

DRIVER APPLICATION FORM



7 Newport Road
Batesville, AR 72501
870-569-4920 Fax 870-569-4921

To Be Read and Signed By Applicant

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended) I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers.
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

DATE _____ NAME _____

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

TELEPHONE NO. _____ CELLULAR NO. _____

CURRENT ADDRESS _____

Street City State Zip No. of Yrs.

PAST 3 YEAR RESIDENCY _____

Street City State Zip No. of Yrs.

Street City State Zip No. of Yrs.

EMPLOYMENT HISTORY

All applicants wishing to drive in interstate commerce must provide a complete record of ALL employment for the past 3 years, including any unemployment or self-employment, and ALL commercial driving experience for the past 10 years. You are required to list complete mailing address: street no. and name, city, state, and zip code.

CURRENT OR LAST EMPLOYER

NAME _____ PHONE NO _____

ADDRESS _____

Street City State Zip

FROM _____ TO _____ POSITION HELD _____ SALARY _____
(MO/YR) (MO/YR)

REASON FOR LEAVING _____ CONTACT _____

Were you subject to the FMCSRs while employed? ** ___ yes ___ no

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ___ yes ___ no

NEXT PREVIOUS EMPLOYER

NAME _____ PHONE NO _____

ADDRESS _____
Street City State Zip

FROM _____ TO _____ POSITION HELD _____ SALARY _____
(MO/YR) (MO/YR)

REASON FOR LEAVING _____ CONTACT _____

Were you subject to the FMCSRs while employed? ** yes no

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? yes no

NEXT PREVIOUS EMPLOYER

NAME _____ PHONE NO _____

ADDRESS _____
Street City State Zip

FROM _____ TO _____ POSITION HELD _____ SALARY _____
(MO/YR) (MO/YR)

REASON FOR LEAVING _____ CONTACT _____

Were you subject to the FMCSRs while employed? ** yes no

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? yes no

NEXT PREVIOUS EMPLOYER

NAME _____ PHONE NO _____

ADDRESS _____
Street City State Zip

FROM _____ TO _____ POSITION HELD _____ SALARY _____
(MO/YR) (MO/YR)

REASON FOR LEAVING _____ CONTACT _____

Were you subject to the FMCSRs while employed? ** yes no

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? yes no

NEXT PREVIOUS EMPLOYER

NAME _____ PHONE NO _____

ADDRESS _____
Street City State Zip

FROM _____ TO _____ POSITION HELD _____ SALARY _____
(MO/YR) (MO/YR)

REASON FOR LEAVING _____ CONTACT _____

Were you subject to the FMCSRs while employed? ** yes no

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? yes no

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) weighs or has a GVWR or 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

USE AN ADDITIONAL PAGE IF NECESSARY

EXPERIENCE AND QUALIFICATION

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	DATES		APPROX. NO. OF MILES
	FROM	TO	
STRAIGHT TRUCK			
TRACTOR & SEMI-TRAILER			
TRACTOR-TWO TRAILERS			
OTHER			

List states operated in for the last five years _____

List special courses, training, or safety awards you have that will help you as a driver _____

ACCIDENT RECORD FOR PAST 3 YEARS

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	# OF FATALITIES	# OF PEOPLE INJURED

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE LAST 3 YEARS

LOCATION	DATE	CHARGE	PENALTY

LICENSE INFORMATION (List all held in past 3 years)

STATE	LICENSE NO.	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 the answer to A or B is YES, give details. _____

By completing this application you are authorizing BFF to obtain a motor vehicle report before employment and yearly thereafter. This authorization will remain in effect until a formal withdrawal is made by the driver.

PERSONAL REFERENCES

List 2 persons for reference, other than relatives, who have knowledge of your safety habits.

1. NAME _____ PHONE _____

ADDRESS _____

2. NAME _____ PHONE _____

ADDRESS _____

Have you ever been convicted of a felony? ___ yes ___ no If yes, give details. _____

Conviction of a crime is not an automatic bar to employment—all circumstances will be considered.

ADDITIONAL DOT REQUIREMENTS

Per Federal Motor Carrier Safety Regulations Part 40.25 (j) BFF, LLC is required to ask all prospective employees the following question:

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you have applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years? ___ yes ___ no

APPLICANT CERTIFICATION

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

Applicant's Signature

Date

REMARKS

FOR OFFICE USE ONLY

APPLICANT HIRED ___ YES ___ NO

REASON _____

