

NIXCAVATING, INC.

1821 Boston Ave., Longmont, CO 80501
 P: (303)776-8898 | F: (303)776-8669 | info@nixcavating.com

PREVIOUS EMPLOYMENT: LIST MOST RECENT/CURRENT FIRST

*All applicants must provide the following information for any previous employer during the preceding three years. Applicants shall also provide an **additional seven years of information** for those employers for whom the applicant has operated a commercial motor vehicle (CMV).*

Company				Phone ()				
Address				City/State				
Job Title			Contact Person			Ending Pay	\$	
From		To	Reason for Leaving					
Was this 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 <input type="checkbox"/>	NO <input type="checkbox"/>
Company				Phone ()				
Address				City/State				
Job Title			Contact Person			Ending Pay	\$	
From		To	Reason for Leaving					
Was this 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 <input type="checkbox"/>	NO <input type="checkbox"/>
Company				Phone ()				
Address				City/State				
Job Title			Contact Person			Ending Pay	\$	
From		To	Reason for Leaving					
Was this 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 <input type="checkbox"/>	NO <input type="checkbox"/>
Company				Phone ()				
Address				City/State				
Job Title			Contact Person			Ending Pay	\$	
From		To	Reason for Leaving					
Was this 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 <input type="checkbox"/>	NO <input type="checkbox"/>
Company				Phone ()				
Address				City/State				
Job Title			Contact Person			Ending Pay	\$	
From		To	Reason for Leaving					
Was this 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 <input type="checkbox"/>	NO <input type="checkbox"/>

DRUG & ALCOHOL INFORMATION - IN THE PAST THREE YEARS, HAVE YOU:

Violated the Alcohol and Controlled Substance prohibitions under subpart B of 49 CFR Part 382 or 49 CFR Part 40?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Failed to undertake or complete a rehabilitation program prescribed by a SAP pursuant to 49 CFR 382.605? Check all that apply:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
1. I had an alcohol test result of 0.04 or higher	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
2. I had a Verified Positive Drug Test	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
3. I refused to test (including verified adulterated or substituted drug test result)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>

This certifies that 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.

Signature: _____ **Date:** _____