Form A

Leon · Cannon Trucking

Mailing Address PO Box 979 Lowell, AR 72745| Ph. 888-782-5828 |Website www.leon-cannon.com

1. NAME (LAST)	(FIRST)	(MIDDLE)	2. SSN

3. ADDRESS (NUMBER, STREET, CITY, ZIP CODE)

4. PHONE NO. HOME

PHONE NO. CELL

5. DATE OF APPLICATION (MO) (DAY) (YEAR)

Date of Birth / /

6. Position for which you wish to be considered.

APPLICANT INSTRUCTIONS

PLEASE READ BEFORE COMPLETING THIS FORM.

If you need help filing out this application form or for any phase of the employment/subcontracting process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

- Please read "Applicant Note" below
- PRINT CLEARLY and complete all pages of the application. Incomplete or illegible applications will not be processed. If an item does not apply, write Not-Applicable (N/A) in the space provided.

If more space is required to complete any question, use the comments section on the bottom of page 4 or attach additional sheets.

- Applications must be signed and dated by the applicant on the last page of this form.

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment/subcontracting. This is not an employment/subcontracting contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment/subcontracting, terminating employment/subcontracting. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientation, veteran status, military reserve membership, ancestry, religion, the presence of disabilities or any other characteristic prohibited by law. A felony conviction will not necessarily bar an applicant from employment/subcontracting. Additional testing of job-related skills and for presence of alcohol or drugs in your body may be required prior to employment/subcontracting. After an offer of employment/subcontracting and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

7. If you have worked for (Leon Cannon) in the past, complete items 7 a through c below:

(a) Dates of Employment/subcontracting (month, year)	(b) Position	(c) Location
From: To:		

8. If any members of your family presently work for (Leon Cannon Trucking) complete items 8 a through c below

(a) Name and relationship	(b) Title of Position held	(c) IESI Location

9. List states and counties of residence for the past three years:

Have you used any names or Social Security numbers other than given above? **Yes** **No** If so, please list in comments on page 4.

Have you been convicted of a crime in the past seven years? **Yes** **No** If so, please describe in the boxes below.

(Conviction will not necessarily be a bar to employment/subcontracting. In accordance with company policy and applicable state and federal laws, factors such as age at the time of the offense, remoteness of the offense, etc. will be reviewed.)

Incident	City/State	Charge	Penalty

10. Do you have the legal right to work in the United States? Yes No

All new employee/subcontractors will be required to complete a Form I-9 and provide documents establishing their identity and eligibility to work in the United States.

11. EDUCATION

(a) Do you have a high school diploma? **Yes** **No**

If no, highest grade completed _____

(b) If no high school diploma earned, do you have a GED? **Yes** **No**

(c) Name and location (City, State, and Zip Code, if known) of College or university. (If you expect to graduate with 9 months, give month and year you expect degree.)	MAJOR	DEGREE EARNED OR CREDITS/HRS COMPL

(d) Other Schools or training (for example, trade, drivers, vocational, armed forces, or business). Give for each the course name, dates, and training organization. Use additional sheet(s) if necessary.

12. List other special qualifications and skills that may benefit you in this position (licenses, patents or inventions, publications, etc.).

13. DRIVER EXPERIENCE – Only those individuals applying for a position as a driver must complete.

List All Current License and/or Permits Held by the Applicant	State	License Number	Type, Endorsements & Restrictions	Expiration Date

Class of Equipment	Type of Equipment	Dates From - To	Approx. No. of Miles
Straight Truck			
Tractor and Semi			
Tractor- Doubles			

Please list your past 3 accidents and state whether in a personal or commercial vehicle.

Dates	Nature of Accident (Head on, rear end, roll over, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

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

Has any license, permit or privilege ever been suspended or revoked? **Yes** **No**

Please list traffic convictions and forfeitures for the past 3 years

Location	Date	Charge	Penalty

(Attach Sheet if more space

49 CFR 40.25(j)

All prospective employee/subcontractors engaged in a safety sensitive function must submit to a pre-employment drug screen.

Per 49 CFR §40.25, employers are required to ask the following question. All driver applicants must answer honestly and truthfully.

