

# EMPLOYMENT APPLICATION

for

Nettleton, Inc.; Nettleton Concrete Works, Inc.; Nettleton Ready Mix, Inc.;  
Nettleton Concrete Products, Inc.; Nettleton Concrete, Inc.; Pneumatic Transport, Inc.  
PO Box 2157, Jonesboro, AR 72402

**Applicant Note:** This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. You will be required to sign a criminal history release form. Additional testing of job-related skills and for the presence of drugs/ alcohol in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

Last Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number	Birth Date	Today's Date
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Current Street Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If the above residence is less than three years, list below all residences for the past 3 years.

Street Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Street Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Street Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone Number	Work Phone Number	Cell Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position or Job Wanted	Date Available
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Regular Occupation or Trade
<input type="text"/>

Education or Training
<input type="text"/>

Driver's License Number	Expiration Date	State of Issue	Type or Class
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>

LICENSES and FAILED TEST Information (Driver's Licenses held in the past 3 years must be shown)

Driver's License Number	Expiration Date	State	Endorsement(s)	Type or Class
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Public Record Information

Do you have an appointment on any court docket for any reason? If yes, please explain below.

Yes  No

Have you ever had your paycheck garnished for the payment of child support, taxes or other debts?

Yes  No

Have you ever been convicted of a felony? If yes, complete the chart below.

Yes  No

Have you ever been convicted of a misdemeanor? If yes, complete the chart below.

Yes  No

Date	City/County/State	Charge	Penalty
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Has any license, permit or privilege ever been suspended or revoked? If yes, please explain below.

Yes  No

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes  No

If yes, please explain below.

### 40.25 (j) Drug/Alcohol

40.25 (j) In the last three years, have you had a positive drug/alcohol test or have you refused to submit to a required drug/alcohol test (this includes any pre-employment drug or alcohol test)?

Yes  No

If answered "yes" to the 40.25 (j) question, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Yes  No

## Safety Performance History

Have you had any traffic convictions or forfeitures in the last 3 years? If yes, complete the chart below. Yes  No

TRAFFIC CONVICTIONS and FORFEITURES for the past 3 years other than parking violations.

Date	City/County/State	Charge	Penalty
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you had any accidents in the last 3 years? If yes, complete the chart below. Yes  No

ACCIDENT REVIEW for the past 3 years.

Date	Nature of Accident (Head-on, Rear-end, Overturn, etc.)	Fatalities	Injuries
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I understand that as part of the Department of Transportation Driver Qualification process (DOT 49CFR Parts 382 CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING) this company is required to obtain the results of all DOT required drug/alcohol tests (including refusals to be tested). I understand that I must give this company written authorization to obtain above mentioned information from all of the companies for which I performed a safety sensitive function, or for which I took a pre-employment drug/alcohol test, during the past three years. I also understand that any signing of the authorization does not guarantee me a job with this company.

Below I have listed all of the employers for which I performed a safety sensitive function, **or for which I took a pre-employment drug/alcohol test**, during the past three years. I hereby authorize those employers to furnish all information concerning my positive drug/alcohol tests and any instances in which I refused to submit to a required drug/alcohol test.

Your application will not be considered unless every question in this section is answered. **The correct telephone numbers of past employers are critical.** We need ALL employment history for a total of 10 years.

Have you ever previously applied at Nettleton? Supply date if yes. Yes  No  Date  -  -

Have you ever previously worked at Nettleton? Supply date if yes. Yes  No  Date  -  -

May we contact your current and past employers? Yes  No

From -- Salary \$  Company  
To -- per

Address  City  State  Zip Code

Title  Supervisor

Duties

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed with this employer? Yes  No

Was the job designated as a safety sensitive function in any DOT required mode and were you subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? Yes  No

Type of Test  Results

Reason for Departure

---

From -- Salary \$  Company  
To -- per

Address  City  State  Zip Code

Title  Supervisor

Duties

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed with this employer? Yes  No

Was the job designated as a safety sensitive function in any DOT required mode and were you subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? Yes  No

