

3901 E BROADWAY ST
NO. LITTLE ROCK, AR 72114

PH (501) 945-2216
FX (501) 486-1026

2900 MUSKOGEE ROAD
CONWAY, AR 72032



CONWAY PH 501.653.6993

TRUCK DRIVER - APPLICATION FOR EMPLOYMENT

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

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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 REQUIREMENTS OF 49 CFR PART 40? | | 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 REQUIREMENTS OF 49 CFR PART 40? | | 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 REQUIREMENTS OF 49 CFR PART 40? | | YES | NO |

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| 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 REQUIREMENTS OF 49 CFR PART 40? | | 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 REQUIREMENTS OF 49 CFR PART 40? | | 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 REQUIREMENTS OF 49 CFR PART 40? | | YES | NO |

ATTACH ADDITIONAL SHEETS IF NECESSARY FOR 10 YEAR HISTORY

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

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) 683-0984
 Fax: (501) 682-2075
 www.dfa.arkansas.gov

ARKANSAS DRIVING RECORDS RELEASE FORM

I, _____ do hereby authorize the Office of
 Driver Services to release:

A COPY OF MY:

- Insurance - \$8.50
- Commercial (Employment) Record - \$10.00
- History Record- \$8.50 *

Beginning October 1, 2019 Insurance and History Records will increase to \$8.50.

To: HUM'S HARDWARE & RENTAL

3901 E BROADWAY ST
 (Address)

NORTH LITTLE ROCK, AR 72114
 (City, State, Zip)

This release shall remain in full force and effect for the next five years, unless a formal withdrawal is filed by me.

| | | |
|---------------|------------------|-------------------------|
| Signature | | Date |
| Date of Birth | Telephone Number | Driver's License Number |

Please: Mail Email Fax

My Record To: cpa@humsnlr.com

* History records may only be purchased at the Driving Records Counter (Ragland Bldg. – Room 1130 1900 W 7th Street, Little Rock, Arkansas, 72201) or by a mail request to Driving Records (P.O. Box 1272- Room 1130 – Little Rock Arkansas 72203).
 Checks or money orders should be made payable to DFA Driving Records.