

**YOU MUST HAVE A CLEAR PHOTOCOPY OF YOUR CURRENT CDL AND
MEDICAL CARD ON FILE WITH OUR OFFICE TO BE AWARDED A JOB
REQUIRING A CDL.**

DATE _____

NAME _____

EIN# _____

HOME ADDRESS: _____
(STREET) (CITY) (ST) (ZIP)

TELEPHONE #: (____) _____ - _____

PRESENTLY WORKING AS? _____ AT _____
(TITLE) (LOCATION)

DO YOU CURRENTLY HAVE A CDL? _____
IF YES, CLASS, ENDORSEMENTS AND EXPIRATION: _____ / _____ / _____

PLEASE ACCEPT THIS AS MY BID (S) FOR THE FOLLOWING POSITION (S) AS ADVERTISED.
BIDS MUST BE LISTED IN PREFERENCE ORDER.

	<u>BULLETIN NUMBER</u>	<u>TITLE OF POSITION</u>	<u>TO WORK ON GANG</u>
CHOICE #1			
CHOICE #2			
CHOICE #3			
CHOICE #4			
CHOICE #5			
CHOICE #6			
CHOICE #7			
CHOICE #8			
CHOICE #9			
CHOICE #10			
CHOICE #11			
CHOICE #12			
CHOICE #13			
CHOICE #14			

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