B&B Supply Stores, LLC
P.O. Box 709, Ash Flat, AR 72513
Franklin (870) 322-7201 | Highland (870) 856-6075 | Branson (417) 821-1244 | Pineville (870) 297-3033
bbsupplystores.com

CDL Driver Employment Application

CDL / DOT-Regulated Positions — 49 CFR 391.21

Complete in full — incomplete applications will not be considered.

APPLICANT INFORMATION

First name | Middle name | Last name

Phone | Email

Date of birth (mm/dd/yyyy) | Social Security # | Legal right to work in U.S.? ○ Yes ○ No

Date of application (mm/dd/yyyy) | Position applied for | Date available for work (mm/dd/yyyy)

Are you currently registered in the FMCSA Drug & Alcohol Clearinghouse? ○ Yes ○ No

PREVIOUS THREE YEARS' RESIDENCY

List current address first. Attach an additional sheet if more space is needed.

	Street	City	State	ZIP	# Yrs
Current					
Mailing					
Previous					

Attach an additional sheet for any further previous addresses needed to cover the full three-year residency history.

LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

State	License #	Type / Class	Endorsements	Exp. date

Previously held licenses (state, license #, dates)

DRIVING EXPERIENCE

Class of equipment	Type (van, tank, flat, etc.)	Date from	Date to	Approx. # miles
Straight truck				
Tractor & semi-trailer				
Tractor & 2 trailers				
Tractor & tanker				
Other				

ACCIDENT RECORD — PAST 3 YEARS

Attach an additional sheet if more space is needed.

☐ None

Date (recent first)	Nature (head-on, rear-end, etc.)	# Fatalities	# Injuries	Spill Y/N

TRAFFIC CONVICTIONS & FORFEITURES — PAST 3 YEARS (OTHER THAN PARKING)

Attach an additional sheet if more space is needed.

☐ None

Date (mo/yr)	Violation	State of violation	Penalty

LICENSE DENIAL, SUSPENSION, OR REVOCATION

Have you ever been DENIED a license, permit, or privilege to operate a motor vehicle? ○ Yes ○ No

If yes, explain

Has any license, permit, or privilege ever been SUSPENDED or REVOKED? ○ Yes ○ No

If yes, explain

EMPLOYMENT HISTORY

FMCSRs (49 CFR 391.21) require all CDL applicants to list ALL employment for the last 3 years. If you have driven a commercial vehicle previously, provide employment history for an additional 7 years (10 years total). Any gap exceeding one month must be explained. Begin with the current/most recent position (including military) and work backward; attach separate sheets if necessary.

Current / Most Recent Employer

Employer name | Phone

Address (street, city, state, ZIP)

Position held | From (mo/yr) | To (mo/yr)

Salary | Reason for leaving

Explain any gaps (month/year & reason)

While employed here, were you subject to the FMCSRs? ○ Yes ○ No

Was this a safety-sensitive function under 49 CFR Part 40 testing? ○ Yes ○ No

Second Most Recent Employer

Employer name

Phone

Address (street, city, state, ZIP)

Position held

From (mo/yr)

To (mo/yr)

Salary

Reason for leaving

Explain any gaps (month/year & reason)

While employed here, were you subject to the FMCSRs? ○ Yes ○ No

Was this a safety-sensitive function under 49 CFR Part 40 testing? ○ Yes ○ No

Third Most Recent Employer

Employer name

Phone

Address (street, city, state, ZIP)

Position held

From (mo/yr)

To (mo/yr)

Salary

Reason for leaving

Explain any gaps (month/year & reason)

While employed here, were you subject to the FMCSRs? ○ Yes ○ No

Was this a safety-sensitive function under 49 CFR Part 40 testing? ○ Yes ○ No

EDUCATION

	School name & location	Course of study	Yrs / Grad?	Details
High school				
College				
Other				

OTHER QUALIFICATIONS

List any other qualifications you believe should be considered.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company. I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to: (1) review information provided by current/previous employers; (2) have errors corrected by previous employers and those employers resend the corrected information to the prospective employer; and (3) have a rebuttal statement attached to alleged erroneous information if the previous employer(s) and I cannot agree on its accuracy. This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: a motor carrier may require an applicant to provide more information than that required by the FMCSRs.

Applicant signature (type full name to sign)	Applicant name (printed)	Date

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FMCSA Drug & Alcohol Clearinghouse

Notice and Consent for Limited Queries — B&B Supply Stores, LLC

The FMCSA Drug and Alcohol Clearinghouse is a federal database of drug and alcohol program violations by CDL drivers. The consent at the bottom authorizes B&B Supply Stores to run the annual query the law requires.

What the Clearinghouse Records

The following information about a CDL driver is collected, maintained, and reported to the Clearinghouse:

a. A verified positive, adulterated, or substituted drug test result;
b. An alcohol confirmation test with a concentration of 0.04 or higher;
c. A refusal to submit to any test;
d. An employer's report of actual knowledge, as defined at Sec. 382.107, of on-duty alcohol use (382.205), pre-duty alcohol use (382.207), alcohol use following an accident (382.209), and controlled substance use (382.213);
e. A Substance Abuse Professional's report that you have successfully completed the return-to-duty process;
f. A negative return-to-duty test; and
g. An employer's report that you have completed follow-up testing.

Before You Are Hired — Full Query

Before you perform any safety-sensitive function, you must register in the Clearinghouse at clearinghouse.fmcsa.dot.gov and grant electronic consent for B&B Supply Stores to conduct a full pre-employment query.

During Employment — Annual Limited Queries

By signing below, you give B&B Supply Stores standing permission to run a limited query once each year, for as long as you are employed. A limited query only shows whether information exists in the Clearinghouse — it does not reveal any details. If a limited query shows that information exists, you must log into the Clearinghouse and grant consent for a full query within 24 hours. Until that full query is completed, you will be removed from safety-sensitive duties. Failure to grant consent in a timely manner may result in termination of employment.

Your Right to Review

You may log into the Clearinghouse at any time, free of charge, to see whether anything has been reported about you.

CONSENT FOR LIMITED QUERIES (49 CFR SEC. 382.703)

By signing below, I authorize B&B Supply Stores, LLC to conduct limited queries of the FMCSA Drug and Alcohol Clearinghouse once per year for the entire period of my employment. I understand that if a limited query indicates that information exists in the Clearinghouse, I must log into the Clearinghouse and grant consent for a full query in a timely manner. I understand this consent will be retained in my file for three years after my employment ends.

Driver name (printed)

CDL number / State of issuance

Driver signature (type full name to sign)

Date

FOR COMPANY USE

Received by

Date received