NIXCAVATING, INC. 1821 Boston Ave., Longmont, CO 80501

P: (303)776-8898 | F: (303)776-8669 | info@nixcavating.com

CMV Driver's Employment Application

PLEASE READ COMPLETELY

The information requested on this form is required by federal law (49 CFR) to be provided by any driver applying for a commercial driver position as defined in 49 CFR 390.5. Failure to complete required areas can place both the applicant and carrier in violation of federal law. Information provided will be verified by carrier as required under various parts of 49 CFR, including Part 382 and Park 391. False statements may result in refusal to hire or immediate termination.

APPLICANT INFORMATION

Last Name		First				M.I.	Date					
Phone					Email							
Current Street Add					Date of Birth							
City					State/Zip				How Long (yr/mo)?			
Previous Address (IF LESS THAN 3 Yrs						How Long (yr/mo)?						
Previous Address						1				How Long (yr/mo)?		
Previous Address						How Lor				g (yr/mo)?		
Drivers License	e State License No.				Type/Endors.			Expiration				
Past Drivers License (If less than 3 years)) Sta	ate	License I	Vo.		Type/Endors.				Expiration		
Have you been denie privilege to operate a		it or the	YES 🗆	NO 🗆	Has any license, permit or privilege ever been suspended or revoked?			je ever	YES 🗌	NO 🗆		
If YES to either of the above questions, give details:												
Have you ever been YES – fully explain o				NO 🗆	Are you legally authorized to work in the U.S. as a commercial driver under 49 CFR?				YES 🗌	NO 🗆		
				•								
COMMERCIAL D	RIVIN	NG EXPE	RIENCE		T							
Туре	of Equi	ipment		From Mo/Yr	To Mo/Yr	Approx. No. Of Type of Trailer Miles (Total) Hauled				(s) List States Operated in for Last 5 Years		
Tandem Axle Dump Truck YES			NO 🗆									
Tractor & Trailer YES		YES	NO 🗆									
List Other(s)												
ACCIDENT RECO	RD &	TRAFFI	C CONV	ICTIONS								
Please provide the fo the preceding 3 year							ations f	or which you	were convict	ed or pled guilty	to during	
Date (Most Recent 1 st)	Location (City/St			Nature of	olation Penalt		1	Fatalities / Injuries / HazMat Spill?				
1			1							1		

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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 <u>additional seven years of information</u> 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		То		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?								NO 🗌		
Company					Phone ()					
Address					City/State					
Job Title				Contact Person		Ending Pay	\$			
From		То		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?								NO 🗆		
Company					Phone ()					
Address					City/State					
Job Title				Contact Person		Ending Pay	\$			
From		То		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?										
Company					Phone ()					
Address					City/State					
Job Title			Contact Person		Ending Pay	\$				
From		То		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? NO NO NO NO NO NO NO NO									NO 🗆	
Company					Phone ()					
Address					City/State					
Job Title				Contact Person		Ending Pay	\$			
From		То		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?										
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 NO							N/A 🗌			
all that apply: 1. I had an alcohol test result of 0.04 or higher							YES	NO NO	N/A 🗆	
	had a Verified I			ignei			YES	NO 🗌	N/A 🗌	
3. I refused to test (including verified adulterated or substituted drug test result) YES NO N/A This contifies that this application was completed by me, and that all entries on it and information in it are true and complete to the										

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.

_____ Date: _____ Signature: _