



INSTRUCTIONS TO APPLICANTS

- Please complete this application in its entirety; an incomplete application may delay your employment process.
- Use a Black ink pen or typewriter.
- A copy of your educational transcripts from all high schools, colleges or universities that you have attended **must** be provided. If you have received a Graduate Equivalency Degree (GED), a copy of the test scores verifying GED completion should be attached to the high school transcript.
- This application must be signed and dated.
- Page 9 is a self-identification form that is voluntary and confidential.
- The section beginning on Page 13 is for truck driver applicants only. Applicants for all other positions do not need to complete this section.
- Please mail or deliver, unless otherwise instructed, your application to the address below.
- Application will remain on file under active consideration for two years. Only one application will be accepted during any 12-month period.

Attn: Employment
Legacy Regional Transport, L.L.C.
2800 Gap Road
Batesville, AR 72501

ADDITIONAL INSTRUCTIONS FOR TRUCK DRIVER APPLICANTS

Applicants interested in applying for truck driving positions **must also** complete the "**Addendum – For Truck Driving Applicants Only**" section beginning on Page 12, the Arkansas Driving Records Release Form on Page 14, the Release of Alcohol and Drug Tests Results on Page 15, and the General Consent for Limited Queries of the Federal Motor Carrier Safety Administration Drug and Alcohol Clearinghouse release on Page 16.

PLEASE NOTE:

Legacy Regional Transport, L.L.C. has implemented an anti-nepotism policy which prohibits the hiring of relatives. This includes spouses, siblings, parents, children, and grandparents. Step relations are considered the same as direct relations.

Thank you for your interest in Legacy Regional Transport, L.L.C. Our employment process includes a series of the following steps:

1. Complete a Legacy Regional Transport, L.L.C. Application.
When submitting your application, applicants are **required** to provide a copy of **transcripts** from any educational institution (high school, technical school, or college) attended. If you have received your GED, please send us a copy of the documentation.
2. To be considered for Operations or Maintenance positions within FutureFuel Chemical Company, our employment process **requires** completion of a FutureFuel application.
3. Team interviews and a drug screen – Interviews will be scheduled by Legacy Regional Transport, L.L.C. when job positions become available.

You will be contacted if additional interviews are required. It is not necessary to contact Employment to check on the status of your application.

4. Truck driver applicants will be queried in the Federal Motor Carrier Safety Administration Drug and Alcohol Clearinghouse for past drug or alcohol violation information.

Your application will be kept on file for two years from the date it is submitted. Please do not submit another application during this time. However, the active life of your application may be extended by making a personal contact with the Employment group.

Should you need to change information on your application, you may do so by sending a letter to:

Legacy Regional Transport, L.L.C.
Employment
2300 Gap Road
Batesville, AR 72501

Legacy Regional Transport, L.L.C is an Equal Opportunity Employer



An Equal Opportunity Employer

OFFICE USE ONLY - Date Received:

Application for Employment

1. PERSONAL DATA

Name: _____
Last (Suffix: Jr. Sr. I. II. III) First Middle

Social Security No.: _____ Home: _____ Work: _____
Telephone (Area Code & No.) Telephone (Area Code & No.)

Email: _____ Cellular Phone: _____ Other: _____
Telephone (Area Code & No.) Telephone (Area Code & No.)

Mailing address, until: _____
Date Number & Street City State Zip

Permanent Address: _____
 (If different from above) Date Number & Street City State Zip

Are you 18 or older? Yes No If no, state your date of birth: _____
Mo. Day Yr.

Are you authorized to work in the U.S.? Yes No

If extended an offer of employment, are you prepared to show the necessary documents to establish your identity and your employment eligibility as required by the Immigration Reform and Control Act of 1986, as amended? **Please review INS I-9 form on Page 9 and answer this question appropriately.** Yes No

Will you now or in the future require sponsorship for employment visa status (for example H-1 visa)? Yes No

If you are a former employee of FutureFuel Chemical Company or one of their subsidiaries, please provide your personnel number and the facility at which you worked.

