

NICHOLS TRUCKING COMPANY

INCORPORATED
424 East 19th Street
Tacoma, WA 98421
(253) 272-8495

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

Date of Application: _____

Name: _____
(First) (Middle) (Maiden Name, if any) (Last)

Address: _____
(Street)
_____ How Long? _____
(City) (State & Zip)

Date of Birth: _____ Social Sec. No: _____

Phone No.: _____ Cell/Other No: _____

Address: _____
(Street)
For Past 3 Years → _____ How Long? _____
(City) (State & Zip)

Address: _____
(Street)
_____ How Long? _____
(City) (State & Zip)

Address: _____
(Street)
_____ How Long? _____
(City) (State & Zip)
(Attach Additional Sheet if more space is needed)

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

Who referred you? _____

Experience and Qualifications - Driver

Driver	State	License Number	Type	Expiration Date
Licenses				

Note: A Motor Carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations. In the event of employment, false or misleading information given on my application or interview may result in immediate discharge.

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EMPLOYMENT HISTORY

All applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall provide no less than 10 years employment information. List most recent first, add additional sheet if necessary.

EMPLOYER		DATE	
Name		From	To
Address		Position	
City	State/Zip	Salary/Wage	
Contact Person	Phone #	Reason for Leaving	

EMPLOYER		DATE	
Name		From	To
Address		Position	
City	State/Zip	Salary/Wage	
Contact Person	Phone #	Reason for Leaving	

EMPLOYER		DATE	
Name		From	To
Address		Position	
City	State/Zip	Salary/Wage	
Contact Person	Phone #	Reason for Leaving	

EMPLOYER		DATE	
Name		From	To
Address		Position	
City	State/Zip	Salary/Wage	
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EMPLOYER		DATE	
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Address		Position	
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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)
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
School Bus				
Other				

Accident Record for Past 3 years *(if none, write none)*

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR- END, UPSET, ETC.)	FATALITIES (YES/NO)	INJURIES (YES/NO)
Last Accident			
Next Previous			
Next Previous			
Next Previous			
Next Previous			

Traffic Convictions & Forfeitures for the Past 3 Years *(other than parking) (if none, write none)*

LOCATION	DATE	CHARGE	PENALTY

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, attach statement giving details

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information provided in it are true and correct to the best of my knowledge.

(Date)

(Applicants Signature)

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424 East 19th Street

Tacoma, WA 98421

(253) 272-8495

Fax (253) 572-3176

Request for Information From Previous Employer

From: Nichols Trucking Company

To: _____

Date: _____

Social Security Number: _____

_____ has submitted an application with Nichols Trucking for a position as a truck driver, and states that he/she was employed by you as a _____ from _____ to _____. Will you please reply to the inquiry below respecting this applicant. You are released from any and all liability which may result from furnishing such information.

Thank you,

Nichols Trucking

1. Employed from _____ to _____ as _____ at the wage or salary of _____.
2. Did he/she drive a motor vehicle for you?

Straight Truck	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Tractor-Semi trailer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Bus	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other (Specify)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3. Was he/she a safe and efficient driver?
4. Reason for leaving your employ: Discharge _____ Laid Off _____ Resigned _____
5. Was his/her general conduct satisfactory?
6. Is the applicant competent for the position sought?

ACCIDENT HISTORY: Please provide the following information for any accidents included on your accident register that involved the applicant regardless of fault, which occurred in the previous 3 years. Or, check here if there is no accident register data for this applicant.

Date	City/State	Description	# of Inj.	Fatalities	Hazmat Spill
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Date: _____ Signature: _____

You are hereby authorized to give to Nichols Trucking Company all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information

(Date)

(Applicants Signature)

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Request for Release of CDL Driver's Breath Alcohol and Controlled Substances Testing Results

Name of Prospective Employer: Nichols Trucking Co.

Address: 424 East 19th St. Tacoma, WA 98421

Pursuant to Federal Regulations contained in §382.405 of the Federal Motor Carrier Safety Regulations, (e) The prospective employer must provide to each of the driver's employers within the two preceding years the driver's specific, written authorization for release of the information in paragraph (b). In §382.413, it authorizes and requires the previous employer to release the information. All communication of results history must be confidential and discrete. Send all information marked "Confidential" to the below listed person only if by mail, a secured fax or verified voice source, if by telephone.

Contact Person: Paul Elliott

Telephone: 253-272-8495 (fax) 253-572-3176

Specific Release by Driver/Applicant

Name of Driver/Applicant: _____

I am requesting the release to the above named prospective employer all information on alcohol tests with a concentration result of 0.04 or greater, positive controlled substances test results performed on me, and refusals to be tested, within the preceding two years, which are maintained by

_____ (the driver's previous employer) under the Federal Motor Carrier Safety Regulations, §382.401(b)(1)(i) through (iii).

In addition, I am requesting the release to the above named prospective employer all information relating to the length of time I have been subject to random drug testing while in your employ.

The release of these records is only for the purposes of evaluating by medical qualifications to operate a commercial motor vehicle. Any other use of this information or the transfer of this data to any person other than the one named above is not authorized.

Signature

Date

Inclusive dates driver was subject to drug testing including random: From _____ to _____

Inclusive dates driver was subject to breath alcohol testing including random: From _____ to _____

Test - Indicate Whether Drug or Alcohol	Date of Test	Result - Pos. or Neg. or Refuse	Disposition Indicate "none" if neg.	Test - Indicate Whether Drug or Alcohol	Date of Test	Result - Pos. or Neg. or Refuse	Disposition Indicate "none" if neg.

I certify that the above named driver has participated in our alcohol/controlled substances testing program in conformance with 40 CFR, Part 40 and Part 382. The driver while in our employer or participating in our program has not refused to be tested for alcohol or controlled substances.

I certify the information provided is a true and accurate representation of the records pertaining to the above named former employee.

Printed Name: _____

Signature

Date

Name of Motor Carrier _____

Address: _____

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