

NASH TRUCKING & CONSTRUCTION
PO BOX 219 WOODLAWN, TX 75694
PHONE: 903-938-5426 FAX: 903-935-6036



Application for Employment

APPLICANT INFORMATION

Last Name		First		M.I.	Birth date	
Street Address				Apartment/Unit #		
City		State		ZIP		
<i>If at this address less than 3 years, list previous address below</i>						
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone			E-mail Address			
Date Available		Social Security No.		Desired Salary		
Position Applied for			How did you hear about us or who referred you?			
Are you presently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, how long since last employment?			
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when & reason for leaving?			
Do you have any friends or family employed at Nash Trucking?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list names			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			

EMERGENCY CONTACT

Name		Relationship		Phone	
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DRIVERS LICENSE (List all licenses held for previous 3 years)

	State	License Number	Type & Endorsements	Expiration Date
Current				
Previous				

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Has any license, permit or privilege ever been revoked?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Nash Trucking requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Driver's License (CDL), to be controlled substances tested with a negative result prior to driving. Do you consent to such testing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
During the past (3) years, have you tested positive on a pre-employment drug or alcohol test?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
During the past (3) years, have you refused to test on a pre-employment drug or alcohol test?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		

DRIVING EXPERIENCE IN OPERATION OF MOTOR VEHICLES

Equipment Class	Type of Equipment (Van, Tank, Dump, Flat, Refer, Etc)	Date: From	Date: To	Approximate Total Number of Miles
Straight Truck				
Tractor Semi Trailer				
Other				

List states operated in, for last 5 years

List special courses/training completed (PTD/DDC, HASMAT, Etc.)

ACCIDENT RECORD FOR PAST 3 YEARS (*Attach sheet if more space is needed*)

Dates	Nature of Accident (Head-On, Rear-End, Roll-Over,	Fatalities	Injuries

MOVING TRAFFIC CONVICTIONS & FORFEITURES FOR PAST 3 YEARS (*Other than parking violations*)

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

EDUCATION

High School				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

List special equipment or technical materials you can work with (other than those already shown).

Show any trucking, transportation or other experience that may assist in your qualifications for desired position.

PREVIOUS EMPLOYMENT - 391.21 List all employment for the past 3 years, driving and non-driving. CDL holders are required to list an additional 7 years of employment as a commercial driver. Please do not leave any time gaps. If you were unemployed at any time, be sure to list the dates with name and contact numbers so that this information can be verified.

Company		Phone	
Address		Supervisor	
Job Title	From	To	Salary
Responsibilities		Reason for leaving	
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Were you subject to the FMCSR's* while employed here?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Was the job designated as a safety-sensitive function subject to DOT drug and alcohol testing requirements of 49 CFR Part 40?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company		Phone	
Address		Supervisor	
Job Title	From	To	Salary
Responsibilities		Reason for leaving	
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Were you subject to the FMCSR's* while employed here?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Was the job designated as a safety-sensitive function subject to DOT drug and alcohol testing requirements of 49 CFR Part 40?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company		Phone	
Address		Supervisor	
Job Title	From	To	Salary
Responsibilities		Reason for leaving	
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Were you subject to the FMCSR's* while employed here?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Was the job designated as a safety-sensitive function subject to DOT drug and alcohol testing requirements of 49 CFR Part 40?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company		Phone	
Address		Supervisor	
Job Title	From	To	Salary
Responsibilities		Reason for leaving	
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Were you subject to the FMCSR's* while employed here?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Was the job designated as a safety-sensitive function subject to DOT drug and alcohol testing requirements of 49 CFR Part 40?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

TO BE READ AND SIGNED BY APPLICANT

391.21B12 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

Printed Name

Date

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after conditional offer of employment has been extended.) I hereby release employers, schools, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 392.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature

Printed Name

Date

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, veteran status, non-job related disability, or any other protected group status.

***MOTOR CARRIER INSTUCTIONS:** The requirements in Part 383 applies to every driver who operates a commercial motor vehicle in intrastate, interstate, or foreign commerce. Commercial motor vehicle means a motor vehicle or combination of motor vehicles used to transport passengers or property that has a gross combination weight rating of 26,001 pounds or more inclusive of a towed unit with a gross vehicle weight rating of more than 10,001 pounds; or has a gross vehicle weight rating of 26,001 or more pounds; or is designed to transport 16 or more passengers, including the driver; or is of any size and is used in the transportation of hazardous material that require placarding as defined under Part 383.

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

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations Contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987.

They are as follows:

1. You, as a commercial motor vehicle driver, may not possess more than one license.
2. Sections 383.31 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your 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 violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and that state that issued your license within 30 days.

DRIVER CERTIFICATION

I certify that I have read and understand the above requirements.

The following license is the only one I will and do possess:

Driver's License No.: _____ State: _____ Expiration Date: _____

Driver's Printed Name: _____

Driver's Signature: _____ Date: _____