

# DRIVER APPLICATION FORM



810 Newport Rd.,  
Batesville, AR 72501  
800-252-2806

DATE \_\_\_\_\_ NAME \_\_\_\_\_

### To Be Read and Signed By Applicant

I authorize you to make such investigations 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, schools, 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 interviews 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 the 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

TELEPHONE NO. \_\_\_\_\_ CELLULAR NO. \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

Street City State Zip No. of Yrs.

PAST 3 YEAR RESIDENCY \_\_\_\_\_

Street City State Zip No. of Yrs.

Street City State Zip No. of Yrs.

### EMPLOYMENT HISTORY

All applicants wishing to drive in interstate commerce must provide a complete record of ALL employment for the past 3 years, including any unemployment or self-employment, and ALL commercial driving experience for the past 10 years. You are required to list complete mailing address: street no. and name, city, state, and zip code.

### CURRENT OR LAST EMPLOYER

NAME \_\_\_\_\_ PHONE NO \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

FROM \_\_\_\_\_ TO \_\_\_\_\_ POSITION HELD \_\_\_\_\_ SALARY \_\_\_\_\_  
(MO/YR) (MO/YR)

REASON FOR LEAVING \_\_\_\_\_ CONTACT \_\_\_\_\_

Were you subject to the FMCSRs while employed? \*\* \_\_\_ yes \_\_\_ no

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_ yes \_\_\_ no

NEXT PREVIOUS EMPLOYER

NAME \_\_\_\_\_ PHONE NO \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

FROM \_\_\_\_\_ TO \_\_\_\_\_ POSITION HELD \_\_\_\_\_ SALARY \_\_\_\_\_  
(MO/YR) (MO/YR)

REASON FOR LEAVING \_\_\_\_\_ CONTACT \_\_\_\_\_

Were you subject to the FMCSRs while employed? \*\* \_\_\_ yes \_\_\_ no  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_ yes \_\_\_ no

NEXT PREVIOUS EMPLOYER

NAME \_\_\_\_\_ PHONE NO \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

FROM \_\_\_\_\_ TO \_\_\_\_\_ POSITION HELD \_\_\_\_\_ SALARY \_\_\_\_\_  
(MO/YR) (MO/YR)

REASON FOR LEAVING \_\_\_\_\_ CONTACT \_\_\_\_\_

Were you subject to the FMCSRs while employed? \*\* \_\_\_ yes \_\_\_ no  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_ yes \_\_\_ no

NEXT PREVIOUS EMPLOYER

NAME \_\_\_\_\_ PHONE NO \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

FROM \_\_\_\_\_ TO \_\_\_\_\_ POSITION HELD \_\_\_\_\_ SALARY \_\_\_\_\_  
(MO/YR) (MO/YR)

REASON FOR LEAVING \_\_\_\_\_ CONTACT \_\_\_\_\_

Were you subject to the FMCSRs while employed? \*\* \_\_\_ yes \_\_\_ no  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_ yes \_\_\_ no

NEXT PREVIOUS EMPLOYER

NAME \_\_\_\_\_ PHONE NO \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

FROM \_\_\_\_\_ TO \_\_\_\_\_ POSITION HELD \_\_\_\_\_ SALARY \_\_\_\_\_  
(MO/YR) (MO/YR)

REASON FOR LEAVING \_\_\_\_\_ CONTACT \_\_\_\_\_

Were you subject to the FMCSRs while employed? \*\* \_\_\_ yes \_\_\_ no  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_ yes \_\_\_ no

\*\*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 (1) weighs or has a GVWR or 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.  
**USE AN ADDITIONAL PAGE IF NECESSARY**

## EXPERIENCE AND QUALIFICATION

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	DATES		APPROX. NO. OF MILES
	FROM	TO	
STRAIGHT TRUCK			
TRACTOR & SEMI-TRAILER			
TRACTOR-TWO TRAILERS			
OTHER			

