

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

YES	NO	IF YES, PLEASE EXPLAIN:
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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
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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 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
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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) 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
- Commercial (Employment) Record
- History Record

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.**

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016