

# Arkansas Equipment Leasing

# Application

P.O. Box 905 • Mabelvale, AR 72103

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-related medical condition or handicap.

Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Apt. City

State, Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Zip

ADDRESS \_\_\_\_\_ How Long \_\_\_\_\_  
FOR THE PAST Street Apt. City, St, Zip Code

THREE \_\_\_\_\_ How Long \_\_\_\_\_  
YEARS Street Apt. City, St, Zip Code

Do you have the legal right to work in the United States \_\_\_\_\_

Date of Birth \_\_\_\_\_ Can you provide proof of age \_\_\_\_\_

Have you worked for the company before \_\_\_\_\_ Where \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Have you had any felony convictions \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what and when \_\_\_\_\_

Are you employed \_\_\_\_\_ If not, how long since leaving last employment \_\_\_\_\_

Who referred you \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Expected time of training period \_\_\_\_\_

Check One:  Company Driver  Owner Operator

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## MAIL TO:

Arkansas Equipment Leasing  
P.O. Box 905  
Mabelvale, AR 72103  
FAX # 800-474-0754

Haz-Mat \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

This application is kept on file for 90 days

## EMPLOYMENT HISTORY

(NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.



**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

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LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

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**TO BE READ AND SIGNED BY APPLICANT**

I certify that I, personally completed this application and that all of, the information is true and correct. I authorize Arkansas Equipment Leasing or their agents to obtain any and all information from previous employers, criminal checks and DAC Services, or other consumer reports, in accordance with state and federal laws. Furthermore, I give my express consent for Arkansas Equipment Leasing, any previous employer, their agent, or Medical Review Officer or their agent to release Information concerning any or my past controlled substances tests. I understand that false or misleading information will disqualify me from further consideration and I am subject to immediate termination if this becomes known after employment has begun. Applicants not offered employment will not be provided any details, as a company policy does not allow disclosure of this information. I authorize my previous employers to release any information required by Arkansas Equipment Leasing and hold them harmless of all liability from the release of said information.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature

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**NOTES:**

# Arkansas Equipment Leasing, Inc.

**EQUIPMENT FINANCE DIVISION  
TRUCK/TRAILER CREDIT APPLICATION**

PO Box 905 Little Rock, AR 72103				<b>DO NOT COMPLETE-OFFICE ONLY</b>	
Salesperson		Phone 800 889 1025		Date/Time Taken	
				Date of Approval	
				Taken by:	
<b>APPLICANT INFORMATION</b>					
Full Name				Social Security Number	
Home Phone Number ( )		Birth Date		No. of Dependents	
Present Address					
City		State	Zip	How long Mos. _____ Yrs. _____	U.S. Citizen Y _____ N _____
Marital Status	(circle one) OWN /	If Owned: (circle one) JOINTLY /	Mortgage Balance		
	Cost Monthly \$	Value \$	\$		
Former Address				How long Mos. ____ Yrs. ____	
Employer/ Contact Person		Business Phone ( )		Position/Title	
Hire Date	Monthly Income \$	Other Income: (describe)*			
*Alimony, Child support or maintenance payments are optional information and need not be reported if the applicant does not choose to rely on such income in applying for credit.					
Former Employee (If less than 3 years at current place of employment)					
Business Phone ( )		Employed From Mo. _____ Yr. _____ To Mo. _____ Yr. _____			
Nearest Relative not living with you					
Name			Address		
PERSONAL OBLIGATIONS AND/OR CREDIT REFERENCES (List all mortgages, auto, boat, aircraft and personal loans)					
Personal Primary Bank			Phone ( )		Checking account No.
Creditor	Type of Account	Account Number	Amount Balance	Monthly Payment	Person to Contact
Name					
Phone					
Name					
Phone					
Name					
Phone					
Name					
Phone					
Name					
Phone					
Name					
Phone					
<b>CO-APPLICANT INFORMATION</b>					
CO-APPLICANT: Applicant's spouse must complete the section below if the applicant is relying on the spouse's income as a basis for repayment of the credit, or if the applicant resides in Arizona, California, Hawaii, Idaho, Louisiana, Michigan, Nebraska, Nevada, New Mexico, Oklahoma, Oregon, Texas or Washington.					
Full Name		SSN		D.O.B.	
Present Address			How long Mos. _____ Yrs. _____	Home Phone: ( )	
Employer's Name & Address		Business Phone ( )		Monthly Income \$	
				Hire Date Mo. _____ Yr. _____	
Bank	Phone ( )		Checking account No.		
<b>PLEASE COMPLETE THIS SECTION IF SELF EMPLOYED OR BUYING A BUSINESS</b>					
Name of Corporation, Partnership or Proprietorship-Use legal name, <b>NOT SELF</b>					
Address			<b>Principals</b>	<b>% Ownership</b>	<b>Title</b>
Phone ( )	Type of Business (circle one) Corporation/ Partnership/ Proprietorship				
State & Date of Incorporation		Federal I.D. Tax No. (E.I.N.)			
Type of Business or Primary Use of Truck/Trailer					

