

# EMPLOYMENT APPLICATION

National Water Services, LLC

PLEASE ATTACH ADDITIONAL SHEET(S) IF MORE SPACE IS NEEDED

Personal

NAME \_\_\_\_\_  
FIRST MIDDLE LAST MAIDEN NAME (if applicable)

STREET ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP HOW LONG MTS YRS

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO \_\_\_\_\_ HIRE DATE \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**PREVIOUS THREE YEARS RESIDENCY (if applicable)** \_\_\_\_\_

\_\_\_\_\_  
STREET CITY STATE ZIP HOW LONG MTS YRS

\_\_\_\_\_  
STREET CITY STATE ZIP HOW LONG MTS YRS

\_\_\_\_\_  
STREET CITY STATE ZIP HOW LONG MTS YRS

**COMPANY/JOB APPLYING FOR (if applicable)**

COMPANY NAME \_\_\_\_\_ STATE \_\_\_\_\_

JOB TITLE \_\_\_\_\_

**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 license."

I certify that I do not have more than one motor vehicle license (listed below).

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE**

EQUIPMENT CLASS	TYPE OF EQUIPMENT (van, tank, flat, etc.)	DATES (from/to)	APPROX. NUMBER OF TOTAL MILES
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR WITH TWO TRAILERS			
OTHER			
OTHER			

**ACCIDENT RECORD FOR PAST THREE (3) YEARS OR MORE**

DATE (day/month/year)	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	FATALITIES (yes or no)	INJURIES (yes or no)	CHEMICAL SPILL (yes or no)

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS (other than parking violations)**

OCCURRENCE DATE	CONVICTED VIOLATION	CITY & STATE OF VIOLATION	PENALTY (forfeited bond, collateral and/or points)

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  YES  NO

If yes, please explain \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked?  YES  NO

If yes, please explain \_\_\_\_\_

PLEASE ATTACH ADDITIONAL SHEET(S) IF MORE SPACE IS NEEDED

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three (3) years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven (7) years prior to the initial three (3) years (total of 10 years employment record).

Previous work history

LAST EMPLOYER

COMPANY NAME
STREET ADDRESS
HOW LONG
POSITION HELD FROM TO SALARY
REASON FOR LEAVING

REASON FOR GAPS FROM TO
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?

SECOND LAST EMPLOYER

COMPANY NAME
STREET ADDRESS
HOW LONG
POSITION HELD FROM TO SALARY
REASON FOR LEAVING

REASON FOR GAPS FROM TO
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?

THIRD LAST EMPLOYER

COMPANY NAME
STREET ADDRESS
HOW LONG
POSITION HELD FROM TO SALARY
REASON FOR LEAVING

REASON FOR GAPS FROM TO
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?

PLEASE READ AND SIGN

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision.\* 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 the Company.

"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 I have the right to:

- Review information provided by current/previous employers;
Have errors in the information corrected by previous employers to re-send the corrected information to the perspective 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."

DATE APPLICANT'S SIGNATURE

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

DATE APPLICANT'S SIGNATURE

\*Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.

NOTE: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulation.