

Nova Guides, Inc.
 7088 U.S. Hwy 24
 Red Cliff, CO 81649
 719.486.2656



Employment Application

Applicant Information					
Full Name:			Date		
Last	First	Middle			
Mailing Address:			Physical Address:		
Phone Number			E-Mail		
Date Available:		Social Security #:		Date of Birth:	
Position Applied For:			Desired Salary		
Are you employed now?	Yes	No	May we inquire of your present employer?	Yes	No
Have you ever applied to this company before?	Yes	No	If so, when?		
Have you ever been convicted of a felony?	Yes	No	If yes, explain:		

Education			
	Name and Location of School	Circle Last Year Completed	Did you Graduate?
Grammar School			Yes No
High School		1 2 3 4	Yes No
College		1 2 3 4	Yes No
Trade, Business or Correspondence School		1 2 3 4	Yes No

General
Subjects of specific study or research work:
Job related skills (typing, driver's license, etc.)
Activities other than religious (civic, athletic, etc.)

References

Name	Address	Phone Number	Relationship	Years Acquainted
1				
2				
3				

Previous Addresses: (If at the above address for less than three years)

1	4
2	5
3	6

DRIVER APPLICANT ONLY

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

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- 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 _____

Experience and Qualifications-Driver

Driver Licenses	State	License Number	Type & Endorsements	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flatbed, etc.)	Dates		Approximate # of Miles (total)
		From	To	
Straight Truck				
Tractor & Semi trailer				
Tractor-Two trailers				
Other				

Accident record for the past three years (attach additional sheet if necessary)				
	Dates	Nature of Accident	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

Traffic convictions (other than parking violations) and forfeitures for the past three years (attach additional sheet if necessary)			
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, revoked or denied?	Yes	No
If the answer to either of A or B is yes, explain:		

Employment Record (attach additional sheet if necessary)		
You are required to give all employment information for at least three years.		
If you are applying for a position that requires a CDL you will need to list all employment where you operated vehicles requiring a CDL for the past ten years.		
Last Employer	Name	Phone Number
	Address	
	Position Held	Supervisor Dates
	Salary	Reason for leaving
	Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations?	Yes No
	Were you subject to controlled substance & alcohol testing under 49 CFR	
	Parts 40/382 while employed here?	Yes No

Employer	Name	Phone Number
	Address	
	Position Held	Supervisor Dates
	Salary	Reason for leaving
	Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations?	Yes No
	Were you subject to controlled substance & alcohol testing under 49 CFR	
	Parts 40/382 while employed here?	Yes No

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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 investigation on all statements contained in this application. I understand that misrepresentation of information is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without cause and without any previous notice.
- Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

Signature _____ Date _____

In Case of Emergency, please notify: _____ Phone Number _____

Relationship: _____