



## DRIVER EMPLOYMENT APPLICATION

Please complete the entire application.

### Employer Information

Employer: **One Cent Carriers, LLC**  
Address: 710 N. Post Oak Rd., Ste. 400P  
City/State/ZIP: Houston, TX 77024  
Telephone: 832-582-6262

It is the policy of **One Cent Carriers, LLC** to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

### Applicant Information

Applicant Full Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Number of years at this address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Driver's License (State/Number): \_\_\_\_\_

### Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Job Position Applied For: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

1. Are you at least 18 years old? \_\_\_\_ Yes \_\_\_\_ No
2. How will you get to work? \_\_\_\_\_
3. Are you willing to work any shift, including nights and weekends? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, please state any limitations:  
\_\_\_\_\_
4. If you are offered employment, when would you be available to begin work?  
\_\_\_\_\_
5. If hired, are you able to submit proof that you are legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

What reasonable accommodation, if any, would you request?  
\_\_\_\_\_

### **Applicant's Skills**

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

***(Check Yes or No to the following three questions)***

Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_ Y \_\_\_\_ N

Have you ever had a license, permit or privilege revoked or suspended? \_\_\_\_ Y \_\_\_\_ N

Have you ever been convicted of a felony? \_\_\_\_ Y \_\_\_\_ N

## **Applicant Employment History**

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ May we contact them? \_\_\_\_Y \_\_\_\_N  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ May we contact them? \_\_\_\_Y \_\_\_\_N  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

## **Applicant's Education and Training**

College/University Name and Address

\_\_\_\_\_

Did you receive a degree? \_\_\_\_ Yes \_\_\_\_ No If yes, degree(s) received: \_\_\_\_\_

High School/GED Name and Address

\_\_\_\_\_

Did you receive a degree? \_\_\_\_ Yes \_\_\_\_ No

Other Training (graduate, technical, vocational):

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Please indicate any current professional licenses or certifications that you hold:

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Awards, Honors, Special Achievements:

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Military Service: \_\_\_\_ Yes \_\_\_\_ No      Branch: \_\_\_\_\_

Specialized Training: \_\_\_\_\_

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### References

List any two non-relatives (business or professional) who will provide reference for you.

Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

7. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

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### **CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences immediate termination.

I authorize **One Cent Carriers, LLC** to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its President, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of **One Cent Carriers, LLC**, except in a specific written contract of employment signed on behalf of the organization by its President, has the power to alter or vary the voluntary nature of the employment relationship.

**I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.**

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Signature

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Date