Type of Test  Results

Reason for Departure

From -- Salary \$  Company  
To -- per

Address  City  State  Zip Code

Title  Supervisor

Duties

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed with this employer? Yes  No

Was the job designated as a safety sensitive function in any DOT required mode and were you subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? Yes  No

Type of Test  Results

Reason for Departure

---

From -- Salary \$  Company  
To -- per

Address  City  State  Zip Code

Title  Supervisor

Duties

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed with this employer? Yes  No

Was the job designated as a safety sensitive function in any DOT required mode and were you subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? Yes  No

Type of Test  Results

Reason for Departure

From -- Salary \$  Company  
To -- per    
Address City State Zip Code

Title Supervisor

Duties

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed with this employer? Yes  No

Was the job designated as a safety sensitive function in any DOT required mode and were you subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? Yes  No

Type of Test Results

Reason for Departure

---

From -- Salary \$  Company  
To -- per    
Address City State Zip Code

Title Supervisor

Duties

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed with this employer? Yes  No

Was the job designated as a safety sensitive function in any DOT required mode and were you subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? Yes  No

Type of Test Results

Reason for Departure

From -- Salary \$  Company  
To -- per    
Address City State Zip Code

Title Supervisor

Duties

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed with this employer? Yes  No

Was the job designated as a safety sensitive function in any DOT required mode and were you subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? Yes  No

Type of Test Results

Reason for Departure

From -- Salary \$  Company  
To -- per    
Address City State Zip Code

Title Supervisor

Duties

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed with this employer? Yes  No

Was the job designated as a safety sensitive function in any DOT required mode and were you subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? Yes  No

Type of Test Results

Reason for Departure

From  -  -  Salary \$  Company   
To  -  -  per

Address  City  State  Zip Code

Title  Supervisor

Duties

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed with this employer? Yes  No

Was the job designated as a safety sensitive function in any DOT required mode and were you subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? Yes  No

Type of Test	Results
<input type="text"/>	<input type="text"/>

Reason for Departure

I certify that I have read and understand the APPLICANT NOTE on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or agents, including any consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history, motor vehicle driving records, and drug/alcohol tests. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs/alcohol is prohibited during employment. I understand that I am to sign below only after any questions I have are answered, and I understand and agree to the above terms and conditions. I have read, understand and agree to the above terms and conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Even if you have never performed the following job descriptions, please rate your expected performance if you were to perform these tasks continuously.

- 1. Easy
- 2. With Effort
- 3. With Short Rest Periods
- 4. With Work Rest Cycles 50%-50%
- 5. Hard
- 6. Very Difficult
- 7. Can not accomplish

1. Climb a 10 ft. ladder up and down carrying a 40 lb. bucket of water and concrete. 1  2  3  4  5  6  7

2. Carry 94 lb. bags of cement 10 feet and stack on pallet. 1  2  3  4  5  6  7

3. Walk in ankle deep mud and drag 3/4 in. cable (90 lb. pull). 1  2  3  4  5  6  7

4. Shovel sand and gravel into loader bucket. 1  2  3  4  5  6  7

5. Push loaded wheelbarrow on level ground with 300 lbs. of concrete. 1  2  3  4  5  6  7

6. Pick up 10:00 x 20 truck tire (120 lbs.) waist high and place on dismounting machine. 1  2  3  4  5  6  7

7. Place upright and roll a 10:00 x 20 truck tire (180 lbs.). 1  2  3  4  5  6  7

8. Roll and then place upright 55 gallon drum of oil (385 lbs.). 1  2  3  4  5  6  7

9. Climb a 40 ft. ladder to an elevated platform with rails to paint and clean. 1  2  3  4  5  6  7

10. Go inside the drum of a ready mix truck and perform maintenance. 1  2  3  4  5  6  7

Thank you for applying for a position at Nettleton. All applications will be processed within fourteen business days. However, the application process may be delayed if previous employer information and telephone numbers are incomplete or missing.

If you are being considered for the position we will contact you by telephone. Please do not contact our office to inquire about your application.