List states operated in for the last five years \_\_\_\_\_

List special courses, training, or safety awards you have that will help you as a driver \_\_\_\_\_

### ACCIDENT RECORD FOR PAST 3 YEARS

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	# OF FATALITIES	# OF PEOPLE INJURED

### TRAFFIC CONVICTIONS AND FORFEITURES FOR THE LAST 3 YEARS

LOCATION	DATE	CHARGE	PENALTY

### LICENSE INFORMATION (List all held in past 3 years)

STATE	LICENSE NO.	CLASS	ENDORSEMENTS	EXPIRATION DATE

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. \_\_\_\_\_

By completing this application you are authorizing BDTI to obtain a motor vehicle report before employment and yearly thereafter. This authorization will remain in effect until a formal withdrawal is made by the driver.

**PERSONAL REFERENCES**

List 2 persons for reference, other than relatives, who have knowledge of your safety habits.

1. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_ yes \_\_\_ no If yes, give details. \_\_\_\_\_

\_\_\_\_\_  
Conviction of a crime is not an automatic bar to employment—all circumstances will be considered.

**ADDITIONAL DOT REQUIREMENTS**

Per Federal Motor Carrier Safety Regulations Part 40.25 (j) BDTI is required to ask all prospective employees the following question:

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you have applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years? \_\_\_ yes \_\_\_ no

**APPLICANT CERTIFICATION**

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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**REMARKS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

APPLICANT HIRED \_\_\_ YES \_\_\_ NO

REASON \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**bill davis**  
trucking inc.

810 Newport Rd. Batesville, AR 72501 870-251-2806

**POSITION TITLE:** Driver

**POSITION SUMMARY:** Movement of freight and produce cross-country in an efficient manner using a tractor-trailer as the mode of transportation.

**ESSENTIAL FUNCTIONS:**

1. Must be able to safely operate a tractor-trailer combination.
2. Must be physically able to pull fifth-wheel pin, dolly trailer up and down, pull tandem slider release bar, and to load and unload freight with a weight of 85 pounds, as well as use a dolly to move large cartons of furniture to the back of the trailer.
3. Must be able to operate a vehicle for 10-11 hours a day.
4. Must be physically fit to sit for long periods of time.
5. Must be able to climb to and from inside of trailer and truck.
6. Expected to stay gone from home several nights in a row.

**OTHER RESPONSIBILITIES:**

1. Performs other work related duties as assigned.

**EDUCATION, EXPERIENCES, AND SKILLS REQUIRED:**

1. Must have the ability to read and write.
2. Basic map reading and math skills.
3. Requires ability to meet strangers in a friendly and professional manner.
4. Must have excellent comprehension skills.
5. Have some mechanical ability.
6. Must be able to take verbal directions and be able to complete task therewith.
7. Be able to communicate using a QualComm.

I have read and understand the above qualifications required in order to be an over-the-road driver at Bill Davis Trucking, Inc.

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Signature

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Date



# bill davis trucking inc.

810 Newport Rd.  
FAX 870-251-3745

800-252-2806  
ATTN: Becky Beasley, Safety Director

**APPLICANT NAME:** \_\_\_\_\_ **SOCIAL SECURITY NUMBER:** \_\_\_\_\_

You are hereby authorized to give Bill Davis Trucking, Inc. all information regarding my services, character, and conduct while in your employ, and you are released from any liability which may result from giving such information. In order to enable BDTI to comply with the requirements of 49 C.F.R. 391.21 and 391.23, I hereby consent BDTI to obtain from my prior employers the information pertaining to me. I also authorized the specific release of information they are required to maintain by 49 C.F.R. 382.401 (b) (1) (I) through (iii) regarding alcohol tests with a concentration of 0.04 or greater, positive controlled substance test results, and refusals to be tested within the three (3) years preceding the date of this application.

