

**THIS APPLICATION MUST BE COMPLETED, IN FULL.** It will be valid for ninety (90) days. If you wish to be considered for employment after the 90 day period, a new application must be completed.  
 In compliance with Federal and State Equal Opportunity Laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job-related medical condition or disability.

**FORSGREN, INCORPORATED AND AFFILIATES**  
**3000 North 23<sup>rd</sup> Street**  
**Fort Smith, AR**  
**An Equal Opportunity Employer**

**DRIVER APPLICATION**

**PERSONAL INFORMATION**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
           Last                  First                  Middle

SS# \_\_\_\_\_

PHONE NO. \_\_\_\_\_ Date of Birth \_\_\_\_\_

List residence for the past three years:

Address: \_\_\_\_\_  
           Street                  City                  State  Zip  How long

\_\_\_\_\_  
 Street                  City                  State  Zip  How long

\_\_\_\_\_  
 Street                  City                  State  Zip  How long

\_\_\_\_\_  
 Street                  City                  State  Zip  How long

**EMPLOYMENT DESIRED**

Job Classification(s) You are applying For: \_\_\_\_\_

Date You Can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you Employed Now? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, May We Inquire of Your Present Employer? \_\_\_\_\_

Have you Ever Been Employed By This Company? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Where and When \_\_\_\_\_

**GENERAL**

Highest Level of Education Obtained: \_\_\_\_\_

Subjects of Special Study or Research Work \_\_\_\_\_

Military or Naval Service \_\_\_\_\_ Rank \_\_\_\_\_

Note: This information will not necessarily bar you from employment.

Present Membership in National Guard or Reserves? \_\_\_\_\_

Is there any reason you might be unable to perform the function of the job for which you have applied (as described in the job description manual)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Explain if you wish \_\_\_\_\_

Do You Have a Valid Drivers License? Yes \_\_\_\_\_ No \_\_\_\_\_

Do You Have a Commercial Driver's License (CDL)? \_\_\_\_\_ If so, complete the following:

Type \_\_\_\_\_ Endorsements \_\_\_\_\_ Restrictions \_\_\_\_\_ Issuing State \_\_\_\_\_

Drivers License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**UNEXPIRED LICENSE:** (FMCSR 383.21) "No person who operates a commercial vehicle shall at any time have more than one driver license." I certify that I do not have more than one motor vehicle license.

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.

**ACCIDENT RECORD**

Record any accidents for the past three years or more. (attach sheet if necessary)

Dates	Type of Accident	Fatalities	Injuries
_____	_____	_____	_____
_____	_____	_____	_____

**Traffic convictions or forfeitures for the past three years – other than parking violations.**

Location	Charge	Date	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**DRIVING EXPERIENCE**

Class of Equip.	Type of Equipment (van, tank, flat, etc)	Dates		Approx. No. of Miles Total
		From	To	
Straight Truck	_____	_____	_____	_____
Tractor & Semi	_____	_____	_____	_____
Tractor – Two Trailers	_____	_____	_____	_____
Other	_____	_____	_____	_____

**FORMER EMPLOYERS** Starting with the most recent, list all employers for the last three years, indicating if you were subject to DOT regulations and if you were subject to DOT alcohol and controlled substance testing requirements. If you drove a commercial motor vehicle for seven years prior to the initial three years you must provide the same information (for a total of ten years). Explain any gaps in employment.

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Employer: \_\_\_\_\_ Employed From: \_\_\_\_\_  
Address/Phone \_\_\_\_\_ To \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Type of Work Performed: \_\_\_\_\_

Subject to DOT: Regulations Yes \_\_\_ No \_\_\_ Alcohol and controlled substance testing Yes \_\_\_ No \_\_\_

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Employer: \_\_\_\_\_ Employed From: \_\_\_\_\_  
Address/Phone \_\_\_\_\_ To: \_\_\_\_\_

Salary \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Type of Work Performed: \_\_\_\_\_

Subject to DOT: Regulations Yes \_\_\_ No \_\_\_ Alcohol and controlled substance testing Yes \_\_\_ No \_\_\_

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Employer: \_\_\_\_\_ Employed From: \_\_\_\_\_  
Address/Phone \_\_\_\_\_ To: \_\_\_\_\_

