

**MARSH VENTURES, INC. dba Truckee North Tahoe Materials
TNT MATERIALS**

APPLICATION FOR EMPLOYMENT (All Positions)

NAME _____ PHONE _____
First Middle Last Area Code & #

ALTERNATE PHONE _____

EMAIL ADDRESS _____

MAILING ADDRESS _____
Street City State Zip

STREET ADDRESS _____ How long? _____
Street City State & Zip

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

ADDRESS FOR PAST THREE YEARS _____
How Long? _____ Street City State & Zip

How Long? _____ Street City State & Zip

Are you lawfully authorized to work in the United States? Yes _____ No _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

(For Driver Applicants) EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DRIVING EXPERIENCE	CLASS OF EQUIPMENT	TYPE OF EQUIP	DATE FROM	DATE TO	MILES
STRAIGHT TRUCK	_____	_____	_____	_____	_____
TRACTOR/SEMI-TRAILER	_____	_____	_____	_____	_____
TRACTOR/TWO TRAILERS	_____	_____	_____	_____	_____
OTHER	_____	_____	_____	_____	_____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE, ATTACH SHEET IF MORE SPACE NEEDED

LAST ACCIDENT	DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
_____	_____	(head-on, rear-end, etc.)	_____	_____

NEXT ACCIDENT _____

NEXT ACCIDENT _____
TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS, OTHER THAN
PARKING VIOLATIONS

LOCATION	DATE	CHARGE	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ATTACH SHEET IF MORE SPACE IS NEEDED

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

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

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

EMPLOYMENT RECORD OVER LAST 10 YEARS- ALL APPLICANTS (Attach Sheet If More Space Needed)

NOTE: FOR DRIVERS: DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 years Be Shown

LAST EMPLOYER: NAME _____
ADDRESS _____
PHONE NO. _____ FAX NO. _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____
_____.

SECOND LAST EMPLOYER: NAME _____
ADDRESS _____
PHONE NO. _____ FAX NO. _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____

THIRD LAST EMPLOYER: NAME _____
ADDRESS _____
PHONE NO. _____ FAX NO. _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____

FOURTH LAST EMPLOYER:

NAME _____
ADDRESS _____
PHONE NO. _____ FAX NO. _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____

FIFTH LAST EMPLOYER: NAME _____
ADDRESS _____
PHONE NO. _____ FAX NO. _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____

TO BE READ AND SIGNED BY APPLICANT

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

Applicant's Signature

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