



**B & B Supply Stores, LLC**

**P.O. Box 229**

**Franklin, AR 72536**

**Phone: (870) 322-7201 FAX: (870) 322-7041**

**GENERAL INFORMATION**

Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

First Middle Last

\*Current Address \_\_\_\_\_

Street City State Zip

\*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street City State Zip

Street City State Zip

Position applying for \_\_\_\_\_ Temporary \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
month/year month/year

Where? \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Names of any relatives employed by this company \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

**EDUCATION**

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended \_\_\_\_\_  
Name Address

**GENERAL**

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Have you ever worked for this company under another name? \_\_\_\_\_ If so, under what name? \_\_\_\_\_

**DRIVER EXPERIENCE AND QUALIFICATIONS**

**Answer the questions in this section only if applying for driver position**

Date of Birth \_\_\_\_\_ The U.S. Department of Transportation requires that driver applicants state their date of birth (§391.21(b)(2))  
(month/day/year)

**DRIVER EXPERIENCE & QUALIFICATIONS (cont'd) Answer the questions in this section only if applying for driver position**

**Licenses** (Drivers Licenses held in past 3 years must be shown)

State	License No.	Class	Endorsement	Expiration Date
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State	License No.	Class	Endorsement	Expiration Date
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State	License No.	Class	Endorsement	Expiration Date
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- 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 \_\_\_\_\_
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes" to A, B, or C, attach a statement giving details.

**Driving Experience**

Class of Equipment (Straight Truck, Tractor and Semi-Trailer, etc.)	Type of Equipment (Van, Tank, Flat, etc.)	Dates Driven	Approximate Total Miles
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List states operated in during last five years \_\_\_\_\_

List special courses or training that will help you as a driver \_\_\_\_\_

List driving awards held and who awards were presented by \_\_\_\_\_

**Accident Review for past 3 years** (Attach separate sheet of paper if more space is needed)

Dates	Nature of Accident	Fatalities	Injuries
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Dates	Nature of Accident	Fatalities	Injuries
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Dates	Nature of Accident	Fatalities	Injuries
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**Traffic Convictions and Forfeitures for the past 3 years other than parking violations**

Location	Date	Charge	Penalty
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Location	Date	Charge	Penalty
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Location	Date	Charge	Penalty
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**EMPLOYMENT RECORD**

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. Effective July, 1987 they must also show commercial driver employment for the seven years immediately preceding this year period. §391.21 (B) (10), (11)

Start with last or current position, including military experience, and work back. (Attach a separate sheet of paper if necessary)

Current Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Positions Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Current Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Positions Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Current Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Positions Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

## MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work \_\_\_\_\_

### Job Function

Indicate training and Experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components	_____	_____	Body Work	_____	_____
Diesel Engine Tune-up And Rebuild	_____	_____	Electrical Repair	_____	_____
Gas Engine Tune-up And Rebuild	_____	_____	Frame and Wheel Alignment	_____	_____
Tire Service	_____	_____	Brakes	_____	_____
Trailer Repair	_____	_____	Cooling System	_____	_____
Air Conditioning	_____	_____	Inspections	_____	_____
			General Car Repair	_____	_____

### Shop Equipment

Indicate training and Experience in the following	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Electrical Diagnostic Equipment	_____	_____	Time Servicing Machine	_____	_____
Sheet Metal Equipment	_____	_____	Wheel & Tire Balancing Machine	_____	_____
Frame & Axle Straightening Equipment	_____	_____	Tire Recapping Mold	_____	_____
Engine Rebuilding	_____	_____	Engine Dynamometer	_____	_____
			Chassis Dynamometer	_____	_____
Diesel Injection Equipment	_____	_____	Magnetic Crack Defector	_____	_____
Electrical Welder	_____	_____	Engine Analyzer	_____	_____
			Noise Measuring Equipment	_____	_____
Oxyacetylene Welder	_____	_____	Smoke Measuring Equipment	_____	_____
			Inspections	_____	_____
Paint Spray Gun	_____	_____	General Car Repair	_____	_____
Air Conditioning	_____	_____			

## CLERICAL EXPERIENCE & QUALIFICATIONS

List Courses and Training in Office Work \_\_\_\_\_

Indicate training and Experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Typing (wpm)	_____	_____	Dictating Machine	_____	_____
Shorthand (wpm)	_____	_____	Bookkeeping Machine	_____	_____
Billing	_____	_____	Switchboard Equipment (indicate type)	_____	_____
Filing	_____	_____	Tabulator	_____	_____
Computers (indicate Software)	_____	_____	Accounting	_____	_____
Word Processing Equipment	_____	_____	OS & D	_____	_____
Key Punch	_____	_____	Interline	_____	_____
Calculator	_____	_____	Claims	_____	_____
Adding Machine	_____	_____	Cashier	_____	_____
Telecopier	_____	_____	Dispatcher	_____	_____
Photocopier	_____	_____			

Rates (indicate tariffs with which you have worked)

**APPLICANT MUST READ AND SIGN**

I certify that I have read and understood all of this employment application. It is agreed and understood that B & B Supply Stores, LLC or its agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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.

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

\_\_\_\_\_ **Applicant Signature**

**FOR OFFICE USE – DO NOT WRITE IN THIS SPACE**

**PROCESS RECORD**

Applicant Hired? Y/N \_\_\_\_\_ Date of Birth \_\_\_\_\_ (month/day/year)  
Date Employed \_\_\_\_\_ Point Employed \_\_\_\_\_  
Department \_\_\_\_\_ Classification \_\_\_\_\_  
(If not hired, summary report of reasons should be placed in file)  
IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Address \_\_\_\_\_

**THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE**

	<b>Superior</b>	<b>Good</b>	<b>Fair</b>	<b>Below Average</b>	<b>Poor</b>
1. Application	_____	_____	_____	_____	_____
2. Interview	_____	_____	_____	_____	_____
3. Physical Exam*	_____	_____	_____	_____	_____
4. Past Employment	_____	_____	_____	_____	_____
5. Written Exam	_____	_____	_____	_____	_____
6. Road Test	_____	_____	_____	_____	_____
7. Policy and Traffic Record	_____	_____	_____	_____	_____
*Driver Applicants Only					

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

\_\_\_\_\_ **Signature of Interviewing Officer**

**TERMINATION OF EMPLOYMENT**

Date Terminated \_\_\_\_\_ Department Released From \_\_\_\_\_  
Dismissed \_\_\_\_\_ Voluntarily Quit \_\_\_\_\_ Other \_\_\_\_\_  
Termination Report Placed in file \_\_\_\_\_ Supervisor \_\_\_\_\_