

Nelson Service Group, Inc.

900 S Chestnut St
 Florence, AL 35630
 (256)766-9022 (256) 767-5310 Fax

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name (Last, First, Middle)		Home Phone		Cell Phone
Address	City	State	Zip	Date of Birth
Referred by		Social Security Number		
Special Training				
All Social Security Numbers Will Be E-Verified				

PREVIOUS THREE YEARS RESIDENCY

Street	City	State & Zip	# Years
Attach Sheet if More Space is Needed			

LICENSE INFORMATION

Section 383.21 FMCSR states " No person who operates a commercial motor vehicle shall at any time have more than one driver's licence". I certify that I do not have more than one motor vehicle licence, the information for which is listed below.

State	Licence Number	Type	Expiration Date
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EMPLOYMENT DESIRED

Position	Date you can start	Salary Desired
Are you employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	May we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you worked for this company before? <input type="checkbox"/> YES <input type="checkbox"/> NO	If employed here, list dates	

EDUCATION HISTORY

Name and location of school	Years Attended	Did you Graduate?	Subjects Studied
High School			
College			
Trade or other school			

FORMER EMPLOYERS

Month, Year	Name/Address of Employer	Salary	Position	Reason for Leaving	Phone Number
From					
To					
From					
To					
From					
To					

REFERENCES (Give the names of 3 people, not related to you, who you have known at least 1 year)

Name	Telephone	Business	Years Known

OTHER INFORMATION

1. Are you available for "out of town" work?
2. Have you been convicted of a felony within the last 5 years? (explain on separate sheet)
3. Have you ever received or applied for worker's compensation? (explain)
4. Can you pass a drug test? (you will be tested)
5. Are you currently under "garnishment" by any legal authority?
6. Are you capable of lifting objects of 100 pounds?
7. Can you stand/walk for an 8-10 hour work day?
8. Can you work in temperatures of 100+ degrees F?
9. Do you read and write English?
10. Can you communicate effectively orally?
11. Are you capable of distinguishing various colors?
12. Are you mentally alert and capable of remembering details and oral instructions?
13. Can you listen to the needs and advice of co-workers and customers?
14. Are you afraid of heights?
15. Are you able to work jobs that involve climbing towers, water tanks, etc.?
16. Do you have the skills to rebuild/repair the packing of an airless paint pump?
17. Are you allergic to paints, paint thinners, or other chemicals used in the painting industry?
18. Do you know that types of surface preparation achieved by abrasive blasting?
19. Do you have the knowledge/skills to properly apply paints and protective coatings?
20. If you are hired for an hourly position and it is determined that your skill level is not commensurate with the level of pay you are receiving, your employment may be discontinued, or as an option, your pay rate adjusted. No pay changes will be made without your knowledge and consent. Please acknowledge that you understand this statement by initialing here:
22. If you are employed, are there any conditions that would prevent you from performing the job for which you are applying in a reasonable manner? (if yes, please explain)
23. If you are employed and for any reason cannot work when scheduled, do you agree to notify your supervisor as soon as it is apparent that you cannot work, or call the office to ask that your supervisor be notified?

Additional Driver Information

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van,	Dates: From/To	Approx # of Miles (Total)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR - TWO TRAILERS			
OTHER			

ACCIDENT RECORD FOR PAST 3 YEARS (Attach sheet if more space is needed)

Date	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	# Fatalities	# Injuries	Chemical Spill

TRAFFIC CONVICTIONS AND FORFITURES FOR PAST 3 YEARS (Other than parking violations. Attach sheet if needed.)

Date: Month/Year	Violation	State of Violation	Penalty

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed for a previous employer? If yes, which employers?

Was a previous job position designated as a safety sensitive function in any DOT regulated mode, subjected to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? If yes, which employer?

A. Have you ever been denied a licence, permit or privilege to operate a motor vehicle?

If yes, explain

B. Has any license, permit or privilege ever been suspended or revoked?

If yes, explain

APPLICANT'S STATEMENT - PLEASE READ CAREFULLY

I authorize Nelson Service Group, Inc. to contract with a third party to perform a complete background check.

I understand that, unless otherwise defined by applicable by law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and that the employer may discharge the employee at any time with or without cause. It is further understood that the "at will" employment relationship may not be changed by a written document or oral contract unless specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of Nelson Service Group, Inc. and its clients.

Date

Applicant's Signature

This certifies that I completed this application and that all entries and information in it are true and complete to the best of my knowledge.