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you have applied for, but did not obtain, safety- sensitive transportation work covered by DOT agency drug/alcohol testing rules during the past two years?

Yes ___ No ___

If you answered "yes" to the 40.25(j) question, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements? Yes ___ No ___

14. PREVIOUS EXPERIENCE Start with most current position and work back. Account for periods of unemployment/subcontracting.

Please Note: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct TELEPHONE and FAX numbers of past employers are critical. Please call prior employers to get their fax numbers and address if you do not know them. Ask for a phone book or call information if necessary.

FOR DRIVER APPLICANTS

Per DOT Regulations 49 CFR §391.21(b)(11), any person applying for a position of driver operating a commercial motor vehicle, as defined in Part 383, must provide the names and addresses of employers for the past **(10) years (CDL)**, and **(3) years (Non-CDL)** for which the applicant was an operator of a commercial motor vehicle,

DATES OF EMPLOYMENT/SUBCONTRACTING (MONTH/YEAR)

FROM: TO:

TITLE OF POSITION

SALARY OR EARNINGS

STARTING $ PER

YR. ENDING $

AVG. HOURS PER WEEK

NAME AND ADDRESS OF EMPLOYER

NAME

ADDRESS

KIND OFBUSINESS OR ORGANIZATION (TRUCKING, ETC)

NAME AND TITLE OF IMMEDIATE SUPERVISOR

PHONE NO. ( )

FAX NO. ( )

REASON FOR LEAVING OR IF CURRENTLY WORKING, MAY WE CONTACT? Yes No

DESCRIPTION OF WORK

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer? Yes ___ No ___

Was this position designated as a safety-sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR Part 40? Yes ___ No _____

DATES OF EMPLOYMENT/SUBCONTRACTING (MONTH/YEAR)

FROM: TO:

TITLE OF POSITION

SALARY OR EARNINGS

STARTING $ PER YR.

ENDING $ PER YR.

AVG. HOURS PER WEEK

NAME AND ADDRESS OF EMPLOYER

NAME

ADDRESS

KIND OF BUSINESS OR ORGANIZATION (TRUCKING, ETC)

NAME AND TITLE OF IMMEDIATE SUPERVISOR

PHONE NO. ( )

FAX NO. ( )

REASON FOR LEAVING

DESCRIPTION OF WORK

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer? Yes ___ No ___

Was this position designated as a safety-sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR Part 40? Yes ___ No _____

DATES OF EMPLOYMENT/SUBCONTRACTING (MONTH/YEAR)

FROM: TO:

TITLE OF POSITION

SALARY OR EARNINGS

STARTING $ PER

YR. ENDING $

AVG. HOURS PER WEEK

NAME AND ADDRESS OF EMPLOYER

NAME

ADDRESS

KIND OF BUSINESS OR ORGANIZATION (TRUCKING, ETC)

NAME AND TITLE OF IMMEDIATE SUPERVISOR

PHONE NO. ( )

FAX NO. ( )

REASON FOR LEAVING

DESCRIPTION OF WORK

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer? Yes ___ No ___

Was this position designated as a safety-sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR Part 40? Yes _ No _

DATES OF EMPLOYMENT/SUBCONTRACTING (MONTH/YEAR) TITLE OF POSITION

FROM: TO:

SALARY OR EARNINGS

STARTING $ PER YR.

ENDING $ PER YR.

AVG. HOURS PER WEEK

NAME AND ADDRESS OF EMPLOYER

NAME

ADDRESS

KIND OFBUSINESS OR ORGANIZATION (TRUCKING, ETC)

NAME AND TITLE OF IMMEDIATE SUPERVISOR

PHONE NO. ( )

FAX NO. ( )

REASON FOR LEAVING OR IF CURRENTLY WORKING, MAY WE CONTACT? Yes No

DESCRIPTION OF WORK

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer? Yes ___ No ___

Was this position designated as a safety-sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR Part 40? Yes ___ No ___

DATES OF EMPLOYMENT/SUBCONTRACTING (MONTH/YEAR) TITLE OF POSITION

FROM: TO:

SALARY OR EARNINGS

STARTING $ PER YR.

ENDING $ PER YR.

