



500 W. Main Suite 216

Russellville, AR 72801

Fax: 888-224-2812 Phone: 479-968-2069

## Application for Employment

**Date of Application:** \_\_\_\_\_  
**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Emergency Contact:** \_\_\_\_\_ **Emergency Contact Phone:** \_\_\_\_\_

In compliance with Federal & State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

### To Be Read & Signed by Applicant

I authorize you to make such investigation 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, school, 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 interview 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 employers will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23 d, e. I understand that I have the right to: Review information provided by 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, have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

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

Date: \_\_\_\_\_

### Part 1: DOT Drug & Alcohol Release

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers listed below for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning DOT drug & alcohol testing violations including pre-employment test during the past three years: alcohol test with a result of 0.04 or higher; verified positive drug tests; verified positive drug test; refusals to be tested; other violations of DOT drug & alcohol testing regulations; information obtained from previous employers of a drug & alcohol rule violation and documents if any of completion of a return-to-duty process following a rule of violation. The information that I have authorized for review involves tests required by DOT. If any carrier listed below furnishes information concerning items above, I also authorize that carrier to release & furnish the dates of my negative drug & alcohol test or test with results below 0.04 in the three year period & the name & phone number of any substance abuse professional who evaluated me during the past three years.

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

Date: \_\_\_\_\_

### Part 2: Investigative Consumer Report Release

In connection with my application for employment(including contract for services) with the employer named above, I hereby fully release & discharge you, subsidiaries, director, officers, employees, .agents & attorneys from all claims & damages arising out of or relating to any investigation of my background for employment purposes. By signing below. I verify that I have read and fully understand this release that prior to signing I was given an opportunity to ask questions & to have those questions answered to my satisfaction and I that executed this release voluntarily and with the knowledge that the information being released could affect my being hired. I further verify that all the information that I have furnished on this form is true and complete. I hereby authorize & give my consent to the above company. If hired or contracted this authorization shall remain on file & shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

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

Date: \_\_\_\_\_

# Source Logistics, Inc.

Answer all questions completely, please print

Position Applied for: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

List your address of residency for the past 3 years.

Current: \_\_\_\_\_ How Long? \_\_\_\_\_

Previous: \_\_\_\_\_ How Long? \_\_\_\_\_

Previous: \_\_\_\_\_ How Long? \_\_\_\_\_

Previous: \_\_\_\_\_ How Long? \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

### Essential Functions of the Professional Driver

- Availability for work, 70 hours in 8 days (drive continuous 10 hours)
- Ability to fingerprint(load/unload) cargo up to 75lbs. per item
- Our equipment requires: dolling trailer, sliding tandems, pulling king pin & hood for pre-trip inspections, & fueling the truck.
- Can read & speak the English language sufficiently to converse with the general public, to understand highway

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described above)? \_\_\_\_\_

### Employment History

Employer	Date
Name	From
Address	To
City/State/Zip	Position
What was the reason for Separation?	
Were you subject to the FMCSRs* while employed?	
May we contact this employer?	Phone Number
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?	

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- Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

\* 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: a) weighs or has a GVWR of 10,001 pounds or more, b) is designed or used to transport 9 or more passengers or c) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



# Source Logistics, Inc.

Answer all questions completely, please print

**Accident Record - for past 3 years or more. If none - write NONE.**

Dates	Type of Accident	Fatalities	Injuries	Hazardous Spill

**Traffic Convictions & Forfeitures - for the past 3 years. If none, write NONE.**

Dates	Location	Charges	Penalty

**Experience & Qualifications - Driver**

List all driver licenses or permits held in the past 3 years.

State	License No.	Type	Expiration Date

Yes                  No

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Has any license, permit or privilege ever been suspended or revoked?

Have you ever been disqualified to drive by Federal Regulations?

Have you ever tested positive for Controlled Substances?

Have you had an alcohol test with a Breath Alcohol Concentrate of 0.04 or greater?

Have you ever refused a required test for drug or alcohol?

If yes to any of these questions, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Driving Experience**

Class of Equipment: (Tractor/Trailer, Truck)	Type of Equipment: (Van, Tank, Flat, Reefer)	Dates From	Dates To	Approximate Miles

List the States operated in for the last 5 years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Experience & Qualifications**

Any special courses or training that will help you as a driver? \_\_\_\_\_

Any safe driving awards? \_\_\_\_\_

Have you ever attended any Truck Driving Schools? \_\_\_\_\_

If so, please list – Name/Address/Phone/Date attended. \_\_\_\_\_

Any trucking, transportation or other experience that may help you work for this company? \_\_\_\_\_

List courses, training or equipment other than shown elsewhere in this application.

