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# APPLICATION FOR EMPLOYMENT

## FARMERS' ASSOCIATION

4816 STAGECOACH RD  
LITTLE ROCK, AR 72204

NAME \_\_\_\_\_  
(First) (Middle) (Maiden Name, if any) (Last)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ HIRE DATE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

### PREVIOUS THREE YEARS RESIDENCY

\_\_\_\_\_  
(Street) (City) (State & Zip Code) #YEARS

\_\_\_\_\_  
(Street) (City) (State & Zip Code) #YEARS

\_\_\_\_\_  
(Street) (City) (State & Zip Code) #YEARS

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Section 382.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one drivers license." I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

### ACCIDENT RECORD FOR PAST 3 YEARS OR MORE - IF NO ACCIDENTS, THEN WRITE "NONE" BELOW

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
LAST ACCIDENT				YES	NO
NEXT PREVIOUS				YES	NO
NEXT PREVIOUS				YES	NO

### TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS IF NO VIOLATIONS, THEN WRITE "NONE" BELOW

DATE CONVICTED (MONTH/YEAR)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain \_\_\_\_\_

**EMPLOYMENT RECORD**  
(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate Interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

MUST LIST THE COMPLETE MAILING ADDRESS: STREET NUMBER AND NAME CITY, STATE AND ZIP CODE. TELEPHONE NUMBER

LAST EMPLOYER: NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 SUPERVISOR'S NAME \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASONS FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? YES NO

SECOND LAST EMPLOYER: NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 SUPERVISOR'S NAME \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASONS FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? YES NO

THIRD LAST EMPLOYER: NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 SUPERVISOR'S NAME \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASONS FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? YES NO

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make sure investigations and inquiries to 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 inquires 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 interview(s) 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 a 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."

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

**EMPLOYMENT RECORD**  
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MUST LIST THE COMPLETE MAILING ADDRESS: STREET NUMBER AND NAME CITY, STATE AND ZIP CODE. TELEPHONE NUMBER

FOURTH EMPLOYER: NAME _____			
ADDRESS _____	CITY _____	STATE _____	ZIP _____
SUPERVISOR'S NAME _____		TELEPHONE NUMBER _____	
POSITION HELD _____	FROM _____	TO _____	SALARY _____
REASONS FOR LEAVING _____			

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? YES NO

FIFTH LAST EMPLOYER: NAME _____			
ADDRESS _____	CITY _____	STATE _____	ZIP _____
SUPERVISOR'S NAME _____		TELEPHONE NUMBER _____	
POSITION HELD _____	FROM _____	TO _____	SALARY _____
REASONS FOR LEAVING _____			

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? YES NO

SIXTH LAST EMPLOYER: NAME _____			
ADDRESS _____	CITY _____	STATE _____	ZIP _____
SUPERVISOR'S NAME _____		TELEPHONE NUMBER _____	
POSITION HELD _____	FROM _____	TO _____	SALARY _____
REASONS FOR LEAVING _____			

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? YES NO

SEVENTH LAST EMPLOYER: NAME _____			
ADDRESS _____	CITY _____	STATE _____	ZIP _____
SUPERVISOR'S NAME _____		TELEPHONE NUMBER _____	
POSITION HELD _____	FROM _____	TO _____	SALARY _____
REASONS FOR LEAVING _____			

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? YES NO

# FARMERS' ASSOCIATION IS A DRUG-FREE WORKPLACE

ALL JOB APPLICATIONS (POST-OFFER, PRE-PLACEMENT) AT  
FARMERS' ASSOCIATION WILL UNDERGO TESTING FOR  
SUBSTANCE ABUSE AS A CONDITION OF EMPLOYMENT. ANY  
APPLICANT WITH A CONFIRMED AND VERIFIED POSITIVE  
TEST RESULT WILL BE DENIED EMPLOYMENT.

## **PRE-EMPLOYMENT TESTING**

- ❖ Once an offer of employment has been made and accepted, applicants will be required to submit to a urinalysis test at a laboratory chosen by Farmers' Association, and by signing a consent agreement will release Farmers' Association from liability.
- ❖ If a physician, official, or lab personnel have reasonable suspicion to believe that the job applicant has tampered with the specimen, the job applicant will not be considered for employment
- ❖ Farmers' Association will not discriminate against applicants for employment because of a history of drug or alcohol abuse. It is the current illegal use of drugs and/or alcohol, preventing employee from performing their jobs properly, that Farmers' Association will not tolerate.
- ❖ No employee may perform a job function unless the employee has received a controlled substance test result from a Medical Review Officer indication a verified negative test result.

**NOTE: Direct deposit is a requirement of employment.**

**FARMERS' ASSOCIATION IS AN E-VERIFY EMPLOYER**

**PRE-EMPLOYMENT CONTROLLED SUBSTANCE TESTING CONSENT AND  
RELEASE FORM**

I hereby consent to submit to urinalysis and/or other test as may be determined by Farmers' Association in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree the clinic chosen by Farmers' Association may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release of the results of said test to Farmers' Association. I understand that it is the current illegal use of controlled substances (drugs) and/or abuse of alcohol that prohibits me from being employed at Farmers' Association.

I further agree to hold Farmers' Association and its agents (including clinics or physicians) from any liability arising in whole or part out of the collection of specimens, testing and use of the information from said testing in connection the company's consideration of my employment application.

I further agree that a reproduced copy of the pre-employment consent and release form may have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

\_\_\_\_\_  
Applicant Name (print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (print)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date