after employment begins or notification of employment is made. You will be provided with the records within five (5) business days of receipt of your written request. If the prospective employer has not received the records at the time of your request, then the five (5) day period to provide access will begin on the day the records are received from the previous employer. If you fail to arrange to pick up or receive the requested records within thirty (30) days of when they are first made available to you, then your right to review is considered waived.

### **THE RIGHT TO HAVE ERRONEOUS INFORMATION CORRECTED**

If you believe there is an error in the records, you have the right to have your previous employer correct the error. Send your request for correction to the previous employer that provided the records in question. The previous employer must either correct and forward the record to the prospective employer or notify you within fifteen (15) days of receiving your request that they do not agree the record is in error. If the previous employer corrects and forwards the record as requested, that employer must also retain the corrected information as part of your safety performances history record and provide it to subsequent prospective employers when requests for this information are received.

### **THE RIGHT TO REBUT DISPUTED INFORMATION**

If the previous employer does not agree that information in the records provided is in error, you may rebut the disputed information in writing and send it to the previous employer with instructions to include the rebuttal in your safety performance history file. Within five (5) business days of receiving your rebuttal, the previous employer must: forward a copy of the rebuttal to the prospective employer; append the rebuttal to your safety performance information and include it as part of the response for any subsequent investigating prospective employers for the duration of the three (3) year data retention requirement period. You may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

### **THE RIGHT TO REPORT FAILURES TO CORRECT ERRONEOUS INFORMATION**

You may report failures of a previous employer to correct information or include your rebuttal as part of the safety performance, to the Federal Motor Carrier Safety Administration by following procedures specified at 49 CFR Section 385.12.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Employer's Representative