



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

DATE _____

PERSONAL INFORMATION

NAME (LAST NAME FIRST)	SOCIAL SECURITY NO. _____-_____-_____
PRESENT ADDRESS	CITY STATE ZIP CODE
PERMANENT ADDRESS	CITY STATE ZIP CODE
PHONE NO.	REFERRED BY
DO YOU HAVE ANY RELATIVES CURRENTLY WORKING FOR NELBUD?	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED

ARE YOU EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE?	WHEN?

EDUCATION

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS _____ _____ _____ _____ _____
U.S. MILITARY OR NAVAL SERVICE RANK _____ _____

DRIVER'S LICENSE INFORMATION

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO IF YES, WHAT STATE? _____

DRIVER'S LICENSE # _____

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

PREVIOUS EMPLOYMENT

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING	SUPERVISOR MANAGER PHONE #
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

REFERENCES

BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS KNOWN/ PHONE #
1			
2			
3			

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

 NEATNESS _____ CHARACTER _____
 PERSONALITY _____ ABILITY _____
 HIRE/START DATE: _____ FOR DEPT. _____ POSITION _____ OFFER DATE: _____
 WILL REPORT _____ SALARY WAGES _____

APPROVED: 1. _____ 2. _____ 3. _____
 MANAGER DEPT. HEAD GENERAL MANAGER

EEO-1 Survey (Continued)

Ethnicity:

Are you Hispanic or Latino?

- No, I am **not Hispanic or Latino**.
- Yes, I am **Hispanic or Latino**: A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Race – IMPORTANT - Only complete this section if you checked “No, I am not Hispanic or Latino” in the Ethnicity section above:

What is your race? Select **ONE** of the following categorie(s):

- White** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black or African American** – A person having origins in any of the Black racial groups of Africa.
- American Indian/Alaskan Native** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian**– A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races** – All persons who identify with more than one of the above five *rac*es.

(If federal contractor/subcontractor with affirmative action obligations – add the following section) Check if the following is applicable:

- Veteran** - As defined under one or more of the following:
- served on active duty for a period of more than 180 days, and any part of which occurred between August 5, 1964 and May 7, 1975 and were discharged or released other than dishonorably; or,
 - was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975; or
 - who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized (such as The Persian Gulf, El Salvador, Grenada, Lebanon, Panama, Southwest Asia, Haiti, Somalia & Bosnia); or
 - one who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of discharge or release from active duty (recently separated veteran).

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____ Date _____

"WORKING TODAY..."



...TOWARD A SAFER TOMORROW"

Nelbud Driver MVR Performance Criteria

Motor Vehicle Reports for all potential applicants are obtained by Nelbud as part of the pre-employment application process to evaluate their insurability. Periodically, MVR's will be obtained for current employees as a condition for continuing employment with Nelbud. If an applicant is deemed an 'unacceptable driver' he/she will not be offered employment with Nelbud. Current employees who are later defined as 'unacceptable drivers' are subject to disciplinary action up to and including termination.

An unacceptable Driver is defined as any driver with:

- A combination of 4 or more moving violations, convictions, or vehicle accidents, within a 36 month period.
- Any of the following in the past 3 years:
 - Driving while under the influence of alcohol or drugs
 - Refusing a Substance Test
 - Hit and Run
 - Failure to report an accident and leaving the scene of an accident
 - Attempting to elude an officer of the law
 - Felony, Assault, Manslaughter, or Homicide with a motor vehicle
 - Driving with a suspended or revoked license
 - Reckless Driving
 - Possession of an opened alcoholic beverage container
 - Speeding conviction of 20 mph or more over the posted speed limit
 - Current driver's license suspended, revoked or surrendered

Witness: _____

Date: _____

Signature: _____

Date: _____

"WORKING TODAY..."



**AUTHORIZATION FOR RELEASE OF
MOTOR VEHICLE/CRIMINAL BACKGROUND REPORTS**

I _____ THE UNDERSIGNED EMPLOYEE, HEREBY ACKNOWLEDGE THAT Motor Vehicle, and/or Criminal Background Reports may be obtained as part of the evaluation by Nelbud of my job application and/or continuing employment with Nelbud. These reports may be reproduced by an agent of Nelbud's choice and its subsidiaries, and may include my driving record as well as an assessment of my insurability under Nelbud's insurance coverage. By signing this authorization, I hereby authorize Nelbud Services Group, Inc., and its agent, to periodically procure such reports about me, as Nelbud Services Group, Inc deems appropriate to evaluate my insurability and/or for any other permissible employment purposes.

I hereby acknowledge that I have read the above authorization and I understand its contents. I hereby release any person or agency providing such information from any and all claims and damages in connection with the release of the requested information.



(Print Full Name)

If name has changed through marriage or otherwise, print former name

(Former Name)

(Signature)

(Street Address)

(City, State) (Zip)

DOB: _____ SSN: _____

Driver's License Number _____ State _____

**DRUG AND ALCOHOL
TEST CONSENT**

I understand that as a condition of employment, I must voluntarily consent to and satisfactorily complete urine-screening tests to determine the presence of certain substances and/or blood alcohol test to determine the presence of alcohol.

I further understand that I must voluntarily consent to unannounced searches and inspections of myself, my clothing and any lockers, desks, clothing, vehicle assigned to me, or company paid lodging for the purpose of enforcing this policy.

As a candidate for employment, I understand that the presence of one or more such drugs/alcohol may be cause for disciplinary action, up to and including termination of my employment.

I certify that I have read this form and the Nelbud Substance Abuse Policy or they have been explained to me, and I understand their comments. I agree to the release of information obtained through medical inquiries or substance screen tests by the medical examiner(s) to Nelbud and all related entities or its representatives on a “need to know” basis.

I also hereby authorize the Company to conduct through its designated examiner(s), a substance screen test(s) and I release the clinic/physician and related entities, their directors, employees and agents from all legal responsibility arising out of the information obtained through the medical inquiries or screening test.

Applicant/Employee Date

Witness Date