



# APPLICATION FOR EMPLOYMENT

## Max Arnold & Sons Transportation, LLC

702 North Main Street  
Hopkinsville, KY 42240

**Branch:**  Hopkinsville  Madisonville  Russellville  Princeton  Paducah

Please TYPE or PRINT clearly. To be considered for employment, this Application for Employment must be fully completed.

We are an Equal Opportunity Employer. We select the best-qualified individuals for all vacant positions regardless of race, color, religion, gender, national origin, age, sexual orientation, marital status, veteran status, disability, or any other legally protected status.

Please notify a representative of the Human Resource Department if you require a reasonable accommodation to participate in the application and/or interviewing process.

The information contained in this application will be used when contacting former employers for investigative purposes as outlined in FMCSR 391.23.

BIOGRAPHICAL DATA	Name (First, Middle, Last)		Date of application	Social Security Number (optional) - -	
	ADDRESS REQUIRED FOR PAST THREE YEARS				
	Current Street Address		City	State	Zip Code    How Long
	Previous Street Address		City	State	Zip Code    How Long
	Previous Street Address		City	State	Zip Code    How Long
	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are not currently employed, how long since last employment?	Telephone Number	Alternate Telephone Number	
	In case of emergency notify:			Date of Birth	
	Name		Address	Phone	
	Referred By		Date Available to Start Work		
	Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes when? From _____ To _____ Where _____			Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Reason for Leaving?				
	Rate of Pay?		Position?		
	If you are not currently employed, how long since leaving your last employment?				
	If necessary best time to call you at home is.			<input type="checkbox"/> AM <input type="checkbox"/> PM	
May we contact you at work? If yes, work number _____ and best time to call _____			<input type="checkbox"/> AM <input type="checkbox"/> PM		
Referral Source? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Government Employee Agency <input type="checkbox"/> Private Employment Agency <input type="checkbox"/> Walk-in <input type="checkbox"/> Max Arnold & Sons Web Site <input type="checkbox"/> Other: _____					

EDUCATIONAL BACKGROUND	EDUCATION				
	Type of School Attended	Name and Location of School	# of Years Completed	Course of Study/Major	Diploma or Degree Obtained
	Grammar Or Grade				
	High School / GED				
	College / Other				
	Other Education				

REFERENCES	REFERENCES	
	List three professional references (other than relatives or former employers).	
	Name/Relationship	Telephone #
	1.	
	2.	
3.		

MILITARY	MILITARY STATUS			
	Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch: _____ Dates: From _____ To _____			
	Date of Discharge?		Type of Discharge?	

EMPLOYMENT HISTORY				
Provide employment information, including military service, self-employment, student periods, for the last 10 years, starting with the most recent employer first. If you need additional space attach a separate sheet to this form. Professional reference checks are a required part of the application process. We will contact your past/current employers.				
EMPLOYMENT HISTORY	Name of Employer		Telephone Number	
	Address		City State Zip Code	
	Employment Dates (Month/Year) From _____ to _____		Start Salary \$ _____ Per _____	End Salary \$ _____ Per _____
	Job Title of Position(s)		Name and Job Title of Supervisor	
	Person to Contact?			
	Reason for leaving?			
	Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>EMPLOYMENT HISTORY</b>	Name of Employer		Telephone Number			
	Address		City	State	Zip Code	
	Employment Dates ( <i>Month/Year</i> )		Start Salary		End Salary	
	From	to	\$	Per	\$	Per
	Job Title of Position(s)		Name and Job Title of Supervisor			
	Person to Contact?					
	Reason for leaving?					
	Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No						

<b>EMPLOYMENT HISTORY</b>	Name of Employer		Telephone Number			
	Address		City	State	Zip Code	
	Employment Dates ( <i>Month/Year</i> )		Start Salary		End Salary	
	From	to	\$	Per	\$	Per
	Job Title of Position(s)		Name and Job Title of Supervisor			
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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? <input type="checkbox"/> Yes <input type="checkbox"/> No						

