



EMPLOYMENT APPLICATION

for
 Nettletan Concrete, Inc.; Nettletan, Inc.; Nettletan Concrete Works, Inc.;
 Nettletan Ready Mix, Inc.; Nettletan Concrete Products, Inc.; Pneumatic
 Transport, Inc.

2318 Moore Rd.
 Jonesboro, AR 72401

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. You will be required to sign a criminal history release form. Additional testing of job-related skills and for the presence of drugs/alcohol in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

Last Name

First Name

MI

Social Security Number

 - -

Birth Date

 / /

Today's Date

 / /

Current Street Address

City

State

Zip Code

**If the above residence is less than three years old, list below all residences for the past 3 years. Attach separate sheet if necessary.*

Street Address

City

State

Zip

Street Address

City

State

Zip

Home Phone Number

 () -

Work Phone Number

 () -

Cell Phone Number

 () -

Position of Job Wanted _____ **Date Available** / /

Regular Occupation or Trade _____

Education or Training _____

Driver's License

Exp. Date

 / /

State of Issue

Type of Class

LICENSES and FAILED TEST Information (Drivers Licenses held in the past 3 years must be included)

STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

PUBLIC RECORD INFORMATION

Do you have an appointment on any court docket for any reason? If yes, attach explanation.

YES NO

Have you ever had your paycheck garnished for the payment of child support, taxes, or other debts?

YES NO

Have you ever been convicted of a felony? If yes, complete the chart below.

YES NO

DATE	CITY/COUNTY/STATE	CHARGE	PENALTY

Have you ever been convicted of a misdemeanor? If yes, complete the chart below.

YES NO

Has any license, permit, or privilege ever been suspended or revoked? If yes, attach explanation.

YES NO

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? If yes, attach explanation.

YES NO

40.25(j) DRUG/ALCOHOL

40.25 (j) In the last three years, have you had a positive drug/alcohol test or have you refused to submit to a required drug/alcohol test (this includes any pre-employment drug or alcohol test)?

YES NO

If answered "yes" to the 40.25 (j) question, can you provide/ obtain proof that you've successfully completed the DOT return-to-duty requirements? If yes, please ask for Form 40.25(j) to provided additional information.

YES NO

SAFETY PERFORMANCE HISTORY

Have you had any traffic convictions or forfeitures in the last 3 years? If yes, complete the chart below.

YES NO

TRAFFIC CONVICTIONS and FORFEITURES for the past 3 years other than parking violations			
DATE	LOCATION	CHARGE	PENALTY

Have you had any accidents in the last three (3) years? If yes, complete the chart below.

ACCIDENT REVIEW for the past three (3) years (Attach separate sheet if more space is needed)			
NATURE OF ACCIDENT <i>(Head-On, Rear-End, Overturn, Backing, etc.)</i>	FATALITIES	INJURIES	DATE
Last Accident			
Next Previous			
Next Previous			

I understand that as part of the Department of Transportation Driver Qualification process (DOT 49CFR Parts 382 CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING) this company is required to obtain the results of all DOT required drug/alcohol tests (including refusals to be tested). I understand that I must give this company written authorization to obtain above mentioned information from all of the companies for which I performed a safety sensitive function, or for which I took a pre-employment drug/alcohol test, during the past three years. I also understand that my signing of the authorization does not guarantee me a job with this company.

Below I have listed all of the employers for which I performed a safety sensitive function, or for which I took a pre-employment drug/alcohol test, during the past three years. I hereby authorize those employers to furnish all information concerning my positive drug/alcohol tests and any instances in which I refused to submit to a required drug/alcohol test.

Your application will not be considered unless every question in this section is answered. The correct telephone numbers of past employers are critical. We need ALL employment history for a total of 10 years. Ask for an additional page, if necessary.

Have you ever APPLIED to Nettleton Concrete? YES NO If yes, what DATE? ____/____/____

Have you ever WORKED at Nettleton Concrete? YES NO If yes, what DATE? ____/____/____

May we contact your current and past employers? YES NO

WORK EXPERIENCE

From □□ / □□ / □□	Company	Duties					
To □□ / □□ / □□	Address City ST Zip	Title					
Salary	Telephone Number □□□□ - □□□□ - □□□□□□	Fax Number □□□□ - □□□□ - □□□□□□	Supervisor				
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed with this employer?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Was the job designated as a safety sensitive function in any DOT required mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CR part 40?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Type of Test	Results	Reason For Departure					
Other							

From □□ / □□ / □□	Company	Duties					
To □□ / □□ / □□	Address City ST Zip	Title					
Salary	Telephone Number □□□□ - □□□□ - □□□□□□	Fax Number □□□□ - □□□□ - □□□□□□	Supervisor				
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed with this employer?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Was the job designated as a safety sensitive function in any DOT required mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CR part 40?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Type of Test	Results	Reason For Departure					
Other							

