

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Mid. Initial \_\_\_\_\_

**Killian Construction, Inc.**  
**EMPLOYMENT APPLICATION**

**Application for Employment**

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

*All questions must be answered carefully and completely. If you have a resume, please attach it to this application. PLEASE TYPE OR PRINT*

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

**Personal Data**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Have you ever worked under another name?  Yes  No If yes, give name \_\_\_\_\_

Current Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
Number and Street

\_\_\_\_\_ Daytime No. \_\_\_\_\_  
City State Zip Code

Previous Addresses (Past 3 years) \_\_\_\_\_  
Street City State Zip Code  
\_\_\_\_\_  
Street City State Zip Code  
\_\_\_\_\_  
Street City State Zip Code

Are you currently employed?  Yes  No If no, how long since leaving last employment? \_\_\_\_\_

Have you worked for this company before?  Yes  No If so, where? \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Check type of employment desired:  Full Time  Part Time  Per Diem  Temporary

Check days available:  Mon.  Tue.  Wed.  Thurs.  Fri.  Sat.  Sun.

Hours Available: \_\_\_\_\_ Willing to work overtime?  Yes  No

Able/Willing to travel?  Yes  No

Are you:

- Yes  No over the age of 18?
- Yes  No a previous applicant?
- Yes  No a previous employee?
- Yes  No legally able to work in the United States?
- Yes  No a licensed driver with a car available for work?
- Yes  No in possession of a commercial driver's license ("CDL")? If so, please indicate type and restrictions \_\_\_\_\_

Commercial Drivers Only: Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Mid. Initial** \_\_\_\_\_

Have you ever been bonded?  Yes  No If yes, name of bonding company: \_\_\_\_\_

Other than traffic violations, have you ever been convicted of a crime?  Yes  No

If yes, explain in detail: \_\_\_\_\_

\_\_\_\_\_  
*Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.*

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School 9 10 11 12 College 1 2 3 4 Other \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Location \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying?  Yes  No

Do you require any reasonable accommodations to perform the essential functions of the job for which you are applying? If the answer is yes, please explain.  Yes  No

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

## Employment Record

### Work Experience

*Notes: Start with most recent position, furnish dates and explanations for each period of unemployment of one month or more.*

*All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years. List complete mailing address, street number, city, state and zip code.*

*Applicants to drive a commercial motor vehicle<sup>1</sup> in intrastate or interstate commerce shall also provide an additional seven years' information on those employers for whom the applicant operated such vehicle.*

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Present/Last Employer	Type of Business	Address	Phone Number
Start Date	Leave Date	Salary/Wage	Reason for Leaving
Job Title	Supervisor and Title		May we contact?

Description of job and duties: \_\_\_\_\_

<sup>1</sup> Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.  
{1117820;}

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Mid. Initial** \_\_\_\_\_

Were you subject to the FMCSRs<sup>2</sup> while employed?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40 and/or Part 199?  Yes  No

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Present/Last Employer	Type of Business	Address	Phone Number
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Start Date	Leave Date	Salary/Wage	Reason for Leaving
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Job Title	Supervisor and Title	May we contact?
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Description of job and duties:

Were you subject to the FMCSRs<sup>3</sup> while employed?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40 and/or Part 199?  Yes  No

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Present/Last Employer	Type of Business	Address	Phone Number
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Start Date	Leave Date	Salary/Wage	Reason for Leaving
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Job Title	Supervisor and Title	May we contact?
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Description of job and duties:

Were you subject to the FMCSRs<sup>4</sup> while employed?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40 and/or Part 199?  Yes  No

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<sup>2</sup> The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) weighs or has a GVWR of 10,001 lbs or more (2) is designed or used to transport more than 8 passengers (including the driver) OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

<sup>3</sup> The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) weighs or has a GVWR of 10,001 lbs or more (2) is designed or used to transport more than 8 passengers (including the driver) OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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**Accident Record** (Attach sheet if more space is needed) If none, write None.

Dates	Nature of Accident (Head on, Rear end, Upset etc)	Fatalities	Injuries	Hazardous Material Spill
Last Accident _____	_____	_____	_____	_____
Next Previous _____	_____	_____	_____	_____
Next Previous _____	_____	_____	_____	_____

**Traffic Convictions** and forfeitures for the past three years (other than parking violations).  
(Attach sheet if more space is needed) If none, write None.

Location	Date	Charge	Penalty

**Experience & Qualifications- Driver**

List all driver licenses or permits held in the past three years

Driver Licenses	State	License No.	Type	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No  
 B. Has any license, permit or privilege ever been suspended or revoked?  Yes  No

If the answer to either A or B is yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

Driving Experience: Check Yes or No

Class of Equipment	Circle Type of Equipment	Dates From (M/Y) to (M/Y)	Approx. No. of Miles (Total)
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, tank, flat, dump, refer Van, tank, flat, dump, refer Van, tank, flat, dump, refer Van, tank, flat, dump, refer Van, tank, flat, dump, refer		
Tractor