

APPLICATION FOR EMPLOYMENT

I hereby certify that all information on this form is correct and complete to the best of my knowledge. I hereby authorize Terra Renewal to do a complete background investigation in accordance with state and federal laws. I authorize release of any information, including all information related to my alcohol and controlled substance testing and training records required by the Federal Highway Administration (FHWA) 49 CFR Parts 391 or 382, by any past or current employers. I hereby release all such persons from any liability or damages. I consent to the procurement and use of any consumer reports, including reports from DAC Services, Inc., deemed necessary by Terra Renewal or its subsidiaries in their consideration of my employment.

I understand that I have the right to review information provided by previous employers, have errors corrected by previous employers and resubmitted to Terra Renewal and/or have a rebuttal statement attached to erroneous information if my previous employer and I cannot agree on the accuracy of the information. I understand that I must request past employer information obtained by Terra Renewal in writing within 30 days of my application.

Position(s) Applied for	Date of Application
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Name: Last	First	MI	Social Security No. - -
Home Phone Number		Cell Phone Number	

CURRENT ADDRESS			
Street		City	
State	Zip Code	Phone Number	How Long?

PREVIOUS ADDRESSES				
Street	City	State	Zip	How Long?
Street	City	State	Zip	How Long?
Street	City	State	Zip	How Long?

Date of Birth		Are you at least 23 years or older? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Have you worked for this company before? _____ Where? _____ Dates From _____ To _____

Rate of Pay _____ Position _____ Reason For Leaving _____

Are you a U.S. Citizen? YES NO If no, do you have legal right to work in the United States? _____

Traffic tickets in last 3 years? YES NO Accidents in last 3 years? YES NO

Have you ever tested positive or refused to test on any pre-employment Drug or Alcohol test administered by an employer to which you applied for, but did not obtain employment during the past two years? YES NO

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

Referred by: Newspaper Internet Driver: _____ Rate of Pay Expected _____

***Is there any reason you might be unable to perform the functions of the job for which you have applied? _____

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the past 10 years. Include all full- and part-time employment, self-employment, military service, and any periods of unemployment. All dates must be consecutive, beginning with the most recent and working backward in order. Add another sheet if necessary.

TO SUBMIT AN APPLICATION YOU WILL NEED TO ACCOUNT FOR THE LAST TEN YEARS OF YOUR ACTIVITIES.

1. Company names, addresses, phone numbers, and name of person to contact.
2. All motor vehicle accidents or incidents listed that you have been involved in for the last three years.
3. All tickets listed in all states and in all vehicles in the last three years.
4. Beginning and ending dates of employment, self-employment or unemployment (month/year).
5. If a company you worked for is out of business, you were self-employed, or you were unemployed and not drawing unemployment, you will need two personal references with specific dates from two separate individuals or businesses (other than relatives).

If you received unemployment benefits, a printout of benefits can be obtained from your employment office.

NAME	FROM:	TO:	
	/	/	/
ADDRESS	POSITION HELD		
CITY	STATE	ZIP	
CONTACT PERSON	PHONE #		REASON FOR LEAVING
Was Job Designated as a Safety Sensitive function any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40?			Were you Subject to the FMCSR's?
<input type="checkbox"/> Yes <input type="checkbox"/> NO			<input type="checkbox"/> Yes <input type="checkbox"/> NO

NAME	FROM:	TO:	
	/	/	/
ADDRESS	POSITION HELD		
CITY	STATE	ZIP	
CONTACT PERSON	PHONE #		REASON FOR LEAVING
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<input type="checkbox"/> Yes <input type="checkbox"/> NO			<input type="checkbox"/> Yes <input type="checkbox"/> NO

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Was Job Designated as a Safety Sensitive function any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40?			Were you Subject to the FMCSR's?
<input type="checkbox"/> Yes <input type="checkbox"/> NO			<input type="checkbox"/> Yes <input type="checkbox"/> NO

NAME	FROM:	TO:	
	/	/	/
ADDRESS	POSITION HELD		
CITY	STATE	ZIP	
CONTACT PERSON	PHONE #		REASON FOR LEAVING
Was Job Designated as a Safety Sensitive function any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40?			Were you Subject to the FMCSR's?
<input type="checkbox"/> Yes <input type="checkbox"/> NO			<input type="checkbox"/> Yes <input type="checkbox"/> NO

NAME	FROM:	TO:	
	/	/	/
ADDRESS	POSITION HELD		
CITY	STATE	ZIP	
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<input type="checkbox"/> Yes <input type="checkbox"/> NO			<input type="checkbox"/> Yes <input type="checkbox"/> NO

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE.

