Truck Driver
Application for Employment

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability. Please answer ALL questions. Do not leave any item blank. Use "No", "N/A" or "None" if applicable.

Date of Application (MM/DD/YYYY) _____/_____/_____

Last Name _____First Name _____Middle_____
SSN _____-_____-_____ Date of Birth (MM/DD/YYYY) _____/_____/_____

CDL Driver's License # _____ State _____ Expiration Date _____
Medical Exam: Date of Issue_____/_____/_____ Expiration Date _____/_____/_____

List current address and all addresses at which you have resided during the past 10 years:
Current
Address _____ City _____ State ____ ZIP _____From/To _____/_____
Address _____ City _____ State ____ ZIP _____From/To _____/_____
Address _____ City _____ State ____ ZIP _____From/To _____/_____
Address _____ City _____ State ____ ZIP _____From/To _____/_____

Home Phone # (_____) _____-_____ Cell Phone # (_____) _____-_____

Emergency Contact Name _____ Phone # (_____) _____-_____

Truck Driving Position Applying for: Part Time _____ Full Time _____
How did you hear about us? _____
Have you worked for C.J. Horner Company, Inc., before? _____
What Position? _____
If Yes, please provide the dates of previous employment: From _____To _____

Education
High School Attended _____ City_____ State _____ Graduated? YES/ NO ___
College/Trade School Attended _____ City_____ State _____ Graduated? YES NO ___
Driving School Attended _____ City _____ State _____ Completion Date _____
Have you ever been convicted of a felony? _____ If yes, please explain.
_____
_____

Have you ever been convicted of/or have a pending DWI/DUI? _____ If yes, when? _____

Are you authorized to work in the United States? _____

Employment Record

Please start with the most recent employer.

In accordance with FMCSR 391.21 & .23, an applicant must list all previous work experience for the three (3) years prior to the date of the application shown on page one, as well as all commercial driving experience for the seven (7) year period prior to those three years, for **a total of 10 years**. Include your job description, date of employment, reason for leaving and whether you were subject to FMCSA & U.S. DOT alcohol and controlled substance testing requirements for each job listed. Please start with the most recent employer. Include self-employment or time leased to another carrier. Use an additional sheet if needed. Any gaps in employment (including unemployment or retirement) must be explained.

Employer _____From _____ to _____
Address _____ City _____ State _____ ZIP _____
Telephone Number _____ Fax Number _____
Equipment Operated: _____ Materials Hauled: _____
Position Held _____ Reason for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? YES NO
Were you subject to the US DOT alcohol and controlled substances testing requirements? YES NO
Account for period between jobs – include dates (MM/YYYY) and reason: _____
_____

Employer _____ From _____ to _____
Address _____ City _____ State _____ ZIP _____
Telephone Number _____ Fax Number _____
Equipment Operated: _____ Materials Hauled: _____
Position Held _____ Reason for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? YES NO
Were you subject to the US DOT alcohol and controlled substances testing requirements? YES NO
Account for period between jobs – include dates (MM/YYYY) and reason: _____
_____

Employer _____ From _____ to _____
Address _____ City _____ State _____ ZIP _____
Telephone Number _____ Fax Number _____
Equipment Operated: _____ Materials Hauled: _____
Position Held _____ Reason for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? YES NO
Were you subject to the US DOT alcohol and controlled substances testing requirements? YES NO
Account for period between jobs – include dates (MM/YYYY) and reason: _____
_____

Employment Record Continued

Employer _____ From _____ to _____
Address _____ City _____ State _____ ZIP _____
Telephone Number _____ Fax Number _____
Equipment Operated: _____ Materials Hauled: _____
Position Held _____ Reason for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? YES NO
Were you subject to the US DOT alcohol and controlled substances testing requirements? YES NO
Account for period between jobs – include dates (MM/YYYY) and reason: _____
_____

Employer _____ From _____ to _____
Address _____ City _____ State _____ ZIP _____
Telephone Number _____ Fax Number _____
Equipment Operated: _____ Materials Hauled: _____
Position Held _____ Reason for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? YES NO
Were you subject to the US DOT alcohol and controlled substances testing requirements? YES NO
Account for period between jobs – include dates (MM/YYYY) and reason: _____
_____

