

# Olympic Contracting, Inc.

1089 Perkins Dr.  
Alexandria, KY 41001

Phone (859) 635-1854  
Fax (859) 635-3156

# Job Application

## Personal Information

Last	First	MI	SSN#	Email		
Street Address			City	ST	Zip	Phone Number
Are you entitled to work in the United States?			Are you 18 or older?		If yes, Date of Birth	
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years?			If yes, please explain:			
Military Service?	Branch		Are you a veteran?	War		
What position are you applying for?			How did you hear about this position?			
Expected Hourly Rate	Expected Weekly Earnings		Date Available			

## Prior Work Experience

	Current or Most Recent		Prior		Prior	
Employer						
Address						
City, ST, ZIP						
Telephone						
Name of Supervisor						
Dates of Employment	From	To	From	To	From	To
Position/Job Title						
Pay						
Reason for Leaving						
May We Contact						

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## Education

	Name/Location	Last Year Complete				Degree	Major
		9	10	11	12		
High School							
College/University		1	2	3	4		
Trade School							
Other							

List any applicable special skills, training or proficiencies.

## License Information

State	License No.	Type	Expiration Date

## Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates	Approx. No. of Miles (Total)
Straight Truck		From To	
Tractor and Semi-Trailer		From To	
Tractor-Two Trailers		From To	
Other		From To	

## Accident Record (Attach Sheet if More Space is Needed)

Dates	Nature (i.e. Head on, Rear End, Upset, Etc.)	Number of Fatalities Number of Injuries	Chemical Spills	
		Fatalities Injuries	Yes	No
		Fatalities Injuries	Yes	No

## Driving Violations (Attach Sheet if More Space is Needed)

Date Convicted	Violation	State Convicted in	Penalty (Collateral, Points, Forfeited Bond, Etc.)

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## TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations and inquires to my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers, and other personnel from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

I understand that the information I provide regarding current and/or previous employers may be used and those employers will be contacted for the purpose of investigating my safety performance history as required by 49CFR291.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers
- Have errors in the information corrected by previous employers and for those pervious employers to re-send the corrected information to the prospective employer
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employers and I cannot agree on accuracy of the information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

This certifies that I completed this application and all entries on it and information in it are true and completed 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.