

Have you ever been convicted of a felony? [] YES [] NO

If yes, explain: _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? [] YES [] NO

Has any license, permit, or privilege ever been suspended or revoked? [] YES [] NO

40.25(j) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT Agency drug/alcohol testing rules during the past 2 years? [] YES [] NO

If you answered "YES" to the 40.25(j) question, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements? [] YES [] NO

If you answered "YES" to any of the above questions, explain your answers on a separate sheet of paper.

Equipment Experience

Class of Equipment	Type of Equipment	Dates		Approximate Total Miles
		From	To	
<i>Straight Truck</i>				
<i>Tractor/Trailer</i>				
<i>Double/Triples</i>				
<i>Bus</i>				

Prior Accidents, Traffic Convictions, and Revocations

(Prior 10 Years. Attach a separate sheet if more space is needed)

Date	Nature of Accident (Head-on, Rear-end, Overturn, backing, etc.)	At Fault (Y/N)	Location (City and State)	Fatalities / Injuries (Y/N)	Penalty

Current and Prior Employment History

(CDL drivers **must** list minimum 10 years of history, Non-CDL applicants list 3 years of history)

Company: _____ **Supervisor's Name:** _____

Address/City/State: _____ **Phone #:** _____ - _____ - _____

Position held: _____ **From:** ____/____/____ **To:** ____/____/____

Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?

YES NO

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40?

YES NO

Company: _____ **Supervisor's Name:** _____

Address/City/State: _____ **Phone #:** _____ - _____ - _____

Position held: _____ **From:** ____/____/____ **To:** ____/____/____

Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?

YES NO

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40?

YES NO

Company: _____ **Supervisor's Name:** _____

Address/City/State: _____ **Phone #:** _____ - _____ - _____

Position held: _____ **From:** ____/____/____ **To:** ____/____/____

Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?

YES NO

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40?

YES NO

Prior Employment History Continued

(CDL drivers **must** list minimum 10 years of history, Non-CDL applicants list 3 years of history)

Company: _____ Supervisor's Name: _____

Address/City/State: _____ Phone #: _____ - _____ - _____

Position held: _____ From: ____/____/____ To: ____/____/____

Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?

YES NO

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40?

YES NO

Company: _____ Supervisor's Name: _____

Address/City/State: _____ Phone #: _____ - _____ - _____

Position held: _____ From: ____/____/____ To: ____/____/____

Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?

YES NO

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40?

YES NO

Company: _____ Supervisor's Name: _____

Address/City/State: _____ Phone #: _____ - _____ - _____

Position held: _____ From: ____/____/____ To: ____/____/____

Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?

YES NO

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40?

YES NO

Professional References

Please list three professional references below. These should be people who are unrelated to you and may have previously supervised you directly. Include their prior/current relationship to you (i.e. Mentor, Co-worker, or Supervisor).

Name: _____ **Relationship:** _____

Phone Number: _____ - _____ - _____ **Email:** _____

Name: _____ **Relationship:** _____

Phone Number: _____ - _____ - _____ **Email:** _____

Name: _____ **Relationship:** _____

Phone Number: _____ - _____ - _____ **Email:** _____

This company has advised me, during the application process, that I have the following due process rights regarding information received from previous employers as a result of these investigations conducted on my safety performance history. In accordance with 391.23(i) I have been advised that I have the right to review information provided by previous employers; I have the right to have errors in the information corrected by the previous employer, and for that previous employer to re-send the corrected information to the prospective employer; I have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information. I have been informed that my previous Department of Transportation regulated employment history in the previous three (3) years can be reviewed by me by submitting a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. This company has advised me that within five (5) business days after receiving my request or within five (5) business days of receiving the information they will supply the information to me. This company has advised me that if I have not arranged to pick up or receive the requested records within thirty (30) days of making them available, this company may consider I have waived the request to review the records. All information obtained is to be used in the decision making for employment with this company.

It has been recommended to me to read 49 CFR Part 391.23 to be more aware of the procedures motor carriers are required to use to obtain/review my safety performance history with previous DOT regulated motor carriers.

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 Signature

Date

APPLICANT AVAILABILITY

List Available Hours							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<i>Morning</i>							
<i>Mid-day</i>							
<i>Evening</i>							
<i>Overnight</i>							

Examples: Morning (5AM – 2PM) Midday (10AM – 6PM) Evening (2PM – 12AM) Overnight (9PM – 6AM)

Are you available to travel out of town? YES NO

Do you prefer local trips only? YES NO

Please add any additional comments or list any concerns:

After reviewing this information with the Human Resources Manager, the CDL Supervisor, OR the Car Service Lead, I am committed to being available to work the days / shifts as marked above.

Applicant Signature

Date

Consent for Drug/Alcohol Testing

By signing and providing the information below, I agree to allow Pinnacle Car Services, Inc., its management and its assigned healthcare professional to analyze my urine or blood specimen for unauthorized or illegal substances and alcohol, at initial employment and thereafter. I also agree to abide by the no-tolerance drug and alcohol policy outlined in the Pinnacle Car Services Handbook. I understand that the results of this check may be grounds for non-hire or dismissal.

Full Name (printed): _____

Address: _____

Date of Birth: _____

Social Security Number: _____

Driver's License Number / State: _____

Employee Signature: _____ **Date:** _____



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 1272
 Little Rock, Arkansas 72203 Phone: (501) 682-7207
 Fax: (501) 682-2075
<http://www.arkansas.gov/drugtest>

RELEASE OF RECORD FOR ALCOHOL AND DRUG TESTS RESULTS

I, (print first and last name) _____ do hereby authorize the Office of Driver Services to release my record of alcohol and drug tests results to:

PINNACLE CAR SERVICES, INC.

Company name

3333 PINNACLE HILLS PARKWAY, SUITE 432, ROGERS,	AR	72758
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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.

[Office Use Only]

Professional Reference Verification:

Date / Time of Contact: _____ / _____ **Who contacted them:** _____

Name: _____ **Relationship:** _____

Phone Number: _____ - _____ - _____ **Email:** _____

Comments: _____

Date / Time of Contact: _____ / _____ **Who contacted them:** _____

Name: _____ **Relationship:** _____

Phone Number: _____ - _____ - _____ **Email:** _____

Comments: _____

Date / Time of Contact: _____ / _____ **Who contacted them:** _____

Name: _____ **Relationship:** _____

Phone Number: _____ - _____ - _____ **Email:** _____

Comments: _____