I understand that I have the right to review this information and request a correction if I feel it is in error. I hereby authorize BDTI to release such information to any of its personnel whose duties require them to assess this application or to make any recommendations or decisions with respect to it.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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### FOR OFFICE USE ONLY

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Dates of Employment: \_\_\_\_\_

Position Held: \_\_\_\_\_ Tickets? \_\_\_\_\_

Equipment: Tractor Trailer \_\_\_\_\_ Van \_\_\_\_\_ Reefer \_\_\_\_\_ Tank \_\_\_\_\_ Flatbed \_\_\_\_\_ Other \_\_\_\_\_

States in Which Applicant Drove \_\_\_\_\_ Types of Commodities Hauled \_\_\_\_\_

LOGS: Did applicant have ANY Log Problems that resulted in an out of service order? Yes \_\_\_ No \_\_\_

ACCIDENTS: Preventable \_\_\_ Non Preventable \_\_\_ Total Number \_\_\_ Discription \_\_\_\_\_

Why did applicant leave your Employment? Quit \_\_\_ Discharged \_\_\_ Laid Off \_\_\_ Other \_\_\_\_\_

If Discharged or Other Please Explain: \_\_\_\_\_

Is Applicant Eligible for Rehire? Yes \_\_\_ Upon Review \_\_\_ No \_\_\_ If no, why \_\_\_\_\_

Was driver subject to Part 382 testing requirements while employed by you? Yes \_\_\_ No \_\_\_ Has this individual ever had an alcohol test with a concentration of .04 or greater in the past 3 years? Yes \_\_\_ No \_\_\_

Has this individual ever had a controlled substance test with a positive result in the past 3 years? Yes \_\_\_ No \_\_\_

Has this individual ever refused (or adulterated or substituted results) a controlled substance and/or alcohol test with the past 3 years? Yes \_\_\_ No \_\_\_ Has this individual ever violated other DOT drug/alcohol regulations in the past 3 years? Yes \_\_\_ No \_\_\_

Have you received information from a previous employer that this individual violated DOT drug/alcohol regulations in the past 3 years? Yes \_\_\_ No \_\_\_ If this person has violated a DOT drug and alcohol regulation, please send documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests) with this verification to the fax number above.

\*\*\*\*\*

Signature of Person Providing Information: \_\_\_\_\_

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

**COMMERCIAL MOTOR VEHICLE DRIVING RECORDS RELEASE FORM**

I, \_\_\_\_\_ DO HEREBY AUTHORIZE OFFICE  
OF DRIVER SERVICES TO RELEASE MY COMMERCIAL EMPLOYMENT RECORD TO:

**Bill Davis Trucking, Inc.  
810 Newport Rd.  
Batesville, AR 72501**

**This release shall remain in full force and effect for the next five (5) years unless a formal withdrawal is filed by me.**

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

**Date of Birth:** \_\_\_\_\_

**Drivers License #:** \_\_\_\_\_

**State of License:** \_\_\_\_\_

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



810 Newport Rd. Batesville, AR 72501 800-252-2806

IMPORTANT NOTICE REGARDING PRE-EMPLOYMENT SCREENING  
FROM THE PSP ONLINE SERVICE

In connection with your application for employment with Bill Davis Trucking, Inc., we may obtain one or more reports regarding your credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If we use any information that we obtain from a background report in a decision to not hire you or to make any other adverse employment decision regarding you, we will provide you with a copy of the report upon which our decision was made and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action has been taken against you based upon a background report, we will notify you that the action has been taken and that the background report was the reason for the action. We cannot obtain background reports from consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that we may obtain such background reports, please read the following and sign below:

I authorize Bill Davis Trucking, Inc. to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history for the previous three (3) years, as well as any reference related information about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that BDTI might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with BDTI. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or managers or representatives.

In exchange for BDTI's consideration of my application for employment, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to BDTI or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against BDTI or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

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I have read the above Notice Regarding Background Reports provided to me by BDTI and I understand that if I sign this consent form, BDTI and/or any entity it retains to obtain such background reports may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

I hereby authorize Bill Davis Trucking, Inc. and its employees, agents, and affiliates to obtain the information authorized above.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)