Personnel Number: _____ Facility: _____

Are you related by blood or marriage to any person currently employed by FutureFuel or its subsidiaries? Yes No

If yes, give name and relationship to you:

Type of Employment desired: Full Time Intern Co-op Part-Time

2. EDUCATIONAL RECORD

Please list any languages, in addition to English, in which you are proficient: _____

School	Name & Location	Years Attended From To	Date of Graduation	Degree BS, MS, AS	Major Subject	Grade Point Average	
						Overall Actual/Basis	Major Actual/Basis
High School		XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX		XXXXXXXXXXXXXX
		XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX		XXXXXXXXXXXXXX
Vocational, Technical, or Business School							
College or University							

3. EMPLOYMENT SCHEDULE

Are there work schedules that are unacceptable to you? Yes No

If yes, explain: _____

Date available to begin employment: _____

4. PREVIOUS EMPLOYMENT

List all previous employment, INCLUDING MILITARY SERVICE , for the past 10 years. LIST PRESENT JOB FIRST . If needed, use additional sheet of paper to complete previous employment history.			
Dates of Employment Mo./Yr.	Name & Address of Employer	Job Duties/Title	Reason for Leaving
From			
To			
Rate of Pay \$ Per			

Truck Drivers – Were you subject to the Federal Motor Carrier Safety Regulations while employed with this 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 a requirement required by 49 CR Part 40? Yes No

From			
To			
Rate of Pay \$ Per			

Truck Drivers – Were you subject to the Federal Motor Carrier Safety Regulations while employed with this 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 a requirement required by 49 CR Part 40? Yes No

From			
To			
Rate of Pay \$ Per			

Truck Drivers – Were you subject to the Federal Motor Carrier Safety Regulations while employed with this 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 a requirement required by 49 CR Part 40? Yes No

From			
To			
Rate of Pay \$ Per			

Truck Drivers – Were you subject to the Federal Motor Carrier Safety Regulations while employed with this 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 a requirement required by 49 CR Part 40? Yes No

From			
To			
Rate of Pay \$ Per			

Truck Drivers – Were you subject to the Federal Motor Carrier Safety Regulations while employed with this 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 a requirement required by 49 CR Part 40? Yes No

From			
To			
Rate of Pay \$ Per			

Truck Drivers – Were you subject to the Federal Motor Carrier Safety Regulations while employed with this 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 a requirement required by 49 CR Part 40? Yes No

From			
To			
Rate of Pay \$ Per			

Truck Drivers – Were you subject to the Federal Motor Carrier Safety Regulations while employed with this 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 a requirement required by 49 CR Part 40? Yes No

7. PERSONAL COMPUTER SOFTWARE SELF-ASSESSMENTS

Please complete the following self assessment of your computer software skill level using the rating criteria shown below. This information is used ONLY to initially assist in determining potential job matches for those Business Support jobs which require computer software skills. Qualified individuals for these types of Business Support jobs are expected to meet all of the normal requirements of the job.

Personal Computer Software	Self Assessment Rating
Microsoft WORD	
Microsoft EXCEL	
Microsoft POWERPOINT	
Microsoft OUTLOOK	
Microsoft Internet Explorer	

Rating Criteria			
A = Expert Familiar with all features, have extensive hands-on experience, and able to teach someone else	B = Intermediate Familiar with most features and have extensive hands-on experience	C = Minimal Limited hands-on experience	D = Not Familiar No knowledge or hands-on experience

8. SUPPLEMENTARY DATA

Are you aware of any situation that may cause a

1. Conflict of interest if you were employed by Legacy Regional Transport, L.L.C.
2. Possible violation of an employment agreement you have signed with a previous/current employer?

Yes No If yes, please explain: _____

Have you ever been convicted of a felony? Yes No (A conviction record will not necessarily be a bar to employment and factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.)

