



Form #: NC-HR-Application-13-06-17.docx		
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APPLICATION FOR EMPLOYMENT

Applicant Name (Print):		Date of Application:	
Address:			
City:		State:	Zip:
Do you have:	CDL (Yes / No)	License (Yes / No)	Reliable Transportation (Yes / No)

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. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

TO BE READ AND SIGNED BY APPLICANT

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 to arrive 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 Noble Casing. I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I, or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. A copy of the family medical leave act policy is available from the front desk upon request.

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 investigation my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

1. Review information provided by previous employers;
2. 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
3. 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	Date
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FOR COMPANY USE ONLY

PROCESS RECORD

APPLICANT HIRED:	REJECTED:
DATE EMPLOYED:	POSITION EMPLOYED:
LOCATION:	
SIGNATURE OF INTERVIEWING OFFICER:	

TERMINATION OF EMPLOYMENT

DATE TERMINATED:	LOCATION RELEASED FROM:	
DISMISSED	VOLUNTARILY QUIT	OTHER
TERMINATION PLACED IN FILE	SUPERVISOR	

APPLICANT TO COMPLETE
(Answer all questions – please print legibly)

Last Name:		First Name:	Middle Name:
SSN:		Phone: (Cell)	(Home)
Position(s) Applied for:			
Email:			

List your addresses of residency for the past 3 years. (Print Legibly)

Current Address	City	State/Zip	How Long?	Yr./mo.
Previous Address	City	State/Zip	How Long?	Yr./mo.
Previous Address	City	State/Zip	How Long?	Yr./mo.
Previous Address	City	State/Zip	How Long?	Yr./mo.
Previous Address	City	State/Zip	How Long?	Yr./mo.
Previous Address	City	State/Zip	How Long?	Yr./mo.

Do you have the legal right to work in the United States?		Yes / No	
Due to insurance requirements are you at least 18 years of age?		Yes / No	
Can you Provide proof of age?(CDL)		Yes / No	
Have you ever been employed by Noble Casing, Inc.?		Yes / No	Location
Dates	From:	To:	
Reason for leaving:			
Are you now employed?		Yes / No	
If not, how long since leaving last employment?			
Who referred you?		Rate of Pay expected:	
Reference:	Phone:	Position:	
Reference:	Phone:	Position:	
Reference:	Phone:	Position:	
How did you hear about this position/Noble Casing, Inc.?			

Are you able to perform the essential functions of the position with or without a reasonable accommodation?

Have you been convicted of a felony in the last 7 years? YES / NO
If yes, please explain (conviction of a felony does not automatically bar employment)

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List a complete mailing address, street number, city state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add additional sheets as necessary.)

EMPLOYER		DATE	
NAME			
	FROM	MO. / YR.	TO MO. / YR.
ADDRESS	POSITION HELD		
CITY	SALARY/WAGE		
SUPERVISOR	REASON FOR LEAVING		
WERE YOU SUBJECT TO THE FMCSRS* WHILE EMPLOYED? YES / NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? (PLEASE CIRCLE) YES / NO			
EMPLOYER		DATE	
NAME			
	FROM	MO. / YR.	TO MO. / YR.
ADDRESS	POSITION HELD		
CITY	SALARY/WAGE		
SUPERVISOR	REASON FOR LEAVING		
WERE YOU SUBJECT TO THE FMCSRS* WHILE EMPLOYED? YES / NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? (PLEASE CIRCLE) YES / NO			
EMPLOYER		DATE	
NAME			
	FROM	MO. / YR.	TO MO. / YR.
ADDRESS	POSITION HELD		
CITY	SALARY/WAGE		
SUPERVISOR	REASON FOR LEAVING		
WERE YOU SUBJECT TO THE FMCSRS* WHILE EMPLOYED? YES / NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? (PLEASE CIRCLE) YES / NO			
EMPLOYER		DATE	
NAME			
	FROM	MO. / YR.	TO MO. / YR.
ADDRESS	POSITION HELD		
CITY	SALARY/WAGE		
SUPERVISOR	REASON FOR LEAVING		
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? (PLEASE CIRCLE) YES / NO			
EMPLOYER		DATE	
NAME			
	FROM	MO. / YR.	TO MO. / YR.
ADDRESS	POSITION HELD		
CITY	SALARY/WAGE		

EMPLOYER		DATE	
NAME			
	FROM	MO. / YR.	TO MO. / YR.
ADDRESS	POSITION HELD		
CITY	SALARY/WAGE		

SUPERVISOR		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS* WHILE EMPLOYED? YES / NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? (PLEASE CIRCLE) YES / NO			
EMPLOYER		DATE	
NAME		FROM	MO. / YR. TO MO. / YR.
ADDRESS		POSITION HELD	
CITY		SALARY/WAGE	
SUPERVISOR		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS* WHILE EMPLOYED? YES / NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? (PLEASE CIRCLE) YES / NO			

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD

FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF NECESSARY) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES OF THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)
IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

ATTACH SHEET IF MORE SPACE IS NEEDED.

EXPERIENCE AND QUALIFICATIONS – DRIVER

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes / No

B. Has any license, permit or privilege ever been suspended or revoked? Yes / No
IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS:

DRIVING EXPERIENCE CIRCLE YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK: YES / NO	(VAN,TANK,FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER: YES / NO	(VAN,TANK,FLAT, DUMP, REFER)			
TRACTOR – TWO TRAILERS: YES / NO	(VAN,TANK,FLAT, DUMP, REFER)			
TRACTOR – THREE TRAILERS: YES / NO	(VAN,TANK,FLAT, DUMP, REFER)			
MOTORCOACH – SCHOOL BUS: YES / NO (+8)	---			
MOTOR COACH – SCHOOL BUS: YES / NO (+15)	---			
OTHER				

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 NOT SHOWN ELSEWHERE IN THIS APPLICATION:
LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (NOT ALREADY SHOWN):

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:	
DEGREE/ MAJOR AREA OF STUDY:		

(Continue on back)

TO BE READ AND SIGNED BY APPLICANT

- I certify that all information provided on this application is true and correct to the best of my knowledge and that no omissions or false or misleading information has been made by me. I understand that any omissions, or false or misleading statements contained herein may disqualify my consideration for employment and if already employed may result in termination of my employment with Noble Casing, Inc.

- If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I, or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.
- I understand that it is the policy of Noble Casing, Inc. not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.
- I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.
- I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application and accompanying resume, if provided, from my current employer (if indicated as acceptable above), all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signature: _____ Date: _____