



Nicom Coatings, LLC, 140 Industrial Lane, Barre, VT 05641

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.

ANSWER ALL QUESTIONS. PLEASE PRINT.

Position(s) applied for _____ Date of Application _____

Name _____ Social Security No. _____

Last First Middle

Cell Phone Number _____ Home Phone Number _____

Email Address _____

List your addresses of residency for the past 3 years.

Current Address

_____ How Long? _____
Street City State/Zip Code Yr/Mo

Previous Addresses:

_____ How Long? _____
Street City State/Zip Code Yr/Mo

_____ How Long? _____
Street City State/Zip Code Yr/Mo

Do you have the legal right to work in the United States? _____

Date of Birth _____ Can you provide proof of age? _____

(Required for Commercial Drivers)

Have you worked for this company before? _____ Reason for leaving _____

Are you a Veteran? _____ If yes, give details: _____

Who referred you? _____ Rate of pay expected _____

Do you have an OSHA card _____ Yes _____ No

Is there any reason you might not be able to perform the functions of the job for which you have applied?

If yes, explain if you wish. _____

EDUCATION

What is the Highest Level of Education you have achieved? Circle one:

- Did not complete High School
- High School Diploma / GED
- Some College
- Associates Degree
- Bachelor's Degree
- Higher Degree

APPLICATION FOR EMPLOYMENT

EMPLOYMENT HISTORY

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

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 another sheet as necessary.)

EMPLOYER			DATE	
Name			From Mo Year	To Mo Year
Address			Position Held	
City	State	Zip	Reason for Leaving	
Contact Person		Phone Number		
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?			Yes	No
EMPLOYER			DATE	
Name			From Mo Year	To Mo Year
Address			Position Held	
City	State	Zip	Reason for Leaving	
Contact Person		Phone Number		
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?			Yes	No
EMPLOYER			DATE	
Name			From Mo Year	To Mo Year
Address			Position Held	
City	State	Zip	Reason for Leaving	
Contact Person		Phone Number		
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?			Yes	No
EMPLOYER			DATE	
Name			From Mo Year	To Mo Year
Address			Position Held	
City	State	Zip	Reason for Leaving	
Contact Person		Phone Number		
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?			Yes	No

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, 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 lbs. or more. (2) Is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

APPLICATION FOR EMPLOYMENT

ACCIDENT REPORT For past 3 years or more (attach sheet if more space is needed) 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 for 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	State	License No.	Type	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 been suspended or revoked? YES ___ NO ___

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

C. Have you ever held a license in another state within the last 10 years? _____

DRIVING EXPERIENCE Circle Yes or No

Class of Equipment	Circle Type of Equipment	Dates From (M/Y) To (M/Y)	Approx No of Miles (Total)
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		
Motor coach-School Bus Yes No More than 6 Passengers	--		
Motor coach-School Bus Yes No More than 15 Passengers	--		
Other: _____			

List states operated in for last 5 years _____

Show special courses or training that will help you as a driver _____

Do you hold safe driving awards and from whom? _____

APPLICATION FOR EMPLOYMENT

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any trucking, transportation or other experience that may help in your work for this company

List courses and training other than shown elsewhere in this application _____

List special equipment or technical materials you can work with (other than those already shown) _____

Do you have any mechanical experience? _____

TO BE READ AND SIGNED BY APPLICANT

By signing I certify 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 you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving 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 Venture Construction.

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 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have erroneous information corrected by previous employers and for those previous employers to re-send 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 _____