



### Experience & Qualifications - Driver

Driver's License No.	State	Type	Expiration Date
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A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO			
B. Has any license, permit, or privilege ever been suspended or revoked? (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO			
<i>If the answer to either A or B is yes, please attach a statement giving details.</i>			

### Driving Experience

Class of Equipment	Type (Van, Tank, Flat, Etc)	From	To	Approximate Miles (Total)
Straight Truck				
Tractor & Semi Trailer				
Tractor & Two Trailers				
Other				

### Accident Record for the Past 3 Years or more

Date	Nature of Accident (rear-end, head-on, etc)	No. of Fatalities	No. of Injuries

### Traffic Convictions for the Past 3 Years (*other than parking violations*)

Location	Date	Charge	Penalty

As a prospective employer, we must ask any applicant for a driving position with our company whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, "safety-sensitive transportation work" (driving a commercial motor vehicle) during the past two years.

*Please initial next to "yes" or "no" below*

\_\_\_\_\_ **YES:** I have tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the two years preceding the date of this application

\_\_\_\_\_ **NO:** I have NOT tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the two years preceding the date of this application.

*DOT regulations prohibit our utilizing you to perform a "safety-sensitive function" (driving a commercial motor vehicle) if you had a positive test, or a refusal to test, until and unless you provide documents showing successful completion of the return-to-duty process in accordance with DOT regulations.*

### TO BE READ AND SIGNED BY THE APPLICANT

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTIRES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

**Today's Date:** \_\_\_\_\_ **Applicant's Signature:** \_\_\_\_\_

*Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.*

Mid-South Sales, Inc.

243 CR 414

Jonesboro, AR 72404

**TO BE READ AND SIGNED BY THE APPLICANT**

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 Mid-South Sales, Inc.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature \_\_\_\_\_

Date \_\_\_\_\_