



National Transport Services, LLC
 254 Chapman Road, Suite 103,
 Newark, DE 19702
 Phone (302) 731-7333 / Fax (302) 834-8297

APPLICATION FOR EMPLOYMENT

POSITION FOR WHICH YOU ARE APPLYING:						: Transfer <input type="checkbox"/> Reemploy <input type="checkbox"/>	
Check all that you may be interested in: Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Job-Share: <input type="checkbox"/>							
Last Name			First Name			Middle Initial	
Mailing Address			City			Parish	
State	Zip	Cell Telephone No.	Home Telephone No.	Business Phone No.	E-Mail Address		
Driver's License #		State	Expiration Date	<input type="checkbox"/> Operators (Private Vehicle) <input type="checkbox"/> CDL (copy needed of license & medical card)		License Class _____ Endorsement _____	
Note:						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony since your 18th birthday? If you answered yes, please complete the following: (Conviction is not an automatic bar to employment. Each case is considered on its individual merits). <i>Nature of Offense</i> <i>Name & Location of Court</i> <i>Date of Conviction</i>						(Inaccurate information here will result in disqualification.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any of your educational or employment records found under a different last name? If yes, please give the last name. <i>Previous Last Name</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently employed by NTS/Innovations? If yes, please give: <i>Department/Division</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a former employee of the? If yes please give: <i>Last Date(s) of Employment</i> <i>Department / Division</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been discharged or forced to resign from any position? If yes, please give employer, date and reason. <i>Employer</i> <i>Date and Reason</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any relatives working for NTS/IBS? If yes, please complete the following: (Continue listing relatives on a separate page if necessary) <i>Name</i> <i>Relationship</i> <i>Department</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, are you authorized to work in the United States? For non citizens, a copy of your authorization to work issued by the U.S. Immigration and Naturalization Service must be submitted prior to appointment.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you now hold or are you a candidate for an elective public office?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
References						For Office Use Only: Date and Time Received	
Name			Telephone Number				

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EDUCATION AND TRAINING

ELEMENTARY AND HIGH SCHOOL EDUCATION

Highest Grade Completed (choose one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Did you graduate from High School or obtain a GED? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>	Name and Location of Last School Attended (High School, Junior High or Elementary) Name: _____ Location: _____
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Indicate the **number** of courses completed in each subject:

___ algebra ___ biology ___ bookkeeping
 ___ calculus ___ geometry ___ trigonometry

RELATED SPECIAL TRAINING (CORRESPONDENCE, BUSINESS, TRADES, VOCATIONAL, ARMED FORCES SCHOOLS, ETC.)

Names and Locations of School	Dates Attended (Mo & Yr)		Courses/Subjects Completed	Credit Hours	Diplomas/Certificates Received
	From	To			

COLLEGES AND UNIVERSITIES ATTENDED (UNDERGRADUATE & GRADUATE)

*****Must be from a recognized accredited school - Bring original transcript with initial application*****

Names and Locations of School(s)	Dates Attended (Mo & Yr)		Credit Hours		Type of Degree Earned (e.g.BA/BS)	Major	Minor
	From	To	Semester	OR Quarter			

Major <u>Undergraduate</u> College Subjects	Credit Hours			Major <u>Graduate</u> College Subjects	Credit Hours		
	Semester	OR	Quarter		Semester	OR	Quarter

RELATED LICENSES (provide original)

Professional License Issued By	Field/Trade Specialization	License Number	Issue Date	Expiration Date

SKILLS

<input type="checkbox"/> Access	<input type="checkbox"/> Hansen	<input type="checkbox"/> Quickbooks	<input type="checkbox"/> Excel/Lotus	<input type="checkbox"/> Other software	Languages spoken and written FLUENTLY _____ _____
<input type="checkbox"/> ORACLE	<input type="checkbox"/> GIS	<input type="checkbox"/> Auto Cad	<input type="checkbox"/> Word/WordPerfect	_____	
<input type="checkbox"/> Approach	<input type="checkbox"/> Typing ___wpm	<input type="checkbox"/> PowerPoint		_____	

Also include specific software experience in your job descriptions.
Ask about PC skills exams and provide certificates of courses completed.

EMPLOYMENT HISTORY

May we contact your present employer? YES NO

1	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)	
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<input type="checkbox"/> Paid Work	Salary _____	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
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Reason for Leaving

Title of Position Held	Number & Job Title of Employees you Supervised
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Describe job responsibilities in order of importance:

2	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)	
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<input type="checkbox"/> Paid Work	Salary _____	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
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Reason for Leaving

Title of Position Held	Number & Job Title of Employees you Supervised
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Describe job responsibilities in order of importance:

3	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)		
<input type="checkbox"/> Paid Work Salary _____	Hours per Week	Name & Title of Immediate Supervisor		Telephone Number	
Reason for Leaving					
Title of Position Held			Number & Job Title of Employees you Supervised		
Describe job responsibilities in order of importance:					
4	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)		
<input type="checkbox"/> Paid Work Salary _____	Hours per Week	Name & Title of Immediate Supervisor		Telephone Number	
Reason for Leaving					
Title of Position Held			Number & Job Title of Employees you Supervised		
Describe job responsibilities in order of importance:					

7	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)	
	<input type="checkbox"/> Paid Work Salary _____	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving				
Title of Position Held			Number & Job Title of Employees you Supervised	
Describe job responsibilities in order of importance:				

CONDITIONS OF EMPLOYMENT STATEMENT

Under penalties of perjury, I declare that my answers to the questions on this application and any necessary examinations and supplements are true and give NTS/IBS the right to investigate all information given and to secure additional appropriate information if necessary. I understand that an investigative report may be made from information obtained through personal interviews with others. I understand that this inquiry may include information as to my personal characteristics, employment verification, credential verification, personal identity verifications, reference checks, criminal records, motor vehicle records, and appropriateness for employment. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies, or corporations furnishing such information in good faith.

I understand that the completion of this application does not assure me of a position with NTS/IBS. **I further understand that any misrepresentation herein may cause my application to be rejected, my name to be removed from the eligible register and/or subject me to dismissal.** Candidates selected for certain positions must pass a physical and drug screen prior to employment. I am aware that the results will be made available to the Human Resources Director or a duly authorized representative. IBS is committed to a drug free work place to protect the safety of workers and the public and will comply with the Federal Drug Free Work Place Act.

By my signature, I certify, authorize and acknowledge the above statements.

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Signature
Date
Social Security Number

(Unsigned applications will not be considered)