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	Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No						

EXPERIENCE AND QUALIFICATIONS			
DRIVERS LICENSE EXPERIENCE AND QUALIFICATIONS	1A. Do you currently hold a valid CDL License? <input type="checkbox"/> Yes <input type="checkbox"/> No Issuing State?		
	1B. If so list current endorsements on CDL License:		
	2. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
	3. Has any license, permit, or privilege ever been suspended or revoked? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
	4. Have you been convicted of a felony within the last seven- (7) years? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
	<b>IF THE ANSWER TO 2, 3, OR 4 IS YES, GIVE EXPLANATION BELOW. ATTACH SHEET IF MORE SPACE IS NEEDED.</b>		
STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE	List states operated in for last three (3) years.		
	Have you ever attended a truck driving school? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
	If yes, list name and address of school attended:		
	Do you have any safe driving awards? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
	If yes, from whom?		
	CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO
STRAIGHT TRUCK			
TRACTOR AND SEMI TRACTOR			

	TRACTOR – DOUBLES / TRIPLES				
	OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)					
ACCIDENT RECORD		DATES	TYPE OF ACCIDENT (HEADON, REAR END, ETC.)	INJURIES	FATALATIES
	LAST ACCIDENT				
	NEXT PREVIOUS				
	NEXT PREVIOUS				
	NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)					
CONFICTIONS AND FORFEITURES		LOCATION	DATE	CHARGE	PENALTY
	LAST ACCIDENT				
	NEXT PREVIOUS				
	NEXT PREVIOUS				
	NEXT PREVIOUS				

**PLEASE READ CAREFULLY AND SIGN BELOW**

I hereby certify that all of the information provided in order to apply for and secure work with the employer is true, complete, and accurate, and was completed by me. I understand that any false misleading or incomplete statement of the information in this application shall be sufficient ground for discharge from employment.

I authorize you the perspective employer to make investigations and inquires of my personal character, habits, employment and job performance, financial or medical history, and other related matters as may be necessary in arriving at an employment decision. In general an investigation regarding medical history may be made only if and after a conditional offer of employment has been made. I hereby release employers, school personnel, health care providers, all other persons and organizations from all liability when responding to inquires and or investigations and releasing information in connection with my application.

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). Additionally, the prospective employer must notify the applicant in writing of his her due process rights as specified in Section 391.23(l) regarding information received as a result of these investigations.

Further, pursuant to the regulations, 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(s) and I cannot agree on the accuracy of the information.

I hereby authorize any law enforcement agency or court system to furnish information concerning my Motor Vehicle Record, or any felony or misdemeanors of which I have been convicted.

If employed, I agree to abide by all policies, procedures, rules, and regulations of the organization. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated by myself or the company at any time with or without cause or notice. I further understand that the policies, procedures, rules, and benefits contained in the employee handbook, benefit plans, and other written documents should not be considered an employment contract for any period of time.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice. The employer reserves the same right to terminate my employment at any time, with or without cause and without prior notices, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period of time.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cause further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

**Do not sign until you have read the above applicant statement.**

**I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.**

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	<b>FOR OFFICE USE ONLY</b>			
	<b>POSITION HIRED FOR:</b>		<b>BRANCH:</b>	
	<b>DATE EMPLOYED</b>	<b>RATE PER</b>	<input type="checkbox"/> <b>HOURLY</b>	<input type="checkbox"/> <b>WEEKLY</b>
	<b>WORK PERMIT:</b>		<b>STATUS:</b>	

	DATE INTERVIEWED: _____	OTHER INFORMATION:
	TERMINATION DATE OF SERVICE? _____ / _____ / _____	
	REASON: <input type="checkbox"/> TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> QUIT <input type="checkbox"/> RETIREMENT <input type="checkbox"/> MEDICAL <input type="checkbox"/> OTHER	