

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 23rd 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.

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__

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__

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__

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__

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__

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 __

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 __

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.

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.

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



9201 Oakdale Avenue, Suite 100, Chatsworth, CA 91311-6520
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(CON977B)



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 8079
Little Rock, Arkansas 72203-8079
Phone: (501) 682-7207
Fax: (501) 682-2075
<http://www.arkansas.gov/drugtest>

RELEASE OF RECORD OF 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:

Forsgren, Inc. and subsidiaries

Company name _____

P.O. Box 368, Fort Smith

AR

72902

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.

**ATTACHMENT A
FORM OF CONSENT OF COMMERCIAL DRIVER – CDLIS REPORT**

A commercial driver may provide consent to the submission of a CDLIS Inquiry either by the following Instrument of Written Consent for CDLIS Inquiry or by a general form of consent that includes an expression of consent that is substantially equivalent.

INSTRUMENT OF WRITTEN CONSENT FOR CDLIS INQUIRY

I, the undersigned commercial driver, hereby authorize Forsgren, Inc. / JDS Supply to request or access data pertaining to me within the CDLIS Central Site, to obtain all CDLIS Master Pointer Record data relating to me (CDLIS Data), and to request and obtain my driver record from the jurisdiction identified in the CDLIS Data in accordance with applicable state law and the Driver Privacy Protection Act. I hereby further authorize the disclosure of my CDLIS Data and driver records to Forsgren, Inc. / JDS Supply .

I hereby give this consent this _____ day of _____, 20_____.

COMMERCIAL DRIVER:

[Print first name] _____ [Print last name] _____

[Signature] _____

[Driver's license number] _____ [State] _____

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with Forsgren, Inc. / JDS Supply ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Forsgren, Inc. / JDS Supply ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015