

# N.A.T.S. EMPLOYMENT APPLICATION

An Equal Opportunity Employer

**Application Instructions:** Please fill in all spaces. If an Item does not apply, write "N/A." This application will not be valid unless completed in full. You must identify the specific position for which you are applying as this application only applies to that position. The position must be open at the time of the application for the application to be valid. Please print in ink clearly or type. Provide the information responsive to each question. You must sign your own application. Failure to do any of the above will result in disqualification of your application.

N.A.T.S. considers applicants for all positions without regard to race, color, gender, sexual orientation, gender identity, religion, national origin, age, disability, genetic information, or any other legally protected status.

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

## PERSONAL INFORMATION (PLEASE PRINT)

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NUMBER OF YEARS/MONTHS AT CURRENT ADDRESS: \_\_\_\_\_

MAILING ADDRESS: (IF DIFFERENT FROM ABOVE)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PRIOR ADDRESS FOR PAST 3 YEARS:**  
(LIST ADDITIONAL ADDRESSES ON SEPARATE SHEET IF NECESSARY)

CONTACT TELEPHONE: \_\_\_\_\_ DATE AVAILABLE FOR WORK: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (49 CFR 391.21(b)(2)) REQUIRES THAT DRIVER APPLICANTS PROVIDE THEIR DATE OF BIRTH AND SOCIAL SECURITY NUMBER.

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

ATTACH A SEPARATE SHEET IF YOU NEED ADDITIONAL SPACE.

Have you ever applied for employment or been employed by N.A.T.S.?  YES  NO

Do you have any relatives currently employed by N.A.T.S.?  YES  NO

If yes, please list name and relationship: \_\_\_\_\_

How did you hear about the Company?  Referred  Billboard  Newspaper  Radio  Website  Internet  
 Other: \_\_\_\_\_

If referred by a current employee, please provide: Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

## EXPERIENCE AND QUALIFICATIONS: DRIVER

Driver Licenses List any licenses held in the last three (3) years.	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

## DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (van, tanker, flat, etc.)	MANUAL	AUTO-MATIC	DATE FROM	DATE TO	APPROXIMATE NUMBER OF MILES (TOTAL)
Straight Truck		<input type="checkbox"/>	<input type="checkbox"/>			
Tractor & Semi Trailer		<input type="checkbox"/>	<input type="checkbox"/>			
Tractor & Two Trailers		<input type="checkbox"/>	<input type="checkbox"/>			
Tractor & Tanker		<input type="checkbox"/>	<input type="checkbox"/>			
Bus		<input type="checkbox"/>	<input type="checkbox"/>			

Total number of years of driving experience: \_\_\_\_\_

ACCIDENT RECORD FOR THE THREE (3) YEARS PRECEDING DATE OF APPLICATION				
DATES		NATURE OF ACCIDENT (Head-on, Rear-end, Roll-Over, etc.)	FATALITIES	INJURIES
Most Recent:				
Next Previous:				
Next Previous:				
Next Previous:				

TRAFFIC VIOLATIONS IN THE THREE (3) YEARS PRECEDING DATE OF APPLICATION (EXCLUDE PARKING VIOLATIONS)			
LOCATION	DATE	CONVICTIONS: Forfeited, Bond, or Collateral	PENALTY

ATTACH A SEPARATE SHEET IF YOU NEED ADDITIONAL SPACE.

- a. Have you ever had a license, permit or privilege to operate a motor vehicle denied, revoked or suspended?  YES  NO

If the answer to "a" is yes, please explain by providing a statement of circumstances. Attach an additional sheet if necessary.

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- b. Have you ever been convicted or been on probation for DWI or DUI?  YES  NO

If the answer to "b" is yes, please explain in the space provided below. Attach an additional sheet if necessary.

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**PHYSICAL HISTORY**

The Federal Motor Carrier Safety Regulations (49 CFR 391 Subpart E) require that all driver applicants pass certain medical examinations before they are hired to drive a motor vehicle.

Date of last Department of Transportation medical examination: \_\_\_\_\_

Can you provide a copy?  YES  NO

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of a limb (i.e., foot, leg, hand or arm)?  YES  NO

**ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT**

The Federal Motor Carrier Safety Regulations (49 CFR 40.25) requires all persons applying for a driving position requiring a commercial driver's license to answer the following questions:

1. Within the last two (2) years, have you ever 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?  YES  NO
2. Within the last two (2) years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work?  YES  NO

**EMPLOYMENT HISTORY**

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) requires that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. *In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.*

Start with the last or current position, including any military experience, and work backwards (attach separate sheet if necessary). You are required to list the complete mailing address, including: street number, city, state, zip, and complete all other information and questions.

**\*ANY GAPS IN EMPLOYMENT IN EXCESS OF ONE (1) MONTH AND/OR UNEMPLOYMENT MUST BE EXPLAINED\***

Current Employer Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
May we contact employer prior to hiring?  YES  NO  
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO  
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  YES  NO

Previous Employer Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reasons for leaving: \_\_\_\_\_  
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO  
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  YES  NO

Previous Employer Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reasons for leaving: \_\_\_\_\_  
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO  
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  YES  NO

Previous Employer Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  YES  NO

Previous Employer Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  YES  NO

Previous Employer Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  YES  NO

Previous Employer Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  YES  NO

Only U.S. citizens or those individuals who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States?  YES  NO

Will you work overtime or shift work?  YES  NO

Wage Expected \$ \_\_\_\_\_ Per \_\_\_\_\_ Date Available \_\_\_\_\_

EDUCATION						
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
				YES	NO	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

REFERENCES			
List two persons familiar with your work record and/or abilities. Do not list relatives.			
NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN

**JOB RELATED SKILLS AND REQUIREMENTS**

Are you willing to take a drug test if required as part of your application?  YES  NO

If a favorable hiring decision is made, will you submit to a medical examination and/or answer a medical questionnaire (after a hiring decision is made)?  YES  NO

Have you been given a job description or had the requirements of the job explained to you?  YES  NO

Do you understand the requirements?  YES  NO

Have you had safety training?  YES  NO

Do you understand the importance of a safe work place?  YES  NO

**OTHER QUALIFICATIONS**

Please list any other qualifications which you have and which you believe would be important for consideration by the company pertaining to this application.

CDL ENDORSEMENTS AND RESTRICTIONS	
ENDORSEMENTS	RESTRICTIONS/ WAIVERS (LIST ALL)
<input type="checkbox"/> X TANKER & HAZMAT	
<input type="checkbox"/> H HAZMAT	
<input type="checkbox"/> N TANKER	
<input type="checkbox"/> P PASSENGER	
<input type="checkbox"/> T DOUBLE/TRIPLE TRAILER	
<input type="checkbox"/> OTHER(LIST): _____	

receiving federal financial assistance. Therefore, N.A.T.S. does not discriminate on the basis of race, sex, color, age, national origin, religion (not applicable as a protected group under the Federal Motor Carrier Safety Administration Title VI Program), disability, Limited English Proficient (LEP), or low-income status in the admission, access to and treatment in N.A.T.S. programs and activities, as well as N.A.T.S. hiring or employment practices. Complaints of alleged discrimination and inquiries regarding N.A.T.S. nondiscrimination policies may be directed to Janie Wheeler, Equal Employment Opportunity Officer, (ADA/504/Title VI Coordinator), P. O. Box 190, Harrison, AR 72602-0190, (870) 741-5404, or the following email address: [jwheeler@nwaedd.org](mailto:jwheeler@nwaedd.org).

Free language assistance for Limited English Proficient individuals is available upon request.

This notice is available from the ADA/504/Title VI Coordinator in large print, on audiotape and in Braille.

#### NOTIFICATION AND AGREEMENT

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS EMPLOYMENT APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) MAY RESULT IN MY NOT BEING CONSIDERED FOR EMPLOYMENT, AND IF NOT DISCOVERED BY THE COMPANY UNTIL AFTER BECOMING EMPLOYED, IS GROUNDS FOR, AND MAY RESULT IN IMMEDIATE TERMINATION.**

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

*To the extent not otherwise prohibited by FMCSA regulation or any other applicable regulations or laws, it is the policy of the company to provide equal employment opportunities to all individuals, regardless of race, color, creed national origin, ethnicity, ancestry, sex, sexual orientation or preference, gender identity, age, religious beliefs, disability, genetic information, citizenship status, pregnancy, child bearing status, marital status, veteran status, military service, or any other characteristic protected by applicable law.*

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the Employer from all liability that might result from making an investigation. I understand that any offer of employment will be contingent on a background investigation.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

If hired, I agree to abide by all of the company rules and regulations. I further understand that no representation, whether oral or written by any representative or agent of N.A.T.S., at any time, can constitute a contract of employment. I understand that N.A.T.S. shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of N.A.T.S. has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the Director to make any agreement contrary to the foregoing.

#### NOTICE TO ALL APPLICANTS

N.A.T.S. may not require a pre-employment medical examination, but does reserve the right to require drug testing and a medical examination after an offer of employment is made to the applicant. All offers of employment are conditional upon the passing of a drug test for the purpose of detecting the illegal use of drugs. Also, if an employment offer is made, you will be asked to answer certain medical questions. Medical examinations and answers to medical inquiries will be maintained on separate forms, and will be treated as confidential medical records. An applicant will not be excluded from employment unless they have medical conditions that prohibit their ability to perform the essential job functions of the position they desire within this company. The company will make reasonable accommodations to qualified individuals with disabilities in the application process and, if hired, allow qualified individuals with disabilities to perform essential job functions. Written job descriptions are available and will be furnished to applicants upon request.

N.A.T.S. may use the information contained in this application and may contact your former employer(s) for the purpose of investigating your safety performance history information as required by the Federal Motor Safety Regulations (49 CFR 391.23 (d) and (3)). Pursuant to 49 CFR 391.23 (l), you have the following rights regarding the investigative information that is provided to N.A.T.S. by your previous employer(s):

- You have the right to review the information provided by your previous employer(s);
- You have the right to have errors in the information corrected by your previous employer(s) and for the previous employer(s) to re-send the corrected information to the company; and
- You have the right to have a rebuttal statement attached to the alleged erroneous information, if you and your previous employer cannot agree on the accuracy of the information.

**REPRESENTATION AND WAIVERS**

Carefully review the following conditions. If you have any questions regarding the conditions, you should ask for an explanation or clarification from the employment interviewer. Signify your understanding and specific acceptance of each condition by your signature in the space provided at the end of the conditions.

I hereby authorize N.A.T.S. to investigate any and all statements contained in this application. I hereby consent to N.A.T.S. conducting any checks concerning my background which are deemed necessary, advisable, or helpful by N.A.T.S. (except contacting my current employer prior to hiring, unless permission is granted). I understand that if hired, I will receive a copy of N.A.T.S. rules and regulations and N.A.T.S. policies including its drug/alcohol policy. I will read and understand the rules, regulations, and policies; and I acknowledge that I will be required to abide by them. I understand that if hired, I will be required to submit to a drug test as part of this application procedure. I hereby consent to that drug test, agree to cooperate fully with that drug test, and waive any and all objections I might otherwise have to such drug testing. I understand that if I am offered employment, it may be contingent upon passing a medical examination. If so, I hereby consent to such medical examination, and will fully cooperate with any required examination. I understand and agree that if this application results in employment, my employment can be terminated with or without cause and with or without notice, at any time, at the option of either N.A.T.S. or myself. I understand that no manager or representative of N.A.T.S. has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I certify and guarantee that all statements made on this application are true and complete to the best of my knowledge and without mental reservations. I understand that falsification of this application may result in my not being considered for employment or, in the event I become employed by N.A.T.S., in my dismissal, regardless of when such falsification is discovered.

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: \_\_\_\_\_

Date: \_\_\_\_\_