If yes, give date and nature of Offense and Disposition of Case _____

Have you ever received a dishonorable discharge from the military service? Yes No
(A dishonorable discharge is not an absolute bar to employment and other factors will affect a final decision to hire or not to hire.)

If yes, give date and reason for discharge _____

9. PREPLACEMENT MEDICAL EVALUATION

I understand that employment with Legacy Regional Transport, L.L.C. is contingent upon passing a drug test and upon the results of a preplacement medical evaluation.

10. EMPLOYMENT AT WILL

Employment with Legacy Regional Transport, L.L.C. is not for a specified period of time, and all individuals are employed at will. Employment with Legacy Regional Transport, L.L.C. may be terminated at any time with or without cause by either the employee or the company. The company does not enter into contracts of employment unless made in writing and signed by an authorized Officer of the company.

11. AUTHORIZATION

I hereby authorize the company to obtain information from my previous employers, schools, references, and such other sources as the company determines to be necessary in connection with my employment. I understand that falsification of any information submitted to the company by me for employment consideration will be sufficient cause for cancellation of the application or may result in disciplinary action (including termination of employment) if I am employed by the company.

I understand that I must be 18 years of age or older to be considered for employment by Legacy Regional Transport, L.L.C.

I understand that my employment is contingent upon meeting the requirements of the Immigration Reform and Control Act of 1986, as amended.

At the time of employment the company requires new employees to sign an agreement which includes (a) unauthorized disclosure and unauthorized use of company information, (b) assignment of inventions while employed, and (c) possible restrictions on accepting other employment in the same fields for not more than two years after termination of employment.

Date _____ Signature of Applicant _____

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card	OR	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	AND	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Voluntary Self-Identification

Legacy Regional Transport, L.L.C. is an Equal Opportunity Employers and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, or any other classification protected by Federal, state or local law. As a potential Federal contractor, subject to Executive Order 11246 and its implementing regulations, Legacy Regional Transport, L.L.C. could be required to maintain records and compile reports about the demographic makeup of all applicants applying for employment in the United States. The information you provide is both **voluntary** and **confidential**. This information will not be used for any employment decision, and you will not be subject to adverse treatment of any type. The information provided will be retained as a confidential record separate from employee personnel files in accordance with applicable Federal, state and local laws.

Gender Identification:

Male Female

Veteran Status:

Viet Nam Other

Ethnic/Race Origin Identification: Please check **only one** of the following categories to indicate the appropriate group for record keeping and reporting purposes. These Ethnic/Race Categories are defined by the Equal Employment Opportunity Commission:

Ethnicity (Check one):

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

- Not Hispanic or Latino (Complete Race Section Below)**

Race (Not of Hispanic or Latino Origin):

- White** – All persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.

- Black or African American**) – All persons having origins in any of the Black racial groups of Africa.

- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

- Asian** – A person having origins in any of the original peoples of the Far East, southeast Asia, or the Indian Subcontinent , including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

- American Indian or Alaska Native** – All persons having origins in any of the original peoples of North America, and who South America (including Central America), and who maintain tribal affiliation or community attachment.

- Two or More Races** – All persons who identify with more than one of the above five races

Name

Signature

Date

(By signing my name above, I attest, under penalty of perjury, that all above information is true and correct.)

Social Security No. _____

Revised 2017

3. Yes No Have you ever received probation or community supervision for any federal, state or municipal offense?

If yes, please provide details below.

State: _____ County: _____ Date of Offense: ____/____/____

Details of Supervision:

4: Yes No Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?

If yes, please provide details below.

Country: _____ City: _____ Date of Offense: ____/____/____

Details of Conviction:

5. Yes No As of the date of this consent form, do you have any pending charges against you?

If yes, please provide details below.

State: _____ County: _____ Date of Arrest: ____/____/____

Details of Pending Charges:

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT, AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT/VOLUNTEERISM WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE COMPANY.