Salary \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Type of Work Performed: \_\_\_\_\_

Subject to DOT: Regulations Yes \_\_\_ No \_\_\_ Alcohol and controlled substance testing Yes \_\_\_ No \_\_\_

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Employer \_\_\_\_\_ Employed From: \_\_\_\_\_  
Address/Phone \_\_\_\_\_ To: \_\_\_\_\_

Salary \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Type of Work Performed: \_\_\_\_\_

Subject to DOT: Regulations Yes \_\_\_ No \_\_\_ Alcohol and controlled substance testing Yes \_\_\_ No \_\_\_

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Employer  
Address/Phone

Employed From: \_\_\_\_\_  
To:

Salary

Reason for Leaving

Type of Work Performed:

Subject to DOT: Regulations Yes\_\_ No\_\_ Alcohol and controlled substance testing Yes\_\_ No\_\_

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Employer  
Address/Phone

Employed From: \_\_\_\_\_  
To:

Salary

Reason for Leaving

Type of Work Performed:

Subject to DOT: Regulations Yes\_\_ No\_\_ Alcohol and controlled substance testing Yes No \_\_

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Employer  
Address/Phone

Employed From: \_\_\_\_\_  
To:

Salary

Reason for Leaving

Type of Work performed:

Subject to DOT: Regulations Yes\_\_ No\_\_ Alcohol and controlled substance testing Yes\_\_ No\_\_

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Employer  
Address/Phone

Employed From: \_\_\_\_\_  
To:

Salary

Reason for Leaving

Type of Work Performed

Subject to DOT: Regulations Yes\_\_ No\_\_ Alcohol and controlled substance testing Yes\_\_ No\_\_

If needed, list additional past employers on the back to complete ten year requirement.

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Have you ever been convicted of a crime, other than a minor traffic violation? \_\_\_\_\_

**If yes, Explain:**

NOTE: A prior conviction will not necessarily bar you from employment; however, the type of conviction and when it occurred will be considered.

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**PERSONAL REFERENCES:** (Give the names of two person not related to you, whom you have known at least one year).

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

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

### **CERTIFICATION**

“ I certify that the information in this application is true and understand that misrepresentations or false or omitted facts may result in my termination, regardless of the time of discovery by the company. I also understand that, if hired, my employment is for no definite period and may be terminated at any time without written notice, and that, absent a written contract signed by the President of the company, I will remain an at-will employee and can be terminated at any time without any notice.

I authorize investigation of the statements contained herein and the reference listed above to give you any and all information concerning my previous employment and any pertinent information such references may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that if the company decided to engage an investigative consumer reporting agency to report on my credit and personal history, the company will provide me, at my request, with the name and address of the agency so that I can obtain from them the nature and substance of the information contained in the report.

I authorize the company to obtain and review my motor vehicle records on a regular basis, if I drive a company-owned vehicle. I will annually provide proof of a valid driver's license.

I affirm that everything is true and correct, and I acknowledge that I can be terminated at any time if turns out that any information I supply is false. I affirm that I have a genuine intent and no other purpose in applying for a job with the company.

I have read the Forsgren Inc. Job Classification Job Manual and certify that I meet the requirements of the classification for which I am applying both physically and mentally.

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.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

# DISCLOSURE and AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with Forsgren, Inc., (herein "Company") or if employed, I understand that prior to or at any time after my employment commences a consumer report may be requested for employment purposes from InfoLink Screening Services, Inc., (herein "InfoLink") from public records including; but not limited to, Social Security number, motor vehicle operation history/driving records, workers' compensation information and criminal history to the extent permitted by law from various local, state, and federal agencies. Further, I understand that an Experian Employment Insight Report, Trans Union Employment Credit Report or Equifax Persona report may be requested. Finally, I understand that an Investigative Consumer Report may be requested and, as required under §606(a)(1) of the federal Fair Credit Reporting Act (FCRA), 15 U.S.C. §1681 et seq., I understand that this Report will include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, experience, along with reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR, COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING, ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY, CREDIT BUREAU, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE, AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION), CREDIT HISTORY, CREDIT CAPACITY, OR CREDIT STANDING OR ANY OTHER INFORMATION REQUESTED BY INFOLINK DEEMED PERTINENT TO MY EMPLOYMENT.

