NESBITT CONTRACTING CO., INC.

APPLICATION FOR EMPLOYMENT

FAX (480) 423-7680

PHONE (480) 423-7600

100 S. PRICE ROAD, TEMPE, AZ 85281-3118

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

Name	Date				
Address					
T. 1	street	city	state	zip	
Telephone number Social Security Number					
If applying for a constru	ction position, are you ove	r 18 years old? Ye	s 🗆 No		
Are you authorized to w	ork in the U.S. on an unres	stricted basis? Yes	□ No		
How did you learn of thi	is opening?	_			
Have you worked here b	efore? Yes No	Do you have a Curr If so, is it a CDL?	rent <u>US</u> Drivers Licens Yes No	e? □ Yes □ No)
Are you related to anyor	ne in our employ? Yes	☐ No State Name	and Department		
Are there any hours, shift	fts or days you cannot or w	ill not work?			
Shift preferred Part-Time "I""Full/Timg					
Are you willing to work	overtime as required?	Yes 🗆 No			
If yes, describe condition	victed of a felony? Yes		·		
EDUCATION	NAME & LOCAT	ION OF SCHOOL	GRADUATED	MAJOR	DEGREE
High School					
College/Univ.					
College/Univ.					
Other Training/Educat	ion:				
In addition to your work Nesbitt Contracting?	history (reverse side), what	at other experiences, sk	cills or qualifications w	ould especially fit y	you for work with
POSITIONS APPLI	ED FOR 1.		2		
	Wage or salary desir	ed? \$	When can	you start?	

WORK HISTORY	May we contact your present emp	oloyer? \square Yes	□ No	
Most Recent Employer	Address		Telephone	
Date Started: Date Left:	Starting Position	n		
Starting Salary: \$ Per		ving		
Salary on Leaving: \$ Per	:			
Name and Title of Supervisor				
Description of Duties	Reason for Leav	ving		
Previous Employer	Address		Telephone	
Date Started: Date Left:	Starting Position	1		
Starting Salary: \$ Per	Position on Lea	ving		
Salary on Leaving: \$ Per	:			
Name and Title of Supervisor				
Description of Duties	Reason for Leav	/ing		
Previous Employer	Address		Telephone	
Date Started: Date Left:	Starting Position	n		
Starting Salary: \$ Per	Position on Lea	Position on Leaving		
Salary on Leaving: \$ Per	:			
Name and Title of Supervisor				
Description of Duties	Reason for Leav	ring		
Previous Employer	Address		Telephone	
Date Started: Date Left:	Starting Position	1		
Starting Salary: \$ Per	Position on Lea	Position on Leaving		
Salary on Leaving: \$ Per:				
Name and Title of Supervisor				
Description of Duties	Reason for Leav	ving		

MAINTENANCE AND EQUIPMENT EXPERIENCE & QUALIFICATIONS (List years of Experience) Diesel Engine Tune-Up/Rebuilding _____ Diesel Injection Equipment ____ Gas Engine Tune-Up/Rebuilding _____ General Car Repair _____ Tire Service ____ Tire Recapping Mold _____ Wheel/Tire Balancing Machine __ Brakes _____ Frame/Wheel Alignment _____ Drive Line Components _____ Air Conditioning _____ Inspections ___ Body Work _____ Cooling Systems ____ Electrical Repair ____ Trailer ____ Repair ____ Engine Analyzer ____ Electric Welder _____ Oxyacetylene Welder _____ Frame & Axle Straightening Equipment _____ Spray Paint Gun _____ DRIVER QUALIFICATIONS Answer the questions in this section. LICENSES - Drivers Licenses *held* in the past 3 years must be shown. STATE LICENSE NO. CLASS ENDORSEMENT(S) **EXPIRATION DATE** ☐ Yes ☐ No A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? B. Has any license, permit or privilege ever been suspended or revoked? ☐ Yes ☐ No C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No If you answered "Yes" to A, B, or C, attach a statement giving details. DRIVING EXPERIENCE Class of Equipment Type of Equipment Approximate Dates Total Miles (Tank, Flat, Etc.) From To Straight Truck Tractor and Semi-Trailer Twin Trailers - LVC's Other: ACCIDENT REVIEW FOR PAST 3 YEARS (attach separate sheet of paper if more space is needed) Dates Nature of Accident (Head-on, Rear-End, Overturn, etc.) **Fatalities** Injuries Last Accident **Next Previous**

Next Previous

Next Previous

	Date	Charge	Penalty
APPLICANT'S CERTIFIC	ATION AND AGREEMENT		
nat if I am employed, false st			est of my knowledge. I understand sal. I authorize the Company to mak
Company is "at will," which rorior notice, and for any reason		can terminate the employment reployment is continued on that ba	elationship at any time, with or with asis. I understand that no supervisor,
Date	Applicant's Signature		
EE 1-4 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			use of prescription drugs on c
Accordingly, I understan	d that I may be required, as a of determining that the app		cess, to submit a blood test or
Accordingly, I understan urine test for the purpose	d that I may be required, as a	licant is not in violation of t	he above-stated policy.
Accordingly, I understan urine test for the purpose I understand that the test Applicants may be required.	d that I may be required, as a of determining that the appoint will be conducted by a qual-	licant is not in violation of the field medical facility, to be soyment drug and alcohol so	cess, to submit a blood test or he above-stated policy. selected by the company.
Accordingly, I understand urine test for the purpose I understand that the test Applicants may be required ample. If the test turns non-refundable	d that I may be required, as a of determining that the appoint will be conducted by a qual-	ficant is not in violation of the field medical facility, to be solved by the field medical facility, to be solved will reimbursed for his expension.	cess, to submit a blood test or he above-stated policy. selected by the company. reens prior to providing the
Accordingly, I understand urine test for the purpose I understand that the test Applicants may be required ample. If the test turns non-refundable Signed	d that I may be required, as a cof determining that the approximate of determining that the approximation will be conducted by a qualified to pay for their pre-emplout negative, the employee value.	icant is not in violation of the field medical facility, to be solved by the field medical facility and solved by the field medical facility, to be solved by the field medical facility and alcohol solved by the field medical facility and alcohol solved by the field medical facility and alcohol solved by the field medical facility and solved by the facility and solved b	cess, to submit a blood test or he above-stated policy. selected by the company. reens prior to providing the nse. Positive test results are
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ADDITIONAL INFORMATION

AFFIRMATIVE ACTION INFORMATION FORM				
We are an affirmative action government contractor. In compliance with government regulations we are required to record the number of applicants by age and sex.				
We ask that you indicate your race or national origin, date of birth and sex. DO NOT WRITE YOUR NAME. This information will not be kept with your application and will be used only in accordance with federal and state regulations.				
YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. Your application for employment will be considered in the same manner whether or not you fill out this form.				
□ Male	☐ Female	Date of Birth		
Do you consider yourself to be Hispanic or Latino? ☐ Yes or ☐ No				
If not, what race/races do you consider yourself to be?				
□ White	☐ Black or African American	☐ Native Hawaiian or Other Pacific Islander		
□ Asian	☐ American Indian or Alaska Native	☐ Two or more races (Not Hispanic or Latino)		

After completing the application, click the red "Click to Email Completed Form" button on the first page and follow prompts or save the form and email a copy to careers@nesbitts.com.