Signed this _____ day of _____, 20 _____

Applicant (print name) _____

Applicant's Signature _____

Addendum – For Truck Driving Applicants Only

Please provide the information requested below per FMCSA requirements

LICENSES AND FAILED TEST INFORMATION

Driver's Licenses held in the past 3 years must be shown	State	License #	Class	Endorsement(s)	Expiration Date

Have you 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, safety sensitive transportation work covered by DOT agency drug/alcohol testing rules during the past 2 years?

Yes No

If answered "yes" to the above question, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Yes No

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

If you answered yes to any of the above questions, explain your answer on a separate sheet of paper.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment	Dates		Approximate Total Miles
		From	To	

ACCIDENT REVIEW FOR THE PAST 3 YEARS (attach separate sheet if more space is needed)

Date	Nature of Accident (Head-on, Rear-end, Overturn, Backing, Etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES for the past 3 years (other than parking violations)

Location	Date	Charge	Penalty

Addendum – For Truck Driving Applicants Only

Applicant must read and sign

I have been informed by this company that the previous employment information I have given 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 49 CFR Part 391.23.

This company has advised me, during the application process, that 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 that I have the right to review information provided by previous employers; I have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send 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 that my previous Department of Transportation regulated employment history in the previous three years can be reviewed by me by 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 business days after receiving my request or within five business days of receiving the information they will supply the information to me. This company has advised me that if I have not arranged to pick up or receive the requested records within 30 days of making them 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 be 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.

Date

Applicant Signature



STATE OF ARKANSAS
Department of Finance
And Administration

DRIVER SERVICES
Driving Records
Ragland Building, Room 1130
Post Office Box 1272
Little Rock, Arkansas 72203
Phone: (501) 682-7207
Fax: (501) 682-2075
<http://www.state.ar.us/dfa>

ARKANSAS DRIVING RECORDS RELEASE FORM

I, _____ DO HEREBY AUTHORIZE
OFFICE OF DRIVER SERVICES TO RELEASE MY:

- INSURANCE RECORD - \$7.00
- COMMERCIAL RECORD - \$10.00

TO: Legacy Regional Transport, LLC / FutureFuel Chemical Company
(NAME)

2800 Gap Road
(ADDRESS)

Batesville AR 72501
(CITY, STATE, ZIP)

THIS RELEASE SHALL REMAIN IN FULL FORCE AND EFFECT FOR THE NEXT FIVE (5) YEARS, UNLESS A FORMAL WITHDRAWAL IS FILED BY ME.

SIGNATURE _____

DATE OF BIRTH _____

ARKANSAS DRIVERS LICENSE # _____

CURRENT DATE _____

THIS FORM MUST BE FILLED OUT IN FULL FOR RECORDS TO BE PROCESSED.



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 8079
 Little Rock, Arkansas 72203-8079
 Phone: (501) 682-7207
 Fax: (501) 682-2075
<http://www.arkansas.gov/drugtest>

(For truck driving Applicants Only)
 RELEASE OF RECORD OF 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:

Legacy Regional Transport, LLC
 Company name _____
 2800 Gap Road Batesville AR 72501
 Address State Zip

Signature _____ Date _____

Date of Birth _____

Driver License Number _____

This Consent is only valid for pre employment and employment purposes as required by Arkansas Code Annotated §27-23-207.

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to Legacy Regional Transport, L.L.C./FutureFuel Chemical Company to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent is valid for five years and multiple limited queries.

I understand that if the limited query conducted by Legacy Regional Transport, L.L.C./FutureFuel Chemical Company indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Legacy Regional Transport, L.L.C./FutureFuel Chemical Company without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Legacy Regional Transport, L.L.C./FutureFuel Chemical Company to conduct a limited query of the Clearinghouse, Legacy Regional Transport, L.L.C./FutureFuel Chemical Company must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Driver's Signature

Date

12-30-2019