**Education**

What is the highest grade completed? High School: \_\_\_\_\_ College: \_\_\_\_\_

Last school attended: \_\_\_\_\_

Address of school: \_\_\_\_\_

Have you ever served in the armed forces? If so what branch & when? \_\_\_\_\_

**To Be Read & Signed By Applicant**

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.

Print Name: \_\_\_\_\_

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

Date: \_\_\_\_\_



# Source Logistics, Inc.

## Drug & Alcohol Pre-employment Statement Testing Consent & Program Receipt

I hereby consent to submit to urinalysis and/or other test as shall be determined by Source Logistics in the selection process of applicants for employment for the purpose of determining the drug content thereof.

I agree that clinics 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 hold harmless Source Logistics and its agents 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 with the Company's consideration of my employment application.

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

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**I have read and understand the foregoing contents. I acknowledge that signing my name is a voluntary act and that the information that I provided is true and correct.**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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**I acknowledge receipt of Source Logistics Drug & Alcohol testing Policy for Supervisors and Employees in the Handbook entitled Information for Employees.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**EMPLOYMENT VERIFICATION**

*Source Logistics, Inc.*

500 W. Main Suite 216

Russellville, AR 72801

Fax: 888-224-2812 Phone: 479-968-2069

Applicant Name (Print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

You are hereby authorized to give Source Logistics, Inc. all information concerning records of employment, including oral assessments of my job performance, ability, and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for DOT qualification. You are released from any liability, which may result from giving such information; I understand that the information in this form will be used and that prior employers will be contracted for purposes of investigation as required by 391.23 of the Motor Carrier Safety Regulation. I authorize the release of any information related to my alcohol and controlled substance testing and training records, by any former employers and hold them harmless of any liability from release of said information.

I understand that I have the right to review information provided by previous employers, have errors corrected by previous employer and resubmitted to impact and/or have a rebuttal statement attached to erroneous information if my previous employer and I cannot agree on the accuracy of the information. I understand that I must request past employer information obtained by Source Logistics in writing within 30-days of employment or denial of employment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Dates of Employment:** From: \_\_\_\_\_ to \_\_\_\_\_

**Please circle all that apply:**

Company Driver	Over the Road	Single	Tractor Trailer	Van/Reefer
Owner Operator	Regional	Team	Straight Truck	Flat Bed
Other _____	Local	Trainee	Tanker	Other _____

**Type of Commodities hauled:** \_\_\_\_\_

**States operated in:** \_\_\_\_\_

**Accident Information**

Date	Location	# of Injuries	Fatalities	H/M Involved	Description
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Why did the employee leave your company? Resigned \_\_\_\_\_ Discharged \_\_\_\_\_ Laid Off \_\_\_\_\_ Other \_\_\_\_\_

Explanation: \_\_\_\_\_

Would you rehire this person? Yes \_\_\_ No \_\_\_ Upon Review \_\_\_ Is this Company policy? \_\_\_\_\_

Verified by (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUEST/CONSENT FOR ALCOHOL AND CONTROLLED  
SUBSTANCE INFORMATION FROM PREVIOUS EMPLOYERS**

**Section 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE:**

I, (Print Name), \_\_\_\_\_, hereby authorize that:

Previous Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

May release and forward all information requested in section 2 (below) of this document concerning my Alcohol and Controlled Substance Testing records to:

Prospective Employee: **Source Logistics, Inc.** Phone: **479-968-2069** Fax: **479-967-4056**

Attention: **Recruiting at 500 West Main St Suite 216 Russellville, AR 72801**

**Applicate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This request is in compliance with 49 CFR Part 40.25 which state: Records shall be made available to a subsequent employer upon receipt of a written request from an employee.

**Section 2: TO BE COMPLETED BY PREVIOUS EMPLOYER**

If the employee was not subject to 49 CFR Part 40 testing requirements while employed by you, please check here \_\_\_\_\_ sign and return.

Under 49 CFR Part 391.23e

	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Has this person within the previous three years violated the alcohol and controlled substance prohibitions under subpart B of part 382 or 49 CFR Part 40?	_____	_____	_____

If this person violated the alcohol and controlled substance prohibitions did they fail to undertake or complete a rehabilitation program prescribed by a substance abuse professional?	_____	_____	_____
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If this person violated the alcohol and controlled substance prohibitions did they successfully complete a rehabilitation program?	_____	_____	_____
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If this person completed a substance abuse program and remained in your employment, did they have any of the following testing violations:	_____	_____	_____
Alcohol test with a result of 0.04 or higher alcohol concentration?	_____	_____	_____
Verified positive drug test?	_____	_____	_____
Refusal to be tested (including verified adulterated or substituted drug test result)?	_____	_____	_____

Have you received information from any previous employer that this individual violated DOT drug and alcohol regulations?	_____	_____	_____
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**Please include information received from previous employers**

If **YES** to any of the questions, please provide the name, address, and phone number of the Substance Abuse Professional (SAP) for further reference.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_