



**LENORAH OPERATORS**  
**HOLDCO LLC**  
 5003 E HWY 158  
 MIDLAND, TX 79706  
 432-242-4400

**Employment Application**

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY:**

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Are you 23 years of age or older? YES NO

**NOTE: YOU MUST BE AT LEAST 23 YEARS OF AGE**

Are you a citizen of the United States? YES NO

Can you provide authorization to work in the U.S.? YES NO

Have you ever worked for this company? YES NO

If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES NO

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

**THIS COMPANY OPERATES 24/7 AND IN COMPLIANCE WITH THE STATE OF TEXAS HOURS OF SERVICE REGULATIONS. WE ALSO MANDATE THE USE OF PAPER LOG BOOKS AND PAPER VEHICLE INSPECTION REPORTS WHICH ARE REQUIRED ANY TIME OUR VEHICLES ARE IN USE. FAILURE TO COMPLY WILL RESULT IN IMMEDIATE TERMINATION.**

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES [ ] NO [ ] Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES [ ] NO [ ] Degree: \_\_\_\_\_

## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## 10 YEAR Employment per FMCS 391.21 (all employment last 3 years + last 7 years driving)

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

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

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**Address:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_  
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**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

## EXPERIENCE AND QUALIFICATION

The following information is required by the U.S. Department of Transportation, Section 391.21. Your application will not be considered if all information is not furnished.

### PAST DRIVING EXPERIENCE

If no experience within the last 3 years - check here [  ]

Description (hailed water, bulk sand, gravel)	Experience (2001 to 2003)	Type of Truck & Trailer (2002 Peterbilt & Tanker)

### ACCIDENT HISTORY FOR LAST 3 YEARS

If no accidents within the last 3 years - check here [  ]

Date (month/year)	Nature of Accident (head-on, read-end, failure to yield)	Explain Any Fatalities, Injuries or Loss of Cargo	At Fault (yes/no)

### MOTOR VEHICLE VIOLATIONS FOR LAST 3 YEARS

If no violations within the last 3 years - check here [  ]

Date Convicted (month/year)	Nature of Violation (Speeding, failure to yield etc.)	State of Violation (Texas, New Mexico etc.)	Penalty (Convicted, forfeited bond etc.)

## EXPERIENCE AND QUALIFICATION CONTINUED

The following information is required by the U.S. Department of Transportation, Section 391.21. Your application will not be considered if all information is not furnished.

### PREVIOUS RESIDENCY

Please furnish the addresses at which you lived during the past 3 years begin with most recent.

Address #	Street	City	State	Length of Residency

### DRIVERS LICENSE INFORMATION

Please furnish the issuing State, license number, and expiration of each unexpired Driver's License or permit that has been issued to you.

State	License Number	Expiration Date	Type & Class

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

If yes, please explain. \_\_\_\_\_

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

If yes, please explain. \_\_\_\_\_

### TO BE READ AND SIGNED BY APPLICANT

I authorize Lenorah Operators Holdco LLC to make such inquiries of my personal, previous employment, financial or medical history and other related matters as may be deemed necessary in arriving at an employment decision. 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 may result in termination. I understand also, that I am required to abide by all rules and regulations of Lenorah Operators Holdco LLC, the Federal Motor Carrier Safety Regulations and the Texas Transportation Code.

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

**NOTICE TO APPLICANT**

1. All information submitted will be considered in reviewing my application and is subject to investigation. I hereby authorize Lenorah Operators Holdco LLC to investigate all statements applicable, except as indicated.
2. I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that misrepresentation or omission of the facts called for is cause for dismissal upon discovery of such information.
3. If accepted for employment, I hereby agree to comply with the rules, regulations and policies of Lenorah Operators Holdco LLC.
4. I understand that Lenorah Operators Holdco LLC follows an employment-at-will policy, in that I or Lenorah Operators Holdco LLC may terminate my employment at any time, for any reason consistent with applicable State or Federal Law.

**PRE-EMPLOYMENT SUBSTANCE DETECTION CONSENT**

I understand that according to the Pre-employment Substance Detection program at Lenorah Operators Holdco LLC, I am required to submit a sample of my urine for chemical analysis prior to employment. I understand that this pre-employment substance detection will be conducted by a reputable outside physician and testing agency by a certified laboratory.

I consent freely and voluntarily to this request for pre-employment urine specimen. I hereby and herewith release Lenorah Operators Holdco LLC, their employees, agents and contractors from any liability whatsoever arising from this request to furnish a pre-employment urine sample, the testing of urine sample and the decisions made concerning my application for employment or continued employment based upon the results of these tests.

I understand a positive test for controlled substances, based on the urinalysis test, will disqualify me from employment and/or the operation of a commercial motor vehicle for Lenorah Operators Holdco LLC, and may be reported to the Department of Transportation by the independent Lab.

I understand that if the substance detection results are positive, I can request a second independent confirmatory test using the same specimen. The cost of this test will be borne by me.

I understand that the cost of a second independent confirmatory test can cost in excess of \$300.00.

I understand a document chain of specimen custody exists to ensure the identity and integrity of my sample throughout the collection and testing process. The Medical Review Officer will maintain the results of the urinalysis test. Negative and positive results will be reported to Lenorah Operators Holdco LLC.

I understand that if my employment is terminated for any reason with Lenorah Operators Holdco LLC within 90 days from the hire date, I am liable for the cost of the Pre-employment Substance Detection Urinalysis, which can be in excess of \$65.00.

**Disclaimer and Signature**

*I certify 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 have also read and understood the above Notice to the Applicant and the conditions for the Pre-Employment Urinalysis Consent Agreement.*

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