Employer _____ From _____ to _____
Address _____ City _____ State _____ ZIP _____
Telephone Number _____ Fax Number _____
Equipment Operated: _____ Materials Hauled: _____
Position Held _____ Reason for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? YES NO
Were you subject to the US DOT alcohol and controlled substances testing requirements? YES NO
Account for period between jobs – include dates (MM/YYYY) and reason: _____
_____

Employer _____ From _____ to _____
Address _____ City _____ State _____ ZIP _____
Telephone Number _____ Fax Number _____
Equipment Operated: _____ Materials Hauled: _____
Position Held _____ Reason for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? YES NO
Were you subject to the US DOT alcohol and controlled substances testing requirements? YES NO
Account for period between jobs – include dates (MM/YYYY) and reason: _____
_____

Commercial Driver's License Information

Driver licenses: List each driver's license held in the past 3 years. List the issuing state, number and expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued to you.

State License	License Number	Type	Endorsements	Expiration Date

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____
2. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____
3. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

If you answered "Yes" to any of the above, please give details. _____

List each type of commercial motor vehicle you have operated and for how long.

Class of Equipment	Types of Equip. (Van, Flatbed, Tanker, Mixer, etc.)	From	To	Approximate Miles
Straight Truck				
Tractor & Semi Trailer				
Tractor 2-Trailers				
Mixer Truck				
Other				

List states operated in during the last 5 years _____

List special courses or training completed: _____

List safe driving awards and who presented the awards _____

Accident Record for past 3 years (attach sheet if more space is needed). List each vehicle accident or any incident regarding damage to a vehicle or personal property in which you were involved during the past three years preceding the date of this application. Indicate the date, type of vehicle and circumstances of each accident/incident and whether any personal injuries or fatalities were involved.

Dates of Accident and Type of Vehicle	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Location of Accident	# of Fatalities	# of Injuries

Traffic Convictions and Forfeitures for the last 3 years (other than parking violations) of which you were convicted, forfeited bond or collateral
during the three years preceding the date of this application.

Location	Date	Charge	Penalty

Please email completed applications to jimmy.chancellor@cjhornerinc.com or return in person to 105 W. Grand Ave., Hot Springs, AR 71901.

LETTER TO ALL EMPLOYEES

The illegal use of drugs and the abuse of alcohol are problems that invade the workplace, endangering the health and safety of the abusers and those who work around them. This Company is committed to creating and maintaining a workplace free of substance abuse without jeopardizing valued employees' job security. To address this problem, our Company has developed a policy regarding the illegal use of drugs and the abuse of alcohol that we believe best serves the interests of all employees. Our policy formally and clearly states that the illegal use of drugs or the abuse of alcohol or prescription drugs will not be tolerated. As a means of maintaining our policy, we have implemented pre-employment and active employee substance abuse testing. This policy was designed with two basic objectives in mind:

(1) Employees deserve a work environment that is free from the negative effects of drugs and alcohol and the problems associated with their abuse, and
(2) This Company has a responsibility to maintain a healthy and safe workplace.

To assist us in providing a safe and healthy workplace, we maintain a resource file of information on various means of employee assistance in our community, including but not limited to drug and alcohol abuse programs. Employees are encouraged to use this resource file, which is located in the H.R. office. In addition, we will distribute this information to employees for their confidential use.

An employee whose conduct violates this Company's Substance Abuse Policy will be disciplined up to and including termination.

I believe it is important that we all work together to make **C.J. HORNER COMPANY, INC.,** a drug-free workplace as part of our continual efforts to provide a safer and more rewarding place to work.

Sincerely,

John Horner
President/Owner

SUBSTANCE ABUSE POLICY STATEMENT

C.J. HORNER COMPANY, INC., is committed to providing a safe work environment and to fostering the well-being and health of its employees. That commitment is jeopardized when any **C.J. HORNER COMPANY, INC.,** employee illegally uses drugs on or off the job, comes to work under their influence, possesses, distributes or sells drugs in the workplace, or abuses alcohol on the job. Therefore, **C.J. HORNER COMPANY, INC.,** has established the following policy, pursuant to Arkansas Workers' Compensation Rule 099.36.

It is a violation of company policy for any employee to use, possess, sell, trade, offer for sale, or offer to buy illegal drugs or otherwise engage in the illegal use of drugs on or off the job.

