

# Tennessee Guardrail, Inc.

## Employment Application

An Equal Opportunity Employer

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Social Security: \_\_\_\_\_ Referred By: \_\_\_\_\_

Are you over 18 years of age?    Yes    No

Are you a U.S. Citizen?    Yes    No

If you are not a U.S. Citizen, are you legally qualified to work in the U.S?    Yes    No

Have you ever plead guilty or no contest to, or been convicted of, a crime?    Yes    No

If yes, please provide date(s) and details: \_\_\_\_\_

\_\_\_\_\_

Have you ever had a lost time accident at work?    Yes    No

If yes, please provide date(s) and nature of injuries and how long disabled: \_\_\_\_\_

\_\_\_\_\_

**Position applied for:** \_\_\_\_\_

### Emergency Contacts

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

### Union Information

Local: \_\_\_\_\_ Classification: \_\_\_\_\_

# Education

	Name & Location	Number of Years Completed	Course of Study	Graduate?
High School:				
College:				
Other:				

# Employment History

Last Employer: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

---

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

---

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

## References

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

.....

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

.....

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

## Skills & Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job related functions in the position which you are applying for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Drivers License Information

State	License Number	License Type	Expiration Date

## Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Total Miles Driven
		Begin	End	
Straight Truck:				
Tractor & Semi-Trailer:				
Tractor-Two Trailers:				
Other:				

## Accident Record for Past 3 Years

	Dates	Nature of Accident (Head On, Rear End, Etc.)	Fatalities	Injuries
Last Accident:				
Next Previous:				
Next Previous:				

## Traffic Convictions & Forfeitures for Past 3 Years

Date	Location	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle?    Yes    No

Has any license, permit or privilege ever been suspended or revoked?    Yes    No

If you answered yes to either question, please give details:

---



---

# **Applicant Statement**

I represent that all information given by me on my resume, company application and/or in any personal interviews is true and complete without qualification. I hereby authorize any representative of Tennessee Guardrail, Inc. or any of its divisions or controlled subsidiaries (COMPANY) to verify such information and to make any investigation of my background deemed necessary. I also authorize former employers, law enforcement organizations, educational institutions, and any other third party contacted by the company to release any information they have regarding me without receiving written notice from me.

I understand that as a condition of employment and/or continued employment, I may be required to take a physical examination which may include the collection of blood and/or urine samples for the purpose of determining the presence of alcohol and/or drugs. I understand that my refusal to cooperate fully with the examination and testing procedures can result in my not being hired, or subsequently terminated. I agree that all findings of this examination may be submitted to the company and if the physical examination includes taking blood and/or urine samples, I hereby expressly release the collection agency and the testing laboratory from any liability for performing the requested tests on specimens collected from my person, and from communicating the results of these tests to the company.

I understand and agree that any misrepresentation by me on this form is sufficient cause for discharge.

## **Applicant Signature**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Tennessee Guardrail, Inc.

## Equal Employment Opportunity Data Form

(Voluntary Form)

### DEMOGRAPHICS

Information regarding handicaps, ethnicity, and military status is considered confidential and is used only in the purpose of promoting equal employment opportunity, in accordance with Federal regulations. Providing this information is strictly voluntary. Your responses (or decision not to respond) will have no adverse effect on your job benefits or employment/advancement opportunities.

Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male

Race: \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Other

\_\_\_\_\_ American Indian \_\_\_\_\_ Alaskan Native

\_\_\_\_\_ Hispanic \_\_\_\_\_ Asian/Pacific Islander

Handicap: \_\_\_\_\_ Yes \_\_\_\_\_ No

Military Status: \_\_\_\_\_ Disabled Veteran \_\_\_\_\_ Qualified Disabled Veteran

\_\_\_\_\_ Active Reserves \_\_\_\_\_ Inactive Reserves

\_\_\_\_\_ Veteran (Vietnam Era) \_\_\_\_\_ Veteran (Not Vietnam)

### Applicant Signature

Name: \_\_\_\_\_

Date: \_\_\_\_\_