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.

Name:	•	· · · · · · · · · · · · · · · · · · ·	Phone #:		<u>. </u>
Last	First	Middle		•	
Current Address:			•	.	
_	Street	, c	lty	State	Z•
'if at the above residence	is less than three y	ears, list below all residenc	es for the past 3	years. Attach separate she	et if necessary.
•					
. s	itreel	City		State	Zip
	•	*		•	. •
S	Street	City		State	Zφ
				•	
Social Security nun	nber:		Date	of birth:	
DRIVER EXPERIE	NCE & QUA	LIFICATIONS ANSV	VER ALL QUE	STIONS COMPLETELY	
LICENSES and Fa	allad Tank inf				
LICENSES and F	alleu lest ini	Officiation		,	
	State	License #	Class	Endorsement(s)	Expiration Date
Drivers Licenses					
held in the past 3					
years must be					
shown	. 1				
		•		• •	-
40.25(j) Have you to	ested positive,	or refused to test, on	any pre-emp	loyment drug or alcoho	ol test administered by
an employer to which	ch you applied	for, but did not obtain	, safety sens	itive transportation wo	
agency drug/alcoho	of testing rules of	during the past 2 year	s?[] YES	[] NO	
12 H	- 40 9E/0 -		idalahtain se	and that warries arrange	and the completed the
DOT return-to-duty				oof that you've succes	simily completed the
DO LIERRIFRO-ORRA	redone uner res	[] 153 [] 1		•	
A. Have you ever b	een denied a l	icense, permit; or priv	rilege to oper	ate a motor vehicle?	[] YES [] NO
•	•			. •	
B. Has any license	e, permit or priv	vilege ever been susp	ended or rev	raked?	[] YES [] NO
If you answered	ves to any o	of the above quest	ions, expla	in you answer on a	a separate
sheet of paper.			, 		
	•				•

DRIVING EXPERIENCE

Position Held:

Reason for Leaving:

	Type of Equipment			Dates			Approximate		
lass of Equipment	(Van, Tanker, F		;)	From	. T	·o		al Miles	
traight Truck			•				-		
ractor/Trailer									
oubles/Triples		•						· · · · · · · · · · · · · · · · · · ·	
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			•						
CCIDENT REVIEW F	OR THE PAST	T 3 YEARS (a	ttach sepa	arate shee	et if more s	pace is	needed)	•	
		Nature o	of Accide	nt.			······································		
(Hea	ed-on, Rear-end	,Overturn, Back	king, etc.	.)	Fatalities	ln	jures	Da	
ast Accident					·		•		
Vext Previous									
lext Previous		,							
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TRAFFIC CONVICTIO	NS and FORE	FEITURES for	the nast	t 3 vears	other the	n narki	na viola:	tions	
Location		Date	aic pas	(Constant	Charge	ii baiki	19 41012	Penalt	
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Company:		LOYMENT HISTO (10 Years CI (3 Years No	DL Driver) on-CDL)			` ;			
Company:		LOYMENT HISTO (10 Years CI (3 Years No	OL Driver) on-CDL) _ Supervi	sor's Nam	e:		•		
Company:		LOYMENT HISTO (10 Years CI (3 Years No	OL Driver) on-CDL) _ Supervi	sor's Nam	e:		•		
Address:		LOYMENT HISTO (10 Years CI (3 Years No	OL Driver) on-CDL) Supervi Phone #	sor's Nam	e:				
		LOYMENT HISTO (10 Years CI (3 Years No	OL Driver) on-CDL) Supervi Phone #	sor's Nam	e: S	alary: _			

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employers? [] YES [] NO 391.21

To: _____ Month/Year Salary: Month/Year

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	Phon	ne #:	
ition Held:	From:	To: S	alary:
son for Leaving:		Month/Year	Month/Year
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sition Held:	From:	To:_	Salary:
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Company:	Sup	Supervisor's Name:				
Address:	Pho	ne #:				
Position Held:	From:	To:	Salary:			
Reason for Leaving:		Month/Year	Month/Year			
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Was this positions designated as a s and controlled substance testing as	rafety sensitive function in any D requirements required by 49 C	OT regulated mode ar FR part 40? [] Y	nd were you subject to a ES [] NO			
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Address:	Ph	one #:				
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and controlled substance testing as requirements required by 49 CFR part 40?

[] YES [] NO

Company: Supervisor's Name:					
Address:	Phone #:			_	
Position Held: Fr	rom: To		Salary:		
Reason for Leaving:		onth/Year	Month/Year		
Were you subject to the Federal Motor Carrier Safety I	Regulations while em	ployed with t	his previous employer	s?	
Was this positions designated as a safety sensitive fun and controlled substance testing as requirements requi				t to alcohol	
I have been informed by this company that to preceding three (3) years with FMCSA regular employers for the purpose of obtaining my saf- (e) of 391.23.	ted entities will be	e investigate	ed by contacting m	y previous	
This company has advised me, during the a rights regarding information received from conducted on my safety performance history have the right to review information provided to information corrected by the previous employer. I have been information, if the previous information. I have been information, if the previous information. I have been informed that my prohistory in the previous three (3) years can prospective employer, which may be done a after being employed or being notified of densive (5) business days after receiving my information they will supply the information arranged to pick up or receive the requested company may consider I have waived the requested in the decision making for employment	previous employs. In accordance very previous employer and for that previous the right to hear the revious Department and time, including of employment request or within to me. This corecords within this quest to review the review to review the review to review the review to review to review to records within this records within this records within this records within the review to review the review to review the review to	ers as a rewith 391.23 byers; I have evious emphase a rebuil I cannot of Transpers by subruting when at This company has rty (30) day ne records.	esult of these investigation in the right to have to be a the right to have to boyer to re-send the statement attached an itting a written reapplying, or as later any has advised not sell the statement attached and the statement	vestigations vised that I errors in the ne corrected ached to the uracy of the employment quest to the e as 30 days ne that within receiving the if I have not available, this	
It has been recommend to me to read 49 CF carriers are required to use to obtain/review motor carriers.	R Part 391.23 to I	be more aw nance histor	are of the procedury with previous DC	res motor OT regulated	
This certifies that this application was completed true and complete to the best of my knowled	eted by me, and t ige.	hat all entri	es on it and inform	ation in it are	
•			·		
Date	App	licant Signat	пе	-	
		_			

Applicant Must Read and Sign



OFFICE OF DRIVER SERVICES Arkansas Commercial Driver

Drug and Alcohol Testing Database
Ragiand Building, Room 1130
Post Office Box 1272
Linle Rock, Arkansas 72203Phone: (501) 682-7207 Fax: (501) 682-2075

http://www.arkansas.gov/drugtest

RELEASE OF RECORD FOR ALCOHOL AND DRUG TESTS RESULTS

I, of Driver Se	ervices to release my record of alcohol	do hereby authorize the Office				
	·		5			
Company n	ame					
Address		State	Zip	 -		
	Signature	I	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.			-	