

LAST NAME	FIRST NAME	MIDDLE NAME OR INITIAL	
STREET ADDRESS	CITY	STATE	ZIP CODE
PHONE	EMAIL		
DRIVER'S LICENSE #	STATE	CDL - CLASS	CDL EXPIRATION DATE

PREVIOUS RESIDENCY - PLEASE FURNISH THE ADDRESSES AT WHICH YOU RESIDED DURING THE 3 YEARS PRECEDING THE DATE ON WHICH THE APPLICATION IS SUBMITTED. BEGIN WITH THE MOST RECENT:

STREET ADDRESS	CITY	STATE	DATES:MO/YR

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?

YES	NO	IF YES, PLEASE EXPLAIN:

HAS YOUR LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN SUSPENDED?

YES	NO	IF YES, PLEASE EXPLAIN:

MOTOR VEHICLE ACCIDENTS - PLEASE LIST ANY MOTOR VEHICLE ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED DURING THE 3 YEARS PRECEDING THE DATE OF THE APPLICATION:

DATE	NATURE	PERSONAL INJURIES/FATALITIES (EXPLAIN)

MOTOR VEHICLE VIOLATIONS - PLEASE LIST ALL VIOLATIONS OF MOTOR VEHICLE LAWS OR ORDINANCES (MOVING VIOLATIONS ONLY) OF WHICH YOU WERE CONVICTED OR FORFEITED BOND OR COLLATERAL DURING THE 3 YEARS PRECEDING THE DATE OF THE APPLICATION:

DATE	NATURE

WITHIN THE LAST 2 YEARS, HAVE YOU EVER TESTED POSITIVE, OR REFUSED TO TEST, ON ANY PRE-EMPLOYMENT DRUG OR ALCOHOL TEST ADMINISTERED BY AN EMPLOYER TO WHICH YOU APPLIED FOR, BUT DID NOT OBTAIN, SAFETY-SENSITIVE TRANSPORTATION WORK?	YES	NO

WITHIN THE LAST 2 YEARS, HAVE YOU EVER TESTED POSITIVE, OR REFUSED TO TEST, ON ANY TYPE OF DRUG OR ALCOHOL TEST ADMINISTERED BY AN EMPLOYER FOR WHICH YOU PERFORMED SAFETY-SENSITIVE TRANSPORTATION WORK?	YES	NO

LIST ANY SPECIAL SKILLS OR QUALIFICATIONS RELATIVE TO THE JOB FOR WHICH YOU ARE APPLYING:

EMPLOYMENT RECORD- GIVE A COMPLETE RECORD OF ALL EMPLOYMENT FOR THE PAST 3 YEARS, AND ALL COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS - BEGINNING WITH THE MOST RECENT

EMPLOYER NAME		EMPLOYER PHONE #	
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE
EMPLOYMENT DATES: FROM MO/YR TO MO/YR		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED HERE		YES	NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING		YES	NO

EMPLOYER NAME		EMPLOYER PHONE #	
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE
EMPLOYMENT DATES: FROM MO/YR TO MO/YR		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED HERE		YES	NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING		YES	NO

EMPLOYER NAME		EMPLOYER PHONE #	
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE
EMPLOYMENT DATES: FROM MO/YR TO MO/YR		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED HERE		YES	NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING		YES	NO

EMPLOYER NAME		EMPLOYER PHONE #	
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE
EMPLOYMENT DATES: FROM MO/YR TO MO/YR		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED HERE		YES	NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING		YES	NO

ATTACH ADDITIONAL SHEETS IF NECESSARY FOR 10 YEAR HISTORY

REFERENCES: LIST 2 PEOPLE WHO ARE NOT RELATED TO YOU AND HAVE KNOWLEDGE OF YOUR QUALIFICATIONS AND EXPERIENCE FOR THE POSITION YOU ARE APPLYING:

REFERENCE NAME		REFERENCE PHONE #	
REFERENCE ADDRESS	CITY	STATE	ZIP CODE

REFERENCE NAME		REFERENCE PHONE #	
REFERENCE ADDRESS	CITY	STATE	ZIP CODE

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH HUM'S HARDWARE & RENTAL IS OF AN AT WILL NATURE. THIS MEANS THAT THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE AND THE EMPLOYEE MAY RESIGN AT ANY TIME. IT IS FURTHER UNDERSTOOD THAT THIS AT WILL EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

CERTIFICATION

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW MAY RESULT IN AN IMMEDIATE DISCHARGE. I UNDERSTAND ALSO THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE:

SIGNATURE	DATE
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BACKGROUND CHECK PERMISSION FOR PROSPECTIVE EMPLOYEE

AS A CONDITION OF CONSIDERATION OF MY EMPLOYMENT APPLICATION, I GIVE PERMISSION TO HUM'S HARDWARE & RENTAL TO INVESTIGATE MY PERSONAL AND EMPLOYMENT HISTORY. I UNDERSTAND THAT THIS BACKGROUND INVESTIGATION WILL INCLUDE, BUT NOT BE LIMITED TO, VERIFICATION OF ALL INFORMATION ON MY EMPLOYMENT APPLICATION. I SPECIFICALLY GIVE PERMISSION TO HUM'S HARDWARE & RENTAL TO CONTACT ALL OF MY PRIOR EMPLOYERS FOR REFERENCES. I FURTHER GIVE PERMISSION TO ALL CURRENT OR PREVIOUS EMPLOYERS AND/OR MANAGERS OR SUPERVISORS TO DISCUSS MY RELEVANT PERSONAL AND EMPLOYMENT HISTORY WITH HUM'S HARDWARE & RENTAL AND CONSENT TO THE RELEASE OF SUCH INFORMATION ORALLY OR IN WRITING, AND HEREBY RELEASE THEM FROM ALL LIABILITY AND AGREE NOT TO SUE THEM FOR DEFAMATION OR OTHER CLAIMS BASED UPON ANY STATEMENTS THEY MAKE TO ANY REPRESENTATIVE OF HUM'S. I FURTHER WAIVE ALL RIGHTS I MAY HAVE UNDER LAW TO RECEIVE A COPY OF ANY WRITTEN STATEMENT PROVIDED BY ANY OF MY FORMER EMPLOYERS TO HUM'S. I FURTHER AGREE TO INDEMNIFY ALL PAST EMPLOYERS FOR ANY LIABILITY THEY MAY INCUR BECAUSE OF THEIR RELIANCE UPON THIS AGREEMENT.

SIGNATURE	DATE
PRINT NAME	



STATE OF ARKANSAS
**Department of Finance
And Administration**

DRIVER SERVICES
Driving Records
Ragland Building, Room 1130
Post Office Box 1272
Little Rock, Arkansas 72203
Phone: (501) 682-7207
Fax: (501) 682-2075
<http://www.state.ar.us/dfa>

ARKANSAS DRIVING RECORDS RELEASE FORM

I, _____ DO HEREBY AUTHORIZE

OFFICE OF DRIVER SERVICES TO RELEASE MY:

- INSURANCE RECORD - \$7.00
- COMMERCIAL RECORD - \$10.00

TO: _____
(NAME)

_____ 3901 EAST BROADWAY _____
(ADDRESS)

_____ NORTH LITTLE ROCK, AR 72114 _____
(CITY, STATE, ZIP)

THIS RELEASE SHALL 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 DRIVERS LICENSE # _____

CURRENT DATE _____

THIS FORM MUST BE FILLED OUT IN FULL FOR RECORDS TO BE PROCESSED.