BUSINESS FINANCIAL OBLIGATIONS AND/OR CREDIT REFERENCES (ALL)				
Creditor Name & Address	Phone	Account Number	Current Balance	Monthly Payment
Primary Bank		Checking Account Number		
Taken Bankruptcy Within 10 Years? (circle one) Yes / No		Any items Repossessed? (circle one) Yes / No		
What Year: _____		What _____		
OWNER/OPERATOR INFORMATION				
How long as an Owner Operator:		Operator's License No. & State:		Date License Expires:
Purchaser to Drive? (circle one) Yes / No	If NO: Driver Name:		Driver SSN:	Driver Address:
Truck/Trailer to Work for: (Company name)		Company Phone ( )		Contact Name:
Truck to be Garaged at: (Street Address, City, State, & Zip)				
TRUCK/TRAILER INFORMATION				
(circle one) Truck / Trailer /		New / Used		Year: _____ Make: _____
FIRE, THEFT, CAC AND COLLISION INSURANCE REQUIRED		Type of Contract:	Contract Expiration	Serial No.
		(circle one) Oral / Written	____/____/____	Replacement _____ Additional _____
Arkansas Equipment Insurance subsidiary to facilitate the insurance? (circle one) Yes / No		<b>DESCRIPTION OF TRADE IN</b>		
Premium \$ _____ Terms: _____		Year: _____	Model: _____	
Deductible \$ _____		Make: _____		1. Selling \$ _____ 2. Cash Down \$ _____ 3. Trade in Allowance \$ _____ 4. Pay on Trade \$ _____ 5. Net Trade (item 3 less 4) \$ _____ 6. Total \$ Down (item 5 + 2) \$ _____ 7. Amount of unpaid Cash Price (1 - 6) \$ _____ 8. Other Permissible Fees (Filling fees, etc.) \$ _____ 9. Insurance \$ _____ 10. Finance Amount \$ _____
<b>If insurance provided by agent other than Arkansas Equipment, complete below:</b>		Other: _____		
Agent		<b>TRUCK USAGE INCOME</b>		
Phone ( )		Estimated Average Income Per Month:		
Company Name:		Expected Revenue miles _____		
Policy Number:		Per: _____		
Coverage to be subjected to mileage restriction: (circle one) Yes / No		(circle one) Month / Year		
If Yes, Radius: _____		Revenue per month \$ _____		
<b>OPTIONAL CREDIT LIFE 7 DISABILITY INSURANCE</b>		Projected Monthly Revenue \$ _____		
Single Credit Life \$ _____				
Joint Credit Life \$ _____				
Disability Insurance \$ _____				
Term of Insurance is _____ month				

Contract Effective Date: \_\_\_\_\_

ALL OF THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT AND ARE MADE FOR THE PURPOSE OF OBTAINING CREDIT WITH ARKANSAS EQUIPMENT LEASING INCORPORATION OR ITS AFFILIATES. YOU ARE AUTHORIZED TO INVESTIGATE MY CREDIT RECORD, TO VERIFY MY EMPLOYMENT, INCOME REFERENCES AND TO OBTAIN SUCH OTHER INFORMATION AS YOU DEEM NECESSARY.

