



P.O. Box 908
Martin, TN 38237

EMPLOYMENT APPLICATION

Important Notice: If you need assistance completing this application, please see the person who provided you with this application. Applicants should be extremely careful as they complete this application.

Personal Information

Name: (Last, First, Middle) Date:

Social Security Number:

Current Address: (Driver applicants must attach a list of addresses of residency for the past 3 years)

Street:

City: State: Zip:

Home Phone: Business Phone:

Are you 18 years of age or older? Yes No

Are you 21 years of age or older? (Required for Commercial Drivers) Yes No

Have you ever been convicted of a felony? If so, when, where and what was the disposition of the case? Yes No

Have you ever been convicted of a felony under a different name? Yes No

Were you previously employed by this Company? Yes No

Are there any other names you have used or currently use? If so, please list so prior educational and employment records may be checked: Yes No

What are the names of your relatives who are employed by the Company, if any? None

Are you presently authorized to work in the United States? (All applicants will be required to furnish proof of identity and, when appropriate, proof of legal authorization to work in order to be considered for employment.) Yes No

What languages do you read, speak or write fluently?

Position You Are Applying For

Title: Salary Requirement:

Referred by: Date You Can Start:

Full Time Part-Time Temporary

(NOTE) Some positions within the Company may require that you perform specific tasks and you may be asked whether or not you will be able to perform the essential functions of the job.)

Work History (Give information about your last 3 jobs, starting with the most recent)
All driver applicants must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. (Attach additional sheets if necessary)

1-Employer	Dates Employed:	
Address:		
City:	State:	Zip:
Phone:	Ending Salary:	
Title/Duties:		
Manager's Name and Title:		
Reason for Leaving:		
Were you subject to the FMCSRs* while employed?	YES	NO

2-Employer	Dates Employed:	
Address:		
City:	State:	Zip:
Phone:	Ending Salary:	
Title/Duties:		
Manager's Name and Title:		
Reason for Leaving:		
Were you subject to the FMCSRs* while employed?	YES	NO

3-Employer	Dates Employed:	
Address:		
City:	State:	Zip:
Phone:	Ending Salary:	
Title/Duties:		
Manager's Name and Title:		
Reason for Leaving:		
Were you subject to the FMCSRs* while employed?	YES	NO

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce that: (1) is for transporting passengers or property when the vehicle weighs or has a GVWR of 10,001 lbs or more, (2) is designed to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ATTENTION: Complete this page only if applying for a position that requires the operation of a commercial motor vehicle. Attach additional sheets if necessary.

Please provide your driver's license history from the last 3 years:

State Issued: License #: Type: Expiration Date:

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Please provide your driving experience by listing the class and type of equipment you operated:

<u>Class of Equipment</u>	<u>Type of Equipment (van, tank, flat, etc.)</u>	<u>Dates</u>		<u>Approx. Mileage Total</u>
		<u>From</u>	<u>To</u>	

Straight Truck:

Tractor & Semi-Trailer:

Tractor-Two Trailers:

Other:

Please provide your driving and/or accident record for the past 3 years:

<u>Dates of Accidents:</u>	<u>Nature of Accident (Head-On, Rear-End, etc.)</u>	<u>Fatalities</u>	<u>Injuries</u>
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Most Recent:

Next Previous:

Next Previous:

Please provide any traffic violations, convictions, and forfeitures for the past 3 years: (other than parking)

<u>Location (City, State, County)</u>	<u>Date of Violation</u>	<u>Charge</u>	<u>Penalty</u>
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Have you ever been denied a License, permit, or privilege to operate a motor vehicle? YES NO

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

If the answer to either of these questions is YES, please explain.

Education Record

High School (Name, City, State):

Business or Technical School (Name, City, State):

Degree Earned:

Undergraduate College (Name, City, State):

Degree, Major:

Graduate School (Name, City, State):

Degree, Subject:

Business References (if applying for your first job, you may use academic references)

1-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

2-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

3-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

Please Read, Initial, and Sign

If employed, I agree to conform to the rules and regulations of OBT Construction, LLC. I understand that as a condition of my employment, and continued employment, I will be required to submit to, and do voluntarily agree to submit to, testing for the presence of drugs and/or alcohol and to submit to any other procedure that may be used to assess my qualifications for employment. _____(Initial)

I acknowledge and agree that if at any time during the hiring process or during my employment I am subjected to any type of discrimination or harassment, I will contact the President of OBT Construction, LLC. immediately to obtain assistance in the resolution of such matters. _____(Initial)

In recognition of the fact that any work related injuries which might be sustained by me may be covered by state Workers' Compensation statutes, and to avoid the circumvention of such statutes which may result from suits against the customers or clients of OBT Construction, LLC. based on the same injury or injuries, and to the extent permitted by law, I hereby waive and forever release any rights I might have to make claims or bring suit against any client or customer of OBT Construction, LLC. for damages based upon injuries which are covered under such Workers' Compensation statutes, including claims based on the alleged negligence (whether active or passive) of such client or customer. _____(Initial)

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 errors in the 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. _____(Initial)

Nothing on this application is intended to create or imply a contractual relationship; if hired, I understand that employment is at-will, i.e., that it is not for any specific time period or duration, and can be terminated with or without reason at any time. While employment policies or procedures may change from time to time, only a written agreement signed by the Company's president can change the employee's at-will status. _____(Initial)

I further understand that consideration for employment is conditioned upon results obtained from a reference check, and hereby authorize OBT Construction, LLC. to investigate all statements made by me on the application and to contact my former employers and references. I hereby agree to indemnify OBT Construction, Inc., each of my former and/or prior employers, and any other sources contacted to obtain information about me, and further agree to hold each and every one of them harmless from any claims arising from this authorization and direction. _____(Initial)

By signing this application, I attest to the accuracy and truthfulness of any and all information provided, and any misstatement of material facts will be grounds for disqualifying me from further consideration in the selection process or if hired, shall be grounds for immediate discharge. _____(Initial)

Signature: _____ Date: _____