

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				
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Has any license, permit or privilege ever been revoked?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 employees to be controlled substances tested with a negative result prior to employment. 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"/>	

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).

PREVIOUS EMPLOYMENT - 391.21 List all employment for the past 3 years. *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"/>		

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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"/>		

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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"/>		

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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"/>		

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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

Incompliance 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.