



1961 HWY 36 • MT. VERNON • AR • 72111
 PH: 501-556-4182 • FX: 501-556-5014

GENERAL APPLICATION

Date: _____

Name: _____ Phone: _____
Last First Middle

Current Address:

_____ Street _____ City _____ State _____ Zip

*If at the above resident is less than three years, list below all residences for the past 3 years. Attached separate sheet if necessary.

_____ Street _____ City _____ State _____ Zip

_____ Street _____ City _____ State _____ Zip

Social Security Number: _____ | _____ | _____ Date of Birth: _____ | _____ | _____

DRIVER EXPERIENCE & QUALIFICATIONS' ANSWER ALL QUESTIONS COMPLETELY

LICENSES and Failed Test information

Drivers Licenses held in the past 3 years must be shown	State	License #	Class	Endorsements	Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? [] YES [] NO

B. Has any license, permit or privilege ever been suspended or revoked? [] YES [] NO

If you answered yes to any of the above questions, explain you answer on a separate sheet of paper.

EMPLOYMENT HISTORY INFORMATION (10 YEARS)

Company: _____ Supervisor' Name _____
Address: _____ Company Phone #: _____
Position Held: _____ From: _____ To: _____ Salary: _____
Month/Year Month/Year
Responsibilities: _____ Reason for Leaving: _____

Company: _____ Supervisor' Name _____
Address: _____ Company Phone #: _____
Position Held: _____ From: _____ To: _____ Salary: _____
Month/Year Month/Year
Responsibilities: _____ Reason for Leaving: _____

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Month/Year Month/Year
Responsibilities: _____ Reason for Leaving: _____

Company: _____ Supervisor' Name _____
Address: _____ Company Phone #: _____
Position Held: _____ From: _____ To: _____ Salary: _____
Month/Year Month/Year
Responsibilities: _____ Reason for Leaving: _____

MILITARY SERVICES

Yes or No Are you active Grad or Reserves Yes or No
Branch _____ Fraom: _____ To: _____
Rank at Discharge _____ Type of Discharge _____
If other than honorable, explain: _____

I have been informed by this Frank Gardner Construction LLC, that the previous employment information I have given for the preceding three (5) years will be investigated by contacting my previous employers for the purpose of obtaining my work history.

Frank Gardner Construction LLC has advised me, during application process, that I have the following due process right regarding information received from previous employers as a result of these investigations conducted on my work history. I have been advised that I have the right to review information provide by previous employer to re-sent the corrected information to the prospective employer; I have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information. I have been information that my previous Department of Job Services regulated employment history in the previous three (5) years can be reviewed by me by submitting a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of employment, Frank Gardner Construction LLC has advised me that within five (5) business days after receiving my request or within five (5) business days of receiving the information they will supply the information to me. Frank Gardner Construction has advised me that if I have not arranged to pick up or receive the requested records within thirty (30) days of making them available, Frank Gardner Construction LLC may consider I have waived the request to review the records. All information obtained is to be used in the decision making for employment with Frank Gardner Construction LLC.

This certifies that this application was completed by me and that all entries on it and information in tic are true and complete to the best of my knowledge.

_____ Date

_____ Applicant Signature

APPLICANT MUST READ AND SIGN

FRANK GARDNER CONSTRUCTION LLC
1961 HWY 36 • MT. VERNON • AR • 72111 • PH: 556-4182 • FX: 556-5014
Pre-Employment Drug Testing Consent and Release Form

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Frank Gardner Construction in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that Sherwood Urgent Care may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release of the results of said tests to Frank Gardner Construction LLC. I understand that it is the current illegal use of drugs and/or abuse of alcohol that prohibits me from being employed at Frank Gardner Construction.

I further agree to hold harmless Frank Gardner Construction LLC and Its agents (including the above named physician or clinic) from any liability arising in whole or part of the collection of specimens, testing, and use of the information from said testing in connection with the company’s consideration of my employment application.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the forgoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant
Print Name: _____ S.S.#: _____

Applicant
Signature: _____ Date: _____

Witness
Signature: _____
Date: _____

ARKANSAS DRIVING RECORDS REQUEST

I, _____ DO HEREBY AUTHORIZE THE OFFICE OF
(PLEASE PRINT)

DRIVER SERVICES TO RELEASE MY:

INSURANCE RECORD - \$7.00

COMMERCIAL (EMPLOYMENT) RECORD - \$10.00

(PLEASE CHECK THE APPROPRIATE BOX)

TO: Frank Gardner Construction LLC
(COMPANY NAME)

Lisa Gardner
(ATTENTION)

1961 Hwy 36
(ADDRESS)

Mt. Vernon, AR 72111
(CITY, STATE, ZIP)

THIS RELEASE SHELL REMAIN IN FULL FORCE AND EFFECT FOR THE NEXT FIVE (5) YEARS, UNLESS A FORMAL WITHDRAWAL IS FILED BY ME.

SIGNATURE: _____

DATE OF BIRTH: _____

ARKANSAS DRIVER LICENSE #: _____

CURRENT DATE: _____

(FORM MUST BE FILLED OUT IN FULL FOR RECORDS TO BE PROCESSED)

MAIL FORM AND CORRECT FEES TO:

DRIVING RECORDS, ROOM 1130
P.O. BOX 1272
LITTLE ROCK, AR 72203