

McCormick Works
 306 N. Main Street
 P.O. Box 630
 Mulberry, AR 72947
 479-297-6122, fax 479-297-6129

APPLICATION FOR DRIVING JOB

Please complete all attached pages in order to be considered employable. Thank you.

Date: _____

Name: _____ Phone #: _____
Last First Middle

Current Address:

_____ Street City State Zip

*If at the above residence is less than three years, list below all residences for the past 3 years. Attach 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

	State	License #	Class	Endorsement(s)	Expiration Date
Drivers Licenses held in the past 3 years must be shown					

40.25(j) Have you 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 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 (Van, Tanker, Flat, Reefer, etc)	Dates		Approximate 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, etc.)	Fatalities	Injures	Date

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

Location	Date	Charge	Penalty

EMPLOYMENT HISTORY INFORMATION
(10 Years CDL Driver)
(3 Years Non-CDL)

Company: _____ Supervisor's Name: _____

Address: _____ 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 employers?
 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 part 40? YES NO

Company: _____ Supervisor's Name: _____

Address: _____ 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 employers?
 YES NO 391.21

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Address: _____ Phone #: _____
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Month/Year Month/Year
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Month/Year Month/Year
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Month/Year Month/Year
Reason for Leaving: _____

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 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 part 40? YES NO

10 year History Continued: Drivers name _____

Company: _____ Supervisor's Name: _____

Address: _____ 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 employers?
 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 part 40? YES NO

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Address: _____ Phone #: _____

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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 part 40? YES NO

I have been informed by this company 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.

This company has advised me, during the application process, that I have the following due process rights 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 provided by previous employers; I have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send 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 informed 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 denial of employment. This company 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. This company 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, this company 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 this company.

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 it are true and complete to the best of my knowledge.

Date

Applicant Signature

Applicant Must Read and Sign



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

OFFICE OF DRIVER SERVICES
**Arkansas Commercial Driver
 Drug and Alcohol Testing Database**

Ragland Building, Room 1130
 Post Office Box 1272
 Little Rock, Arkansas 72203 Phone: (501) 682-7207
 Fax: (501) 682-2075
<http://www.arkansas.gov/drugtest>

RELEASE OF RECORD FOR ALCOHOL AND DRUG TESTS RESULTS

I, _____ do hereby authorize the Office
 of Driver Services to release my record of alcohol and drug tests results to:

 Company name

 Address

 State

 Zip

 Signature

 Date

 Date of Birth

 Driver License Number

This Consent is only valid for pre employment and employment purposes as required by Arkansas
 Code Annotated §27-23-207.

MVR DRIVER CONSENT PAST EMPLOYMENT/REFERENCE CONSENT

In consideration of McCormick Works, Inc.'s review of my application for employment, (herein referred to as **EMPLOYER**) or its authorized agents bearing this release or copy thereof, to obtain the following information for employment purposes:

Motor Vehicle Records,
Criminal Records, Civil Cases, Employment Verification, Education Verification,
Past Employment Verification, Reference Checks

I authorize all persons and organizations that may have information relevant to this research to disclose such information to **EMPLOYER** or its authorized agents, and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

(Please sign and print your name.)

Date _____
Signature of Applicant

Printed Name

Social Security No. _____ DL
No. _____