AVG. HOURS PER WEEK

NAME AND ADDRESS OF EMPLOYER

NAME

ADDRESS

KIND OF BUSINESS OR ORGANIZATION (TRUCKING, ETC)

NAME AND TITLE OF IMMEDIATE SUPERVISOR

PHONE NO. ( )

FAX NO. ( )

REASON FOR LEAVING

DESCRIPTION OF WORK

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer? Yes ___ No ___

Was this position designated as a safety-sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR Part 40? Yes ___ No ___

DATES OF EMPLOYMENT/SUBCONTRACTING (MONTH/YEAR) TITLE OF POSITION

FROM: TO:

SALARY OR EARNINGS

STARTING $ PER YR.

ENDING $ PER YR.

AVG. HOURS PER WEEK

NAME AND ADDRESS OF EMPLOYER

NAME

ADDRESS

KIND OF BUSINESS OR ORGANIZATION (TRUCKING, ETC)

NAME AND TITLE OF IMMEDIATE SUPERVISOR

PHONE NO. ( )

FAX NO. ( )

REASON FOR LEAVING

DESCRIPTION OF WORK

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer? Yes ___ No ___

Was this position designated as a safety-sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR Part 40? Yes _ No _

***IF ADDITIONAL SPACE IS NEEDED TO COMPLETE A 10 YEAR HISTORY, PLEASE make copies of this page**

CERTIFICATION & RELEASE

Applicant must read and sign.

I understand this is not an employment/subcontracting contract. I further understand that any false information, omissions, or misrepresentation of facts called for in the application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment/subcontracting. I have been informed by this company the previous employment information I have given for the proceeding three (3) years with FMCSA regulated entities will be investigated by contacting my previous employers for the purpose of obtaining my safety performance history as required by paragraphs (d) and (e) of 391.23.

This company has advised me, during the application process, I have the following due process rights regarding information received from previous employers as a result of these investigations conducted on my safety performance history. In accordance with 391.23(i), I have been advised I have the right to review information provided by my previous employers; I have the right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to the prospective employer; I have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information. I have been informed my previous Department of Transportation regulated employment history in the previous three (3) years can be reviewed by me submitting a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed, or being notified of denial of employment. This company has advised me that within five (5) business days after receiving my request, or within five (5) business days of receiving the information, they will supply the information to me. This company has advised me if I have not arranged to pick up or receive the requested records within thirty (30) days of making the records available, this company may consider I have waived the request to review the records. All information obtained is to be used in the decision making for employment with this company.

It has been recommended to me to read 49 CFR Part 391.23 to become more aware of the procedures motor carriers are required to use to obtain/review my safety performance history with previous DOT regulated motor carriers.

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.

Signature **Date**

This application will be rejected without the above signature.

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Form B



Mailing Address PO Box 979 Lowell, AR 72745| Ph. 888-782-5828 |Website www.leon-cannon.com

Employment, Safety Performance History and Alcohol & Controlled Substances Inquiry to Previous Employer

Drivers Name:	
I hereby authorize and request Prior Employer _____ Address _____ City, St, Zip _____ Phone No. _____ Fax No. _____	
to release any and all information pertaining to my employment records as required by 49 CFR Section 391.23 to the above named company. You are released from any and all liability which may result from releasing such information.	
Signed:	**Date:**
Witnessed By:	**SSN:**

(PREVIOUS EMPLOYER USE ONLY)

Part A.

1. The applicant lists dates of employment with your company from: _____ to _____
   Are these correct? _____ if not, please furnish correct dates from: _____ to _____
2. Type of Driver: Company _____ O/O _____ Lease Purchase _____ Other _____
3. Areas of Operation: Local _____ Regional _____ OTR _____ Other _____
4. Reason for Leaving? Reassigned ____ Laid off ____ Terminated ____ Other _____
5. Eligible for Rehire? Yes ____ No ____ If no, please explain _____
6. Safety Performance History: ☐ There is no safety performance history to report.
   Driver operated a: ☐Straight Truck ☐Tractor-Semitrailer ☐Bus ☐Cargo Tank ☐Doubles/Triples
   ☐Other (Specify) _____ ☐Driver did not operate a commercial motor vehicle.
7. ACCIDENTS: Yes ☐ No ☐

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill

Part B.

