



INSTRUCTIONS TO APPLICANTS

- Please complete this application in its entirety; an incomplete application may delay your employment process.
- 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.
FutureFuel Chemical Company
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 13 and the Consent to Perform Motor Vehicle Check on Page 15.

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

1. **C**omplete 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. **T**o be considered for Operations or Maintenance positions within the Company, our employment process **requires** a series of **pre-employment testing**. If you would like to take the testing, we recognize certification from the Arkansas Career Ready Certification Work Program from the Arkansas Department of Workforce Services. For more information contact Workforce Services Office at 870-793-4156 or e-mail crc@arkansas.gov.

Pre-employment testing consists of:

- Reading for Information
 - Locating Information
 - Math
 - Applied Technology – (Maintenance Applicants Only)
 - Workplace Observation – (Maintenance Applicants Only)
3. **T**eam 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.

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 for an additional year 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

Name _____

SS # _____

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

Name _____

SS # _____

5. REFERENCES – Give references who are familiar with your interests, experience, ability and training. **DO NOT INCLUDE RELATIVES OR CURRENT EMPLOYERS.** If any of the references would know you by another name, indicate in parentheses after the name of each reference the complete name by which they would know you.

1. _____ Name (Dr., Mr., Ms.) _____ Title/Organization Name _____ Number & Street _____ City, State and Zip Code _____ Telephone (Area Code & No.) _____ Email (Optional)	2. _____ Name (Dr., Mr., Ms.) _____ Title/Organization Name _____ Number & Street _____ City, State and Zip Code _____ Telephone (Area Code & No.) _____ Email (Optional)
3. _____ Name (Dr., Mr., Ms.) _____ Title/Organization Name _____ Number & Street _____ City, State and Zip Code _____ Telephone (Area Code & No.) _____ Email (Optional)	4. _____ Name (Dr., Mr., Ms.) _____ Title/Organization Name _____ Number & Street _____ City, State and Zip Code _____ Telephone (Area Code & No.) _____ Email (Optional)

6. WORK INTERESTS

Discuss briefly the specific types of work in which you are most interested, experienced, and/or qualified. List all computers, software programs, machinery, and other types of office equipment you are qualified to operate.

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	OR	LIST B	AND	LIST C
Documents that Establish Both Identity and Employment Authorization		Documents that Establish Identity		Documents that Establish Employment Eligibility
<ol style="list-style-type: none"> 1. U.S. Passport or Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document That contains a photograph (form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign Passport; and b. Form I-94 or form I-94A that has the following: <ol style="list-style-type: none"> (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. 6. Passport from the Federated States of Micronesia (FSN) or the Republic of the Marshall Island (RMI) with Form nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 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, sex, height, eye color, and address 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, sex, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p align="center">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, Unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by Department of State (Form DS-1350) 4. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (INS Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

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. _____
2013

Revised



Consent to Perform Criminal History/Background Check In Compliance with the FCRA (Fair Credit Reporting Act)

 Last Name First Name Middle Name or Initial

 Maiden or other name(s) used in any and all other records of birth or records of residence.

 *Address Apartment or #

 City County State Zip

 **Date of Birth Social Security Number **Gender **Race

*AS SHOWN ON APPLICATION

**TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF PERSONNEL FILE.

I, _____ am an applicant for employment/volunteerism with _____ company and have been advised that as a part of the application process, the company conducts a criminal history background check. I do hereby consent to the company use of any information provided during the application process in performing the criminal history check. The company has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment/volunteerism. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the company. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

The following are my responses to questions about my criminal history (if any.)

1. Yes No Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors)
 If yes, please provide details below.

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

Details of Conviction: _____

2. Yes No Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?
 If yes, please provide details below.

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

Details of Offense: _____

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 _____



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.

Name _____

SS # _____

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

Name _____

SS # _____

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



CONSENT TO PERFORM MOTOR VEHICLE RECORDS HISTORY CHECK

PERSON'S NAME	DATE OF BIRTH	
STREET ADDRESS		
CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	

FOR THE USE OF: _____ (NAME OF COMPANY)

Licensee

Date

Any person requesting a motor vehicle report, except for insurance purposes, must have a written authorization signed by the licensee who is the subject of the report. Such written authorization must be notarized and must specify the person or company who is to receive this report.

That abstracts of driver records shall be used exclusively to determine whether an employee or prospective employee should be employed to operate a school bus or commercial vehicle upon the public highways, and that no information contained therein shall be divulged, sold, assigned, or otherwise transferred to any third person or party, a commercial vehicle is defined as any vehicle the principal use of which is the transportation of commodities, merchandise, produce, freight, animals, or passengers for hire.

Return information to Stacy Gunderman/FutureFuel Chemical Company (name/company)

At 870-698-5455 (phone) 870-698-5768 (fax number)



STATE OF ARKANSAS
**Department of Finance
 And Administration**

DRIVER SERVICES

Driving Records
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 Post Office Box 1272
 Little Rock, Arkansas 72203
 Phone: (501) 682-7207
 Fax: (501) 682-2075
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ARKANSAS DRIVING RECORDS RELEASE FORM

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OFFICE OF DRIVER SERVICES TO RELEASE MY:

- INSURANCE RECORD - \$7.00
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TO: Legacy Regional Transport, LLC / FutureFuel Chemical Company
 (NAME)

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 (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.