DATES	NATURE OF ACCIDENT (Head-on, Rear-End, Upset, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE.

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

HIGHEST GRADE COMPLETED: _____ HIGH SCHOOL: _____ COLLEGE: _____
 LAST SCHOOL ATTENDED (NAME & CITY, STATE): _____

TRUCK DRIVING SCHOOL _____ DID YOU GRADUATE? _____ WHEN? _____

CAN YOU READ AND WRITE THE ENGLISH LANGUAGE? YES NO

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER'S LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- 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 convicted of any alcohol-related driving offense? YES NO
- D. Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine or other controlled substance? YES NO
- E. Have you ever been convicted of a crime? YES NO
- F. Have you ever tested positive or refused to test on any pre-employment Drug or Alcohol Test administered by an employer to which you applied for, but did not obtain employment during the past two years? YES NO

****IF THE ANSWER TO ANY OF THE ABOVE IS YES, ATTACH STATEMENT GIVING DETAILS**

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIP. (VAN, TANK, FLAT)	FROM	TO	APPRO. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR - TWO TRAILER				
MOTORCOACH - SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

QUALIFICATIONS – OTHER

CAN YOU DO THE FOLLOWING THINGS?

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Get in and out of a semi-truck? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Climb up and down a ladder multiple times per day at least 8'ft? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Get under unit to perform duties, such as checking brakes and visual inspection of equipment? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Raise and lower trailer dollies when under a load? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Hook and unhook trailer hose multiple times per day? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Apply enough pressure to release fifth wheel pin? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Apply enough force to open and close top hatch on trailer? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Repeatedly lift and carry cargo weighing up to 70 lbs. Per item? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Sit stationary in a driver's seat for long periods of time? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Be on duty the maximum hours allowed by D.O.T. Hours of Service Regulations? |

IF ANY "NO" ANSWERS TO ABOVE, COULD YOU DO WITH REASONABLY ACCOMODATION? EXPLAIN: _____

DRIVER SELECTION STANDARDS

1. Must live within the Terra Renewal hiring area.
2. Must be at least 23 years of age.
3. Must have at least 2 years verifiable driving experience over the road in the past 3 years.
4. Must have a valid CDL.
5. Must be able to meet all applicable D. O. T. regulations. D. O. T. physical administered by Terra Renewal's company doctor at Terra Renewal's expense.
6. No license suspension for moving violations in the past 36 months.
7. No B.A.C., D.U.I., or D.W.I. in the past 5 years.
8. Must pass pre-employment drug test.
9. Must have and maintain neat, clean appearance.
10. *Must be able to meet all legal requirements to drive a commercial truck in the U.S.
11. *No felony convictions in history. Cannot be on probation for any reason.
12. Must be able to meet Terra Renewal's work attendance/availability requirements.
13. Must complete personal interview.
14. With regard to preventable motor vehicle accidents and moving violations, Terra Renewal reserves the right to judge each applicant on an individual basis.

CHECK ONE OF THE FOLLOWING: I will drive a: Company Truck Owner/Operators Truck

Discontinuation of the qualification process will be enforced if you fail the drug screen or falsify the application. I have read and agree the standards presented above.

Date _____ Applicant's Signature _____

MISCELLANEOUS INFORMATION

Have you ever been discharged or requested to resign from a position? YES NO

How many days were you absent from work during the past year? _____ Three Years _____

I authorize my past employers and any other person or entity that has drug tested me in the past to release to Terra Renewal the results and information regarding such testing. I further agree that if Terra Renewal employs me I will submit to physical examinations and urine testing as requested by Terra Renewal.

I understand that if Terra Renewal employs me, I will be an employee at will. I will not have any employment contract, but instead, I will be hired at the mutual consent of Terra Renewal and myself. Under this agreement, my employment can be discontinued at any time, with or without cause, and with or without notice, at the option of either Terra Renewal or myself. I expressly deny that I am contractually bound to Terra Renewal, or that Terra Renewal is contractually bound to me.

I understand that Terra Renewal may provide me with an employee policy manual in order to help me follow and understand Terra Renewal's work rules, personnel policies, benefits, etc. I also understand that such materials are not contracts, and that Terra Renewal may update, supplement, increase, decrease, eliminate, or otherwise change any policies, rules, or benefits as it deems appropriate. If employed, I agree to familiarize myself with such materials as to abide by all present and future rules, policies, or procedures of Terra Renewal.

