



## PRE-EMPLOYMENT APPLICATION FORM

Our company is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, gender, sexual orientation, age, color, religion, national origin, veteran status, or any disability as provided in the Americans With Disabilities Act. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

### APPLICANT DATA:

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

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

Present Address: \_\_\_\_\_  
Street Number and Name, City, State, Zipcode

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you over 18 years of age?  Yes  No

Do you have the legal right to be employed in the United States?  Yes  No

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

If yes, please give dates and details: \_\_\_\_\_

Answering "yes" to these questions does not constitute an automatic rejection of employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Are you able to pass a drug screen?  Yes  No

◆ KEITH KAP & SONS EXCAVATING IS A DRUG-FREE WORKPLACE. SUBSTANCE ABUSE TESTING IS A CONDITION OF EMPLOYMENT ◆

### EMPLOYMENT DESIRED:

Position Applied For: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_ Salary Requirement: \_\_\_\_\_

Have you ever worked for this company?  Yes  No If yes, when? \_\_\_\_\_

### QUALIFICATIONS:

Summarize your special skills or qualifications: \_\_\_\_\_

Please list what types (if any) of equipment you have operated: \_\_\_\_\_

Do you have a valid Drivers License?  Yes  No

If yes, what type and endorsements do you have? \_\_\_\_\_

Have you ever had any driver's license denied, suspended, revoked, or canceled by any state agency?

Yes  No If yes, give state of issuance and explanation of the circumstances? \_\_\_\_\_

## DRIVING EXPERIENCE:

Types of Equipment (truck, tractor/trailer, ect.)	Dates: From                      To		Approx. # of Miles (Total)

List all traffic violations, convictions for the previous 3 years (write NONE, if none)

Date	Location	Violation	Commercial Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

List all accidents for the previous 3 years (write NONE, if none)

Date	Nature of Accident	Fatalities	Injuries

## EMPLOYMENT HISTORY:

List all employment for the previous 3 years and all driving jobs for the previous 10 years. List any gaps between employers and explanation.

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	Telephone:
City, State, ZIP:			
Title and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	Telephone:
City, State, ZIP:			
Title and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	Telephone:
City, State, ZIP:			
Title and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	Telephone:
City, State, ZIP:			
Title and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No			

For Driver applicants of commercial motor vehicles that require a Commercial Driver's License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR par 10.25(i).

As a prospective driver employee, you will have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadline will begin when the perspective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

**CERTIFICATION:**

I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquires of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or individuals from all liability when responding to inquires in connection with my application."

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_