1. Was applicant subject to FMCSR while in your employ? Yes ☐ No ☐
2. Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes ☐ No ☐

Part C.

391.23(e)(1) Did the driver violate any section of 49 CFR Subpart B?
49 CFR Part 382 Subpart B. Did this driver violate:

382.201	No Alcohol concentration above .04.	Yes ☐ No ☐
382.205	No Alcohol use on duty.	Yes ☐ No ☐
382.207	No Alcohol use within 4 hours before coming on duty.	Yes ☐ No ☐
382.209	No Alcohol use until 8 hours after an accident.	Yes ☐ No ☐
382.210	Refusing to submit to testing (Post accident, Random, Reasonable, Suspicion, or Follow Up Test).	Yes ☐ No ☐
382.213	No controlled substances use on duty.	Yes ☐ No ☐
382.215	Tested positive for controlled substances.	Yes ☐ No ☐

391.23(e)(2) If you answered "yes" to any of the above items, did the driver complete the return-to-duty process? 49 CFR §382.605/Part 40 Subpart O Yes ☐ No ☐

391.23(e)(3) After completing the return-to-duty process, 49 CFR §382.605/Part 40 Subpart O did the driver:

1. Test above .04 for alcohol? Yes ☐ No ☐
2. Receive a verified positive controlled substances result? Yes ☐ No ☐
3. Refuse to be tested? Yes ☐ No ☐

Previous Employer: If you answered YES to any of the above questions, please supply the name of the Substance Abuse Professional to whom the driver was referred and any paperwork that applies to the instance being reported (i.e., CCFs, MRO results reports, BATFs, SAP reports, follow-up testing record).

Completed by:_____ Title: _____ Date: _____

The area below is for LEON CANNON Trucking office use only

Mailed on: _____ Faxed on: _____

Verified by phone, talked to: _____

Signature: _____ Date: _____

1. Call the company and record date, name and telephone number of who contacted. Fax the required Release with driver's signature. Wait 3 days, then go to step 2.
2. Call the company and record date, name, and telephone number of who contacted. Ask if they received the fax. If they say "Yes", ask for the information that is required. If they say "No", then go back to step 1. Wait 3 days, then go to step 3.
3. Send a certified letter containing the required Release with the driver's signature asking for the information that is required. Wait 10 days, then go to step 4.
4. If the company refuses to release the information, record it and send a Good Faith Letter, a copy of the driver's Release with the company's name on the form and a copy of this documentation to the U.S. DOT-FMCSA Arkansas Division, Room 2527 Federal Building, 700 Capitol Ave., Little Rock, AR 72201 Tel: 501-324-5050, Fax: 501-324-6562.

Conducted by: _____

Date Completed (Info received or sent to USDOT):_____

Form C

Mailing Address PO Box 979 Lowell, AR 72745| Ph. 888-782-5828 |Website www.leon-cannon.com

IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment/subcontracting with Leon Cannon Trucking , it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If Leon Cannon Trucking uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment/subcontracting decision regarding you, Leon Cannon Trucking will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, Leon Cannon Trucking will notify you that the action has been taken and that the action was based in part or in whole on this report. Leon Cannon Trucking cannot obtain background reports from FMCSA unless you consent in writing. If you agree that Leon Cannon Trucking may obtain such background reports, please read the following and sign below:

I authorize Leon Cannon Trucking to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist Leon Cannon Trucking to make a determination regarding my suitability as an employee.

I further understand that neither Leon Cannon Trucking nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and /or affiliates to obtain the information authorized above.

Name: _____ Date: _____

Signature: _____

Form D



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Background Investigation & Motor Vehicle Record Release Form

I, _____ _____ _____
Last Name First Name Middle Name

_____ _____
Current Address Dates Lived Here

Addresses for the Past Seven Years: (include street, city, state, zip code) Dates of Residence:

_____ _____
_____ _____
_____ _____

_____ _____ _____
Date of Birth Other Names Used (including maiden name) Years Used

_____ _____ _____
Social Security Number Driver's License # State

do herby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance is ADA, labor and wage record, etc. or any part thereof, and authorize any duly authorized agent of **Leon Cannon Trucking** to obtain, whether the said records are public or private, including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **Leon Cannon Trucking** for identification purposes and for the release information which will be considered in determining any stability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **Leon Cannon Trucking** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

**I hereby do ____ Do not ____ Authorize you to contact *my current* employer for Employment and Reference Verifications (this will authorize Immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of application).

