



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. 02/19/2019)

Identification Bureau Individual Record Check Request Form

Last Name First Name Middle Name Jr./Sr./III

Daytime Phone #:

List ALL other names ever used (married, maiden, shortened, etc.)

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

Social Security #: _____ Driver's License #: _____ State _____

Mailing Address: _____
Street/P.O. Box

City State Zip Code

APPLICANT RECORD NOTICE

Obtaining Copy: Procedures for obtaining a copy of the FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR) Section 16.30 through 16.33 or the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>.

Change, Correction, or Updating: Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.

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:

Signature: _____ Date: _____
(First/MI/Last Name) (Month/Day/Year)

Release to: Mid-South Sales, LLC / _____
(First/MI/Last Name) OR Full Name of Agency

Mailing Address: 243 CR 414 _____
Street/P.O. Box

Jonesboro AR 72404
City State Zip Code

WHEN THIS PROPERLY COMPLETED REQUEST FORM IS SUBMITTED (OTHER THAN IN PERSON BY THE SUBJECT OF THE CHECK) THIS REQUEST FORM MUST BE NOTARIZED

STATE OF _____

COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this is the

_____ day of _____, 20 _____.

Notary Public

BELOW FOR OFFICE USE ONLY

82005 State Record Check