



Employment Application

3592 Hwy 367 South
Searcy, AR 72143 Phone (501) 268-2359

EEO Employer/Vet/Disabled

117 Commerce Drive
Jefferson City, MO 65109

Name: _____ SS# _____

Home Address: _____

City, State: _____ Zip: _____

Home phone: () _____ Other phone: () _____

Position applied for: _____ Full Time? _____ Part-time? _____ Temporary? _____

Rate of pay expected: _____

Are you 18 years or older? ___ yes ___ no Are you lawfully authorized to work in the U.S. ___ no ___ yes

Who referred you to Capital? _____

If applying for a Laborer, Operator, or Driver position you must be able to lift up to 50 lbs. on a regular basis, must be able to stoop, bend, and work in extreme temperatures. Can you perform these essential job duties with or without an accommodation?
_____ no _____ yes

List all States in which you have held a driver's license (at least 3 years must be shown:)

State	License No.	Class	Endorsements	Expiration Date

- Have you ever been denied a license or privilege to operate a motor vehicle? Yes _____ No _____
- Has any license, permit or privilege ever been suspended or revoked? Yes ___ No _____
- Have you ever been disqualified to drive a Commercial Motor Vehicle under the Federal Motor Carrier Safety Regulations? Yes _____ No _____

If your answer to 1, 2 or 3 above is yes, explain: _____

Driving Experience

Class of Equipment	Type (dump, flat bed, etc.)	From/to dates	Approx. miles
Straight Truck			
Tractor Trailer			
Other			

Safety Record: List all accidents for the past 5 years

Dates	Describe accident	Injuries or fatalities?

Specialized Skills: (heavy equipment operator, mechanical maintenance, construction, forklift, etc.)

Dates	Type of Skill/Experience	Dates	Type of Skill/Experience

Education

Name of School	Location	Dates Attended	Degree

Employment Record (Show employment for past 10 years, if applicable. Attach additional sheet if necessary.)

Current Employer: _____ Phone: () _____

Full Address: _____ Zip _____

Position Held: _____ From (mo./yr.) _____ To (mo./yr.) _____

Reason for Leaving: _____ Ending Wage _____

Who may we contact to verify your employment? _____

Previous Employer: _____ Phone: () _____

Full Address: _____ Zip _____

Position Held: _____ From (mo./yr.) _____ To (mo./yr.) _____

Reason for Leaving: _____ Ending Wage _____

Who may we contact to verify your employment? _____

Next Previous Employer: _____ Phone: () _____

Full Address: _____ Zip _____

Position Held: _____ From (mo./yr.) _____ To (mo./yr.) _____

Reason for Leaving: _____ Ending Wage _____

Who may we contact to verify your employment? _____

References – List three professional references (do not list relatives)

Name	Street address	City / State	Phone Number

APPLICANT – PLEASE READ AND SIGN: “I certify that I have read and understood the employment application, and I am submitting this application for the sole purpose of seeking employment with Capital. It is agreed and understood that Capital, or its agents may investigate my background and employment history, whether same is of record or not. I understand that this information will be used for the purpose of determining my eligibility for employment with Capital. I authorize, without reservation, any party or agency contacted by Capital to furnish requested information concerning my work history and character. I release all employers, USIS, and other persons named herein from all liability for damages due to furnishing such information. I certify that this application was completed by me and all answers I have given are truthful to the best of my knowledge. I understand that any misrepresentations or omissions may result in my rejection for consideration or dismissal. Copies of this document carry the same authority as the original document. I agree to furnish additional information and complete examinations and drug tests as may be required.”

APPLICANT’S SIGNATURE: _____ DATE: _____

TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

Applicant Name: _____

Date of Birth: _____

Social Security Number: _____

Current Address (Street, City, State, Zip Code): _____

Capital is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, sex, sexual orientation, gender identity, age, status as a protected veteran, among other things, or a status as a qualified individual with disability.

Release of Information Form – 49 CFR Part 40 Drug and Alcohol Testing

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusal to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.
New Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

I-B.
Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing:

- | | |
|---|----------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | YES ___ NO ___ |
| 2. Did the employee have verified positive drug tests? | YES ___ NO ___ |
| 3. Did the employee refuse to be tested? | YES ___ NO ___ |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES ___ NO ___ |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | YES ___ NO ___ |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | YES ___ NO ___ |

Note: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g. SAP report(s), follow-up testing record).

II-B.
Name of person providing the information in *Section II-A*: _____

Title: _____ Phone #: _____

Date: _____