

Employment Center
2000 Industrial Road
Las Vegas, NV 89102
702-386-7400

ALL INFO REQUIRED IS MANDATED BY FEDERAL REG.



APPLICATION FOR EMPLOYMENT

WE REQUIRE
PRE-EMPLOYMENT
DRUG TESTING
MUST BE 25 YEARS OR
OLDER TO APPLY

TA# _____

DATE OF APPLICATION _____

LAST NAME, _____ FIRST _____ 9 DIGIT SS# _____ - _____

CURRENT ADDRESS _____ D.O.B. _____
CELL /HOME PHONE _____

CITY _____ STATE _____ ZIP _____ HOW MANY YRS/MO'S IN VEGAS? _____

HOW LONG AT THIS ADDRESS? _____

IF LESS THAN 3 YEARS, LIST PREVIOUS ADDRESSES - FULL 3 YEARS OF ADDRESSES REQUIRED

IF YOU ARE NOT A CITIZEN of the United States, do you have the legal right to remain and work in the United States?

YES NO ALIEN OR VISA REGISTRATION NUMBER _____

HAVE YOU EVER WORKED FOR US BEFORE? _____ WHEN? _____

HAVE YOU EVER APPLIED HERE BEFORE? _____ WHEN? _____

LIST ANY FRIENDS OR RELATIVES **WORKING FOR US.** _____

WHAT IS THE RELATIONSHIP? _____ IF REFERRED: NAME: _____

HAVE YOU EVER BEEN ARRESTED/CONVICTED OF A FELONY/MISDEMEANOR OR ANY TYPE OF CRIME? YES NO

IF SO, IDENTIFY EACH ARREST/CRIME, YEAR(S) AND DESCRIBE CIRCUMSTANCE, INCLUDING DATE/YEAR(S) _____

HAVE YOU EVER HAD YOUR LICENSE REVOKED, SUSPENDED OR DENIED? IF SO EXPLAIN _____

LIST ALL NON (PARKING) MOTOR VEHICLE VIOLATIONS IN THE LAST 3 YEARS? _____

HAVE YOU EVER BEEN INVOLVED IN A CAR ACCIDENT IN THE LAST 10 YEARS? _____

IF SO HOW MANY? (INCLUDE DATE/YEAR & DESCRIPTION OF ACCIDENT) _____

NUMBER OF FATALITIES _____ NUMBER OF PERSONAL INJURIES _____

I do hereby certify that all the information entered on this form is true and correct to the best of my knowledge. I realize that the discovery of any false information contained therein will result in my discharge. I also authorize my former employers, schools and personal references to provide any information they may have regarding me, whether or not it is in their records. I hereby release them and their company from all liability for divulging same.

SIGNATURE OF APPLICANT _____

EMPLOYMENT RECORD

LIST YOUR PREVIOUS WORK EXPERIENCE (10 years minimum) **BEGINNING WITH YOUR LAST OR CURRENT POSITION. ACCOUNT FOR PERIODS OF UNEMPLOYMENT OVER 30 DAYS** and any time employed outside of USA. If additional space is needed, use another sheet. **(Please complete even if attaching resume).**

FROM MO/YR	TO MO/YR	NAME, ADDRESS OF EMPLOYER (INCLUDE CITY & STATE)	SUPERVISORS NAME	TELEPHONE AND FAX
/	/			T F
DESCRIPTION OF WORK			REASON FOR LEAVING	

- WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (FMSCR'S) WHILE EMPLOYED? YES NO
- WAS YOUR PREV JOB(S) DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE? YES NO
- WERE YOU SUBJECT TO ALCOHOL/CONTROLLED SUB TEST REQUIREMENT AS REQUIRED BY FMSCR'S DRUG & ALCOHOL TEST PROGRAMS? YES NO

FROM MO/YR	TO MO/YR	NAME, ADDRESS OF EMPLOYER (INCLUDE CITY & STATE)	SUPERVISORS NAME	TELEPHONE AND FAX
/	/			T F
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IMPORTANT COMPLETE THE NEXT PAGE OF THIS FORM FOR **EDUCATION, PERSONAL REFERENCES.**

THAT INFORMATION IS AN IMPORTANT PART OF THIS APPLICATION.

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SIGNATURE OF APPLICANT _____

FROM MO/YR	TO MO/YR	NAME, ADDRESS OF EMPLOYER (INCLUDE CITY & STATE)	SUPERVISORS NAME	TELEPHONE AND FAX
				T
				F
DESCRIPTION OF WORK		REASON FOR LEAVING		

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- WAS YOUR PREV JOB(S) DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE? YES NO
- WERE YOU SUBJECT TO ALCOHOL/CONTROLLED SUB TEST REQUIREMENT AS REQUIRED BY FMSCR'S DRUG & ALCOHOL TEST PROGRAMS? YES NO

LIST ALL ISSUING STATE, NUMBER AND EXPIRATION DATE OF EACH UNEXPIRED COMMERCIAL MOTOR VEHICLE OPERATOR'S LICENSE OR PERMIT THAT HAS BEEN ISSUED TO YOU. _____

LIST ALL MOTOR VEHICLES, INCLUDING THE TYPE OF OF EQUIPMENT (BUSES, TRUCKS, TRUCK TRACTORS, SEMI-TRAILERS, FULL TRAILERS AND POLE TRAILERS) WHICH YOU OPERATED. _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

High School, College or University	City & State	From:	To:	Graduate	Degree	Major
				Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Yes <input type="checkbox"/> No <input type="checkbox"/>		

SPECIAL EDUCATION Describe any special training received in the military or elsewhere.

1. _____

PERSONAL REFERENCES

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

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SIGNATURE OF APPLICANT _____

APPLICANT DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

ACCEPTED _____ REJECTED _____ TO START DATE _____