SIGNATURE OF APPLICANT X \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE OF CO-APPLICANT X \_\_\_\_\_ DATE \_\_\_\_\_

## DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from DAC Services, Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE.MENTIONED INFORMATION.**

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

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Print Name

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Social Security No.

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Date of Birth

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Applicant's Signature

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Date

**Arkansas Equipment Leasing, Inc.**

**P.O.Box 905**

**Mabelvale, AR 72103**

I hereby authorize, without liability, any person or organization, including but not limited to any educational institution, training facility or any institution whose name I have given as a reference, or by whom I have been previously employed, to furnish Arkansas Equipment Leasing (Company) any information they may have concerning my character, habits, ability, financial responsibility, job performance, reasons for leaving employment, and all information concerning my employment or training to give such information to other companies and carriers requesting such information. Furthermore, there maybe entities that the company does business with which may request investigative reports or consumer reports which apply to my background. In this case, these reports would apply to my assignment to projects related to the Customer, permission to be on the Customer's premises and to handle its products and other security concerns of the customer. I hereby release all such persons and organizations from any claims for damages of any kind, which may occur to me by reasons of furnishing such information, I hereby authorize any law enforcement agency or court of record to furnish Arkansas Equipment Leasing information concerning Motor Vehicle Record, or any felony or misdemeanor of which I have been convicted.

Under the authority granted me by 49 CFR Parts 40 and 382, I hereby authorize and require my previous and or current employers specifically listed as well as any other person or company provided by me in writing or by verbal interview by whom I as employed or to whom I applied for employment in the three year period preceding the date of this application to release the date, type of test and result of all drug and alcohol test taken by me, including the date and type of test for any refusals by me to take a drug or alcohol test to the Director of Driver Personnel or the Employment Placement Specialist assigned to process my application at Arkansas Equipment Leasing. If I tested positive on any controlled substance test, had an alcohol test with a concentration of 0.04 or greater, or refused to take any drug or alcohol test. I also authorize the release of all information concerning my referral to a Substance Abuse Professional (SAP) including all records pertaining to my evaluation and treatment (if required by SAP). I authorize this release by whatever means is most expedient and agree to hold harmless any past employer or any person or company I applied with as well as their employees, agents, or representatives from all liability or damage that may arise from the release of the information specifically authorized here.

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Name (Printed)

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Social Security No.

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Name (Written)

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Date

# Reference Sheet

All spaces must be filled out and legible.

## Relatives:

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Phone Day \_\_\_\_\_  
Phone Night \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Phone Day \_\_\_\_\_  
Phone Night \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Phone Day \_\_\_\_\_  
Phone Night \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Phone Day \_\_\_\_\_  
Phone Night \_\_\_\_\_  
Relationship \_\_\_\_\_

## Personal References:

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Phone Day \_\_\_\_\_  
Phone Night \_\_\_\_\_  
How Many Years Known \_\_\_\_\_

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Phone Day \_\_\_\_\_  
Phone Night \_\_\_\_\_  
How Many Years Known \_\_\_\_\_

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Phone Day \_\_\_\_\_  
Phone Night \_\_\_\_\_  
How Many Years Known \_\_\_\_\_

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Phone Day \_\_\_\_\_  
Phone Night \_\_\_\_\_  
How Many Years Known \_\_\_\_\_

# Household Balance Sheet

## Use average for last 12 months:

Water bill \_\_\_\_\_

Electric bill \_\_\_\_\_

Gas bill \_\_\_\_\_

Phone bill \_\_\_\_\_

Cable / Satellite TV \_\_\_\_\_

Grocery bill \_\_\_\_\_

## Use Monthly Payment

Car payment \_\_\_\_\_

Car payment (2<sup>nd</sup> vehicle) \_\_\_\_\_

House payment  
(own/rent) \_\_\_\_\_

Child Support \_\_\_\_\_

Alimony \_\_\_\_\_

Other \_\_\_\_\_

Other  
(Insurance: car, home, health) \_\_\_\_\_

## List Current Balance and Monthly Payment

Credit Card #1 \_\_\_\_\_

Credit Card #2 \_\_\_\_\_

Credit Card #3 \_\_\_\_\_

Name: \_\_\_\_\_ Driver Code: \_\_\_\_\_