I have the right to make a request to **Leon Cannon Trucking** upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **Leon Cannon Trucking** has previously furnished within the two year preceding my request.

I hereby do ____ Do not ____ Authorize **Leon Cannon Trucking to release my Commercial Driving Record in order to conduct the required Investigation and Inquiry in accordance with Title 49 CFR 391.23(2)(b). This release shall remain in full force and effect for the next five (5) years, unless a formal withdrawal is filed by me.

I hereby do ____ do not ____ Authorize **Leon Cannon Trucking to release my Commercial Driving Record in order to conduct the Annual Inquiry and Review of Driving Record in accordance with Title 49 CFR 391.25(a) (b). This release shall remain in full force and effect for the next five (5) Years, unless a formal withdrawal is filed by me.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it in any interviews will be sufficient grounds for rejections of employment and my discharge after employment.

_____ _____ _____
Printed Name Applicant Signature Date

CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY: If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information through personal interviews.

[ ] Yes, please forward a copy of my: [ ] Consumer Report or [ ] Investigative Consumer Report

As part of our hiring background and investigation, **Leon Cannon Trucking** may obtain consumer reports or prepare an investigative consumer report. The Investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to complete an accurate disclosure of the nature and scope of the investigation. You are also entitled to copy of your Rights under the Fair Credit Reporting Act.

Form E

Mailing Address PO Box 979 Lowell, AR 72745| Ph. 888-782-5828 |Website www.leon-cannon.com

Motor Vehicle Driver's
CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify our employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.
3) **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

(OFFICE USE ONLY)

Notes: _____

_____

_____

Mailing Address PO Box 979 Lowell, AR 72745| Ph. 888-782-5828 |Website www.leon-cannon.com

Alcohol and Drug Employee/Subcontractor Certified Receipt

_____ _____

Employee/Subcontractor Name | Company/Department

This is to certify that I have been provided educational materials required by 382.601 and my employer's policies and procedures with respect to meeting the Part 382 requirements. The materials include detailed discussion of the following checked items:

_____ The designated person to answer questions about the materials.

_____ The categories of drivers subject to part 382.

_____ The safety-sensitive functions and periods of the workday for which compliance is required.

_____ Specific information concerning prohibited driver conduct.

_____ Circumstances under which a driver will be tested.

_____ Test procedures, driver protection and integrity of the testing processes, and safeguarding the validity of the test.

_____ The requirement that drivers submit to tests administered in accordance with Part 382.

_____ An explanation of what will be considered a refusal to submit to a test and the consequences.

_____ The Consequences for Part 382, Subpart B violations, including removal from safety-sensitive functions, and Part 40, Subpart O procedures.

_____ The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04.

_____ Information On:
- The effects of alcohol and controlled substances use on an individual's health, work or personal life.
- Signs and symptoms of a problem
- Available methods of intervening when a problem suspected (confrontation, referral, ext.)

_____ Optional Information:

_____

_____

_____

_____ _____

Employee/Subcontractor Signature | Date

_____ _____

Authorized Employer Representative | Date

.

STATE OF ARKANSAS
Department of Finance and Administration

OFFICE OF DRIVER SERVICES
Arkansas Commercial Driver Drug and Alcohol Testing Database
Ragland Building, Room 1130
Post Office Box 1272
Little Rock, Arkansas 72203Phone: (501) 682-7207
Fax: (501) 682-2075
http://www.arkansas.gov/drugtest

RELEASE OF RECORD FOR ALCOHOL AND DRUG TESTS RESULTS

I, _____ do hereby authorize the Office of Driver Services to release my record of alcohol and drug tests results to Leon Cannon Trucking LLC.

_____

Signature_____

Date of Birth_____

Driver License Number_____

Address_____

Date_____

This Consent is only valid for pre-employment and employment purposes as required by Arkansas Code Annotated §27-