



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

**APPLICATION FOR DRIVER POSITION**

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 |
|---|-------|-----------|-------|--------------|-----------------|
|   |       |           |       |              |                 |
|   |       |           |       |              |                 |
|   |       |           |       |              |                 |

40.25(j) Have you tested positive, or refused to test, on any per-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug/alcohol testing rules during the past 2 years? [ ] YES [ ] NO

If answered 'yes' to the 40.25(j) question, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements? [ ] YES [ ] NO

- 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.**

**DRIVING EXPERIENCE**

| Class of Equipment | Type of Equipment<br>(Van, Tanker, Flat, Reefer, ect.) | Dates |    | Approximate<br>Total Miles |
|--------------------|--|-------|----|----------------------------|
|                    |  | From  | To |                            |
| Straight Truck     |  |       |    |                            |
| Tractor/Trailer    |  |       |    |                            |
| Doubles/Triples    |  |       |    |                            |
| Bus                |  |       |    |                            |

**ACCIDENT REVIEW FOR THE PAST 3 YEARS** (attach separate sheet if more space is needed)

| Nature of accident                           |            |         |      |
|--|------------|---------|------|
| (Head-on, Rear-end, Overturn, Backing, ect.) | Fatalities | Injures | Date |
|  |            |         |      |
|  |            |         |      |
|  |            |         |      |

**TRAFFIC CONVICTIONS and FORFEITURES** (for the past 3 years other than parking violations)

| Locations | Date | Charge | Penalty |
|-----------|------|--------|---------|
|           |      |        |         |
|           |      |        |         |
|           |      |        |         |

**OTHER HEAVY EQUIPMENT EXPERIENCE** Heavy equipment and experience level: (number of years)

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

EMPLOYMENT HISTORY INFORMATION (10 YEARS)

Company: \_\_\_\_\_ Supervisor' Name \_\_\_\_\_

Address: \_\_\_\_\_ Company Phone #: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
Month/Year Month/Year

Reason for Leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?

[ ] YES [ ] NO 391.21

Was this positions designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR pars 40? [ ] YES [ ] NO

Company: \_\_\_\_\_ Supervisor' Name \_\_\_\_\_

Address: \_\_\_\_\_ Company Phone #: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
Month/Year Month/Year

Reason for Leaving: \_\_\_\_\_

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Address: \_\_\_\_\_ Company Phone #: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
Month/Year Month/Year

Reason for Leaving: \_\_\_\_\_

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Address: \_\_\_\_\_ Company Phone #: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
Month/Year Month/Year

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Address : \_\_\_\_\_ Company Phone #: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
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I have been informed by this Frank Gardner Construction LLC, that the previous employment information I have given for the preceding three (3) years with FMCSA regulated entities will be investigated by contacting my previous employers for the purpose of obtaining my safety performance history as required by paragraphs (d) and (e) of 391.23.

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 safety performance history. In accordance with 391.23 (i) 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 Transportation regulated employment history in the previous three (3) 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.

It has been recommend to me to read 49 CFR Part 391.23 to be more aware of the procedures motor carriers are required to use to obtain/review my safety performance history with previous DOT regulated motor carriers.

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**

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## 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: \_\_\_\_\_

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40.25 (j) Driver Per-employment Verification of Testing Results

|                        |
|------------------------|
| DRIVER NAME:           |
| Identification Number: |

| In the past 2 years have you :  | YES | NO |
|---|-----|----|
| Tested positive for any controlled substances per-employment test for any other company.      |     |    |
| Refused to be tested for any Controlled Substances per-employment test for any other company? |     |    |
| Tested above .04 on any alcohol per-employment test for any other company                     |     |    |

|   |
|---|
| If you answer yes to any of the above questions, can you document which Substance Abuse Professional (SAP) you consulted. |
| Name of SAP:  |
| Address:  |
| City, St. Zip   |
| Telephone Humber:   |

|         |       |
|---------|-------|
| SIGNED: | DATE: |
|---------|-------|