In accordance with the FCRA and applicable state laws, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Reporting Agency. If so, I will be so advised in writing and be given the name, address and toll free number of the agency, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (i) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency (under no circumstances shall such cost exceed the actual costs of duplication), and from any other Consumer Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and, (ii) to dispute the accuracy or completeness of any information in a consumer report furnished by the Reporting Agency. I understand that upon my request with reasonable notice and after furnishing proper identification, InfoLink's trained personnel will provide me with investigative information in my file during normal business hours in person or upon written request, by certified mail to a specified addressee, or telephone as permitted by law. Further, I understand that should I wish to review my file in person; I am permitted to be accompanied by one other person of my choosing who shall furnish reasonable identification and if requested, InfoLink will provide a written explanation of any coded information contained in my file. I understand that InfoLink is a Consumer Reporting Agency and it is InfoLink's policy to not be involved in or make hiring decisions or recommendation.

InfoLink's privacy policy limits the information it provides to the Company named herein, however I hereby authorize the Company to share such information with parties in interest who have a "need to know" such information to protect them and their employees. InfoLink does not sell or otherwise provide any of the information found in its background investigations to any other party other than the Company.

I understand that any consumer report or investigative consumer report requested will be used strictly for employment purposes as defined under §603(h) and authorized under §604(a)(3)(B) of the Fair Credit Reporting Act, as a report to be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. I further understand and consent to the furnishing of workers' compensation information, after a conditional job offer, which may include my medical information including any and all injuries pursuant to state law and in compliance with the Federal Americans with Disabilities Act. In addition, I understand that any offer of employment, promotion, reassignment or retention will be conditional upon the receipt of satisfactory information as required by the Company, and that to be considered for employment, promotion, reassignment or retention, I must authorize the procurement of such report(s). A photographic or faxed copy of this form shall be as valid as the original.

The following must be filled out completely and signed for your application to be considered  
(Please print)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME/INITIAL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DRIVER'S LICENSE NUMBER or STATE ID # \_\_\_\_\_ STATE ISSUED \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

FOR IDENTIFICATION PURPOSES, PLEASE PROVIDE: FULL DATE OF BIRTH \_\_\_\_\_

HAVE YOU USED ANY NAMES OR SOCIAL SECURITY NUMBERS OTHER THAN ABOVE?  Yes  No

Please List Other Names Used \_\_\_\_\_ Please List Other SS Number Used \_\_\_\_\_  
(Please sign)

Signature Authorizing the Procurement of the Consumer Report and/or Investigative Consumer Report \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

I understand that in California, Minnesota, or Oklahoma if a Consumer Report/Investigative Consumer Report (including any Credit Report) was requested, I may order a copy of such report and it will be mailed to me:  Yes, please send me a copy of my Report



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(CON977B)



**VOLUNTARY INFORMATION**

TO BE COMPLETED BY APPLICANT

IN ORDER TO COMPLY WITH REPORTING REQUIREMENTS UNDER FEDERAL LAW, WE ASK YOU TO VOLUNTARILY COMPLETE THIS FORM. THE INFORMATION REQUESTED WILL BE KEPT CONFIDENTIAL AND A REFUSAL TO PROVIDE THE INFORMATION WILL NOT AFFECT YOUR OPPORTUNITY FOR EMPLOYMENT. IT WILL NOT BE USED FOR HIRING, PLACEMENT, OR ANY OTHER DECISION RELATING TO TERMS AND CONDITIONS OF EMPLOYMENT.

DO NOT HESITATE TO ASK FOR ASSISTANCE IF YOU HAVE ANY DIFFICULTY COMPLETING THIS FORM. THANK YOU VERY MUCH FOR YOUR COOPERATION.

PLEASE PRINT

\_\_\_\_\_  
LAST NAME                                      FIRST NAME                                      MIDDLE INITIAL

SEX:

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

APPLICATION DATE: \_\_\_\_\_

RACE OR NATION ORIGIN:

BLACK \_\_\_\_\_

ASIAN AMERICAN \_\_\_\_\_

HISPANIC \_\_\_\_\_

NATIVE AMERICAN \_\_\_\_\_

WHITE \_\_\_\_\_

HAWAIIAN \_\_\_\_\_