



243 CR 414  
 JONESBORO, AR 72404

Phone: 870-933-6457  
 Fax: 870-933-0446

## Application for Employment

Name			
Address			
City	State	Zip	
Date of Birth / /	Social Security No.	-	-
Cell Phone Number		Home Phone Number	

Address(es) for the past 3 years

1)	City	State	Zip
2)	City	State	Zip
3)	City	State	Zip
4)	City	State	Zip

Employment History (Attach sheet if more space needed)

<i>*Note: Show ALL employment for the past three years and all Commercial Driving Experience for the past 10 years.</i>	
Last Employer	Address
Position Held	From                      To
Salary	Reason for Leaving
Subject to FMCSR's? (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO	Subject to drug/alcohol testing requirements per 49 CFR Part 40? (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO
2nd Last Employer	Address
Position Held	From                      To
Salary	Reason for Leaving
Subject to FMCSR's? (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO	Subject to drug/alcohol testing requirements per 49 CFR Part 40? (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO
3rd Last Employer	Address
Position Held	From                      To
Salary	Reason for Leaving
Subject to FMCSR's? (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO	Subject to drug/alcohol testing requirements per 49 CFR Part 40? (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO

## Experience & Qualifications - Driver

Driver's License No.	State	Type	Expiration Date
Driver's License No.	State	Type	Expiration Date
Driver's License No.	State	Type	Expiration Date
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 \_\_\_\_\_

## REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Mid-South Sales, Inc. and Arkansas Oil Marketers Association, Inc.

X

\_\_\_\_\_  
(Applicant's Signature)

X

\_\_\_\_\_  
(Date)

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title 11, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report and the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

\_\_\_\_\_  
(Signature of Requester)

\_\_\_\_\_  
(Date)

PLEASE PRINT

\_\_\_\_\_  
Full Name of Driver

\_\_\_\_\_  
Arkansas Driver's License Number

\_\_\_\_\_  
Date of Birth



ARKANSAS STATE POLICE

ASP-122 (Rev. 09/07)

Identification Bureau Individual Record Check Form

Full Name: \_\_\_\_\_ / \_\_\_\_\_
First Middle Last Name Maiden/Other

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_
(Month/Day/Year)

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_
State

Mailing Address: \_\_\_\_\_
Street City State ZIP

Daytime Phone #: (\_\_\_\_) \_\_\_\_\_

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY:

Name: \_\_\_\_\_ / Mid-South Sales, Inc.
(First/MI/Last Name) or Full Name of Agency

Mailing Address: 243 CR 414 Jonesboro AR 72404
Street City State ZIP

X Signature: \_\_\_\_\_ Date: \_\_\_\_\_
(First/MI/Last Name) (Month/Day/Year)

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

STATE OF \_\_\_\_\_

§

COUNTY OF \_\_\_\_\_

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

- 82004 State Record Check
82005 State Record Check