WORK EXPERIENCE

From □□ / □□ / □□	Company	Duties			
To □□ / □□ / □□	Address	City	ST	Zip	
Salary	Telephone Number □□□□ - □□□□ - □□□□□□	Fax Number □□□□ - □□□□ - □□□□□□	Supervisor		
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed with this employer?				YES	NO
Was the job designated as a safety sensitive function in any DOT required mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CR part 40?				YES	NO
Type of Test	Results	Reason For Departure			
Other					

From □□ / □□ / □□	Company	Duties			
To □□ / □□ / □□	Address	City	ST	Zip	
Salary	Telephone Number □□□□ - □□□□ - □□□□□□	Fax Number □□□□ - □□□□ - □□□□□□	Supervisor		
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed with this employer?				YES	NO
Was the job designated as a safety sensitive function in any DOT required mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CR part 40?				YES	NO
Type of Test	Results	Reason For Departure			
Other					

From □□ / □□ / □□	Company	Duties			
To □□ / □□ / □□	Address	City	ST	Zip	
Salary	Telephone Number □□□□ - □□□□ - □□□□□□	Fax Number □□□□ - □□□□ - □□□□□□	Supervisor		
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed with this employer?				YES	NO
Was the job designated as a safety sensitive function in any DOT required mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CR part 40?				YES	NO
Type of Test	Results	Reason For Departure			
Other					

APPLICATION AGREEMENT

I certify that I have read and understand the APPLICANT NOTE on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or agents, including my consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history, motor vehicle driving records, and drug/alcohol tests. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs/alcohol is prohibited during employment. I understand that I am to sign below only after any questions I have are answered, and I understand the above terms and conditions. I have read, understand and agree to the above terms and conditions.

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

Thank you for applying for a position at Nettleton Concrete. All applications will be processed with fourteen business days. However, the application process may be delayed if previous employer information and contact numbers are incomplete or missing.

Please do not contact our office to inquire about your application.

If you are being considered for a position, we will contact you by telephone.

Thank you.

DO NOT WRITE ON THIS PAGE - FOR COMPANY USE ONLY

EVALUATOR: _____

DATE: _____

Copy of Current Driver's License?	YES	NO
Copy of Current Medical Examiner's Card?	YES	NO
Copy of Social Security Card?	YES	NO
Is application complete and signed?	YES	NO
Class of Driver's License?	A B C D	
Tanker Endorsement?	YES	NO
Previous Commercial Vehicle Experience?	YES	NO
Excessive Traffic Violations?	YES	NO
Excessive Performance Deficiencies?	YES	NO
Felony Conviction?	YES	NO
Excessive Number of Previous Employers?	YES	NO
Positive Drug/ Alcohol Test?	YES	NO
Has drug/alcohol database been searched?	YES	NO
Approved for Employment Processing	YES	NO

APPEARANCE	1	2	3	4	5
ATTITUDE	1	2	3	4	5
APTITUDE	1	2	3	4	5
OVERALL	1	2	3	4	5

ADDITIONAL COMMENTS



**DISCLOSURE TO EMPLOYMENT APPLICANT REGARDING
PROCUREMENT OF INVESTIGATIVE INFORMATION**

In connection with your application for employment, we will procure investigative reports regarding your employment, driving record, accidents, and drug and alcohol test results during the preceding three years. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carriers Safety Regulations.

By signing below, you acknowledge that you have received the notification required by the Federal Motor Carrier Safety Regulations §391.23(i)(1), specifically, that you have been notified that you have:

- The right to review information provided by previous employers.
- The right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to the prospective employer.
- The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Applicant Printed Name				Social Security Number	
Address	City	ST	Zip	Date	
Applicant Signature					

I have been informed by this company that the previous employment information I have given for the preceding three (3) years with FMCSA regulated entities will be investigated by contacting my previous employers for the purpose of obtaining my safety performance history as required by paragraphs (d) and (e) of 391.23.

This company has advised me, during the application process, that I have the following due process rights regarding information received from previous employers as a result of these investigations conducted on my safety performance history. In accordance with 391.23(i) I have been advised that I have the right to review information provided by previous employers; I have the right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to the prospective employer; I have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information. I have been informed that my previous Department of Transportation regulated employment history in the previous three (3) years can be reviewed by me by submitting a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. This company has advised me that within five (5) business days after receiving my request or within five (5) business days of receiving the information they will supply the information to me. This company has advised me that if I have not arranged to pick up or receive the requested records within thirty (30) days of making them available, the company may consider I have waived the request to review the records. All information obtained is to be used in the decision making for employment with this company.

It has been recommended to me to read 49 CFR Part 391.23 to be more aware of the procedures motor carriers are required to use to obtain/ review my safety performance history with previous DOT regulated motor carriers.

Employee's Signature

Date