I understand that no representative of the company has any authority to make any agreement contrary to the foregoing. I also agree that my employment relationship with Terra Renewal should be construed according to the laws of the State of Arkansas.

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. I UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF INFORMATION IN THIS APPLICATION MAY RESULT IN MY DISMISSAL.

Date _____ Applicant's Signature _____



APPLICANT AUTHORIZATION

The undersigned has applied for a driving position with Terra Renewal, Russellville, AR. I hereby authorize the release of information from my DOT regulated drug & alcohol testing or any refusal to test, pursuant to FMCSR, 49 CFR, Part 40, in the past two years, including assessments of my past performance. This information may include, but is not limited to: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history and professional credentials. Such reports may contain public record information concerning the undersigned's driving record and criminal record, from federal state and other agencies, which maintain such records. You are released from any and all liability, which may result from the release of this information.

Date: Applicant's Signature:

PREVIOUS EMPLOYMENT VERIFICATION

TO: Attn:
Phone:
Fax:

The below named individual has stated that he/she worked for your company form to

Driver's Name: SS#

Dates of Employment: Conduct Satisfactory? Yes No If No, Why?

Rehire? Yes No Upon Review If No, Why?

Reason for leaving: Quit Discharge Other

Number of Accidents: Preventable Non-preventable Details

Experience: Company Driver Owner-Operator Straight Truck Tractor-Semi-trailer Other
OTR Regional Local

Loads Hauled: Dry Van Flatbed Reefer Tank Other

UNDER DEPARTMENT OF TRANSPORTATION TESTING REQUIREMENTS:

- Y N *Has had an alcohol test with a positive result of 0.04 or higher in the past 3 years.
Y N *Has had verified controlled substance test with a positive result in the past 3 years.
Y N *Has refused to be tested in the past 3 years. (including verified adulterated or substituted drug test)
Y N *Has committed other violations of DOT agency drug & alcohol testing regulations.
Y N *Have you received information from a previous employer that this individual violated DOT drug & alcohol regulation in the past 3 years?

*If so, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? Y N (Please send this documentation back with this form, if applicable.)

*If the driver was not subject to Dept. of Transportation testing requirements while employed by this company, please check here, sign below and return.

NAME & TITLE OF PERSON COMPLETING THIS FORM

DATE



PO Box 3036
Russellville, AR 72811
Ph: (479) 498-0500
Fax: (479) 498-0503

Voluntary Self-Identification

Return all completed forms to the Human Resources Department.

Date: _____

Name:	Last	First	Middle Initial	Social Security Number
Home Address:	Street	City	State	Zip Code

The following information is being gathered not for employment decisions but for recordkeeping in compliance with Federal Regulations. This information will be kept separate from your Employment Application. Your responses are strictly voluntary and will help in developing and monitoring our Affirmative Action Program.

Information provided will be kept confidential except that (1) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans and disabled individuals, and regarding necessary accommodations, (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (3) government officials, investigating compliance will be informed.

If you choose not to answer any of these questions, you will not be subject to adverse treatment. However, if you choose not to "self-identify", we are required under Federal regulations to maintain race, sex, and disability information on the basis of visual observation or personal knowledge. If you do not wish to furnish this information, please initial below:

I **DO NOT** wish to furnish the following information: _____
Candidate's initials Date

SEX: Male Female

RACE: White Black Hispanic Asian/Pacific Islander American Indian/Alaskan Native

VIETNAM ERA VETERAN:

Are you a Veteran of the Vietnam Era? A Veteran of the Vietnam era means a veteran, any part of whose active U.S. military, naval or air service was during the period of August 5, 1964 through May 7, 1975, who (1) served on active duty for a period of more than 180 days, or (2) was discharged or released from active duty because of a service connected disability. No Yes

DISABLED VETERAN:

Are you a Disabled Veteran? A Disabled Veteran means (1) a veteran who is entitled to compensation (or who but for the receipt of a military retired pay would be entitled to compensation) under laws administered by the Veteran's Administration for a disability (a) rated at 30 percent or more, or (b) rated at 10 to 20 percent in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C., to have a serious employment disability or (2) a person who was discharged or released from active duty because of a service-connected disability. No Yes

OTHER VETERAN:

A veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. No Yes

DISABILITY:

Do you have any limitations due to your disability that may affect your ability to satisfactorily perform the position for which you are employed? No Yes

Are there any reasonable accommodations that we could make which would enable you to perform the job properly and safely? No Yes If Yes, please explain: