

N.T.A. Ltd.

Refrigerated Transportation

P.O. Box 831 – Huron, SD 57350
(605) 352-8404
Fax 1-605-352-1876

DRIVER'S APPLICATION FOR EMPLOYMENT

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 non-job related disability.

Position(s) Applied for: _____ Date of Application: _____

Name: _____ Social Security Number: _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address: _____

Street City Phone: _____ How long? _____
State Zip

Previous Street City State and Zip How long? _____

Addresses Street City State and Zip How long? _____

Street City State and Zip How long? _____

Street City State and Zip

Do you have the legal right to work in the United States? _____

Date of Birth ____/____/____ Can you provide proof of age? _____

(Required for Commercial Drivers License)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for Leaving: _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____

If yes, explain: _____

Accident record for the past 3 years or more (attach additional sheets if needed). If none, write "NONE".

Dates	Nature of Accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries
Last:			
Next:			
Next:			

Traffic convictions and forfeitures for the past 3 years (other than parking violations.) If none write "NONE". Attach additional sheets if needed.

Location	Date	Charge	Penalty

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended: _____

Name

City

State

Experience and Qualifications – Driver

Driver Licenses	State	License No.	Type	Expiration Date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes___ No___

Has any license, permit, or privilege ever been suspended or revoked? Yes___ No___

If the answer to either of the above two questions was yes, attach statement giving details.

Driving Experience: If none, write "NONE".

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Date From	Date To	Approx. No. of Miles (Total)

List states operated in for last five years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any trucking, transportation, or other experience that may help in your work for this company:

List courses and training other than shown elsewhere in this application: _____

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

TO BE READ AND SIGNED BY APPLICANT

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.

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 a conditional offer of employment has been extended.)

I hereby release employers, schools, health care 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 understand, also, that I am required to abide by all rules and regulations of the Company.

_____ Date

_____ Applicant's Signature

PROCESS RECORD

Applicant hired: _____ Rejected: _____

Date Employed: _____ Point Employed: _____

Department: _____ Classification: _____

(If rejected, summary report of reasons should be placed in file.)

This section to be filled in by responsible officer or company representative.

	Superior	Good	Fair	Below Average	Poor	Written record on file
Application						
Interview						
Past Employment						
Written Exam						
Road Test						
Criminal and Traffic Convictions						

Signature of Interviewing Officer: _____

TRANSFERS

From: _____ To: _____ Date: _____ Reason for Transfer: _____	From: _____ To: _____ Date: _____ Reason for Transfer: _____
From: _____ To: _____ Date: _____ Reason for Transfer: _____	From: _____ To: _____ Date: _____ Reason for Transfer: _____

TERMINATION OF EMPLOYMENT

Date Terminated: _____ Department Released From: _____

Dismissed: _____ Voluntarily Quit: _____ Other: _____

Termination Report Placed in File: _____ Supervisor: _____

Release & documentation of testing information by previous employer

Date of driver's employment application: _____

Part 1 – To be completed by driver/applicant.

I, _____, hereby authorize _____
driver/applicant's name previous employer/company name

to release to CINDY NEUHARTH at NTA, LTD.
company contact new employer/company name

P.O. BOX 831 HURON, SD 57350
address city/state/zip

(605) 352-8404 (605) 352-1876
phone fax

results of any verified positive drug tests; alcohol tests with a result of 0.04 or greater, evidence of refusal to be tested (including verified adulterated or substituted drug test results); other violations of DOT agency drug and alcohol testing regulations; and information on any required substance abuse professional (SAP) evaluation, determination of need for assistance, and compliance with SAP recommendations. The information obtained from a previous employer includes any drug or alcohol test information obtained from previous employers under applicable DOT agency regulations. I request such records be released immediately.

Dated this _____ day of _____,

Name of driver _____

Signature of driver **X** _____

Social Security Number _____ Witness _____

Part 2 – To be completed by previous employer.

YES NO

- | | | |
|--|--------------------------|--------------------------|
| 1. Has this person ever tested positive for controlled substances under Part 382 during employment with your company? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person ever had an alcohol test with a result of 0.04 or greater under Part 382 during employment with your company? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person ever refused a required test for drugs or alcohol under Part 382 during employment with your company? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the individual violated other DOT drug/alcohol regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations? | <input type="checkbox"/> | <input type="checkbox"/> |

If YES to any of the above questions, please release any documentation relating to the SAP evaluation, determination, and compliance, and give the SAP's name, address, and phone number for further reference.
 SAP name _____ SAP phone (_____) _____ SAP address _____
 _____ SAP city/state/Zip _____

Name of person releasing information _____ Date _____

Signature of person releasing information _____

REQUEST FOR INFORMATION

From Previous Employer

I hereby authorize you to release the following information to **NTA, LTD.** for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Date _____

Applicant's Signature _____

MAIL OR FAX TO:

PLEASE FAX BACK TO 605-352-1876

Dear Sir/Madam:

The below named individual has made application to this company for a position as driver and states that he/she was employed by you as a driver from _____ to _____.

We appreciate your time in completing, in confidence, the information requested below. Thank you for your courtesy.

Sincerely,

Cindy Neuharth
Safety

Name of Applicant: _____ Social Security No.: _____

1. Employed from _____ to _____ as _____ at wage or salary of _____.
2. Did he/she drive motor vehicle for you? _____, Straight Truck? _____, Tractor-Semitrailer? _____, Bus? _____, Other (Specify) _____
3. Was he/she a safe and efficient driver? _____
4. Reason for leaving your employ: Discharged _____; Resignation _____; Lay Off _____; Military Duty _____.
5. Was his/her general conduct satisfactory? _____
6. Please advise history of past driving record if available for past three years _____