It is a violation of company policy for any employee to report to work under the influence of or while possessing in his or her body, blood or urine, illegal drugs in any detectable amount.

It is a violation of company policy for any employee to report to work under the influence of or impaired by alcohol.

It is a violation of the company policy for any employee to use prescription drugs illegally, i.e., to use prescription drugs that have not been legally obtained or in a manner or for a purpose other than as prescribed. However, nothing in this policy precludes the appropriate use of legally prescribed medications.

The consumption or possession of alcoholic beverages on this Company's premises is prohibited. (Company sponsored activities which may include the serving of alcoholic beverages are not included in this provision). An employee whose normal faculties are impaired due to alcoholic beverages while on duty/company business shall be guilty of misconduct, and shall be subject to discipline up to and including termination.

Violators of this policy are subject to disciplinary action up to and including termination.

The goal of this policy is to balance our respect for individuals with the need to maintain a safe, productive and drug free environment. The intent of this policy is to offer a helping hand to those who need it, while sending a clear message that the illegal use of drugs and the abuse of alcohol are incompatible with employment at **C.J. HORNER COMPANY, INC**.

The company offers resource information on various means of employee assistance in our community, including but not limited to drug and alcohol abuse programs. Employees are encouraged to use this resource file; which is located below**.** In addition, we will distribute this information to employees for their confidential use.

List of local resources:

1. Quapaw D.S.S.E.P
   505 W. Grand Avenue
   Hot Springs, AR (501)318-0398

2. Drug Rehab Hot Springs
   (501)261-9003

List of local resources continued:

3. Impatient Drug Detox Center
   Hot Springs, AR (844)746-9148

4. Alcoholics Anonymous
   411 Sellers Street
   Hot Springs, AR (501)623-6328

GENERAL PROCEDURES: Any employee reporting to work visibly impaired will be deemed unable to perform required duties and will not be allowed to work. If possible, the employee's supervisor will first seek another supervisor's opinion to confirm the employee's status. Next, the supervisor will consult privately with the employee to determine the cause of the observation, including whether substance abuse has occurred. If, in the opinion of the supervisor, the employee is considered impaired, the employee will be sent home or to a medical facility by taxi or other safe transportation alternative - depending on the determination of the observed impairment - and accompanied by the supervisor or another employee if necessary. A drug or alcohol test may be in order. An employee who seems to be impaired will be encouraged to not drive; if the employee insists on driving they will be informed that appropriate law enforcement officials will be immediately contacted and informed of the situation. In no instance may an employee be detained against their will.

OPPORTUNITY TO CONTEST OR EXPLAIN TEST RESULTS: Employees and job applicants who have a positive confirmed drug or alcohol test result may explain or contest the result to the medical review officer within five (5) working days after receiving written notification of the test result from the medical review officer. If an employee's or job applicant's explanation or challenge is unsatisfactory to the medical review officer, the medical review officer shall report a positive test result back to the company. If terminated, an employee may contest the drug test result pursuant to rules adopted by the Arkansas Department of Labor.

CONFIDENTIALITY: The confidentiality of any information received by the employer through a substance abuse testing program shall be maintained, except as otherwise provided by law.

JOB APPLICANT DRUG TESTING: All job applicants (post-offer, pre-placement) at **C.J. HORNER COMPANY, INC.,** will undergo testing for substance abuse as a condition of employment. Any applicant with a confirmed and verified positive test result will be denied employment.

Once an offer of employment has been made and accepted, applicants will be required to submit voluntarily to a urinalysis test to be collected at a site chosen by **C.J. HORNER COMPANY INC.,** and submitted to a certified testing laboratory**,** and by signing a consent agreement will release **C.J. HORNER COMPANY, INC.,** from liability. If the physician, official, or lab personnel have reasonable suspicion to believe that the job applicant has tampered with the specimen, the applicant will not be considered for employment.
C.J. HORNER COMPANY INC., will not discriminate against applicants for employment because of a past history of drug or alcohol abuse. It is the current illegal use of drugs and/or abuse of alcohol, preventing employees from performing their jobs properly, which **C.J. HORNER COMPANY, INC.,** will not tolerate.

EMPLOYEE DRUG AND ALCOHOL TESTING: **C.J. HORNER COMPANY, INC.,** has adopted testing practices to identify employees who use illegal drugs on or off the job or who abuse alcohol on the job. It shall be a condition of employment for all employees to submit to substance abuse testing under the following circumstances:

1. When there is reasonable suspicion to believe that an employee is illegally using drugs or abusing alcohol. 'Reasonable suspicion' is based on a belief that an employee is using or has used drugs or alcohol in violation of the employer's policy drawn from specific objective and articulatable facts and reasonable inferences drawn from those facts in light of experience. Among other things, such facts and inferences may be based upon, but not limited to, the following:
   - Observable phenomena while at work such as direct observation of substance abuse or of the physical symptoms or manifestations of being impaired due to substance abuse;
   - Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance;
   - A report of substance abuse provided by a reliable and credible source;
   - Evidence that an individual has tampered with any substance abuse test during his or her employment with the current employer;

- Information that an employee has caused or contributed to an accident while at work;
- Evidence that an employee has used, possessed, sold, solicited, or transferred drugs while working or while on the employer's premises or while operating the employer's vehicle, machinery, or equipment.

2. When employees have an on-the-job injury that requires more than first aid treatment as defined in AWCC Rule 099.36, an employer must send employees for a substance abuse test.

3. As part of a follow-up program to treatment for drug or alcohol abuse.

4. Routine fitness-for-duty drug or alcohol testing. A covered employer must require an employee to submit to a drug or alcohol test if the test is conducted as part of a routinely scheduled employee fitness-for-duty medical examination where the examinations are required by; law, regulation, are part of the covered employer's established policy if it is in place by January 1, 2000, or one that is scheduled routinely for all members of an employment classification group.

REFUSAL TO SUBMIT

Failure to submit to a required substance abuse test also is misconduct and also shall be subject to discipline up to and including termination.

IMPORTANT INFORMATION FOR JOB APPLICANTS AND EMPLOYEES

When an employee or job applicant submits to a drug and/or alcohol test, they will be given a form by the specimen collector that contains a space for the donor to provide any information that he/she considers relevant to the test, including the identification of currently or recently used prescription or non-prescription medication or other relevant information.

The job applicant or employee for their personal use should keep the information form. If the job applicant or employee has a positive confirmed test result, a medical review officer will attempt to contact the individual in order to privately discuss the findings with that person. The job applicant or employee should keep the form as a "reminder" to discuss this information at that time.

The medical review officer will take this information into account when interpreting any positive confirmed test results. The information provided shall be treated as confidential and will not be given to the employer. Employees and job applicants have the right to consult with a medical review officer for technical information regarding prescription and nonprescription medicine.

It is the responsibility of every employee or job applicant to notify the testing laboratory of any administrative or civil action brought pursuant to Act 1552 of 1999 Section 5 a. The provisions of this policy are subject to any applicable collective bargaining agreement or contract and include the right of appeal as described in AWCC Rule 099.36, Section XIV. Substance abuse testing for job applicants and employees will include testing as described in current DOT drug testing regulations as published in 29 CFR Part 40, using the procedures and cutoffs described in those regulations. Alcohol testing will not be required for job applicant testing but will be required for all other categories of drug testing.

PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to urinalysis and/or other tests as shall be determined by **C.J. Horner Company, Inc.,** in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that **CHI Business Health** may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release of the results of said tests to **C.J. HORNER COMPANY, INC.** I understand that it is the current illegal use of drugs and/or abuse of alcohol that prohibits me from being employed at **C.J. HORNER COMPANY, INC.**

I further agree to hold harmless **C.J. HORNER COMPANY, INC.,** and its agents (including the above named physician or clinic) from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my employment application.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant
Print Name: _____ Identification Number:
Applicant
Signature: _____ Date:
Witness
Print Name: _____ Identification Number:
Witness
Signature: _____ Date:

I do hereby certify that I have received and read the **C.J. HORNER COMPANY, INC.,** substance abuse and testing policy and have had the drug-free workplace program explained to me. I understand that if my performance indicates it is necessary, I will submit to a drug and/or alcohol test. I also understand that failure to comply with a drug and/or alcohol testing request or a positive, confirmed result for the illegal use of drugs and/or alcohol may lead to discipline up to and including termination of employment and/or loss of workers' compensation benefits, pursuant to Arkansas Workers' Compensation Commission Rule 099.36.

Name of Employee (please print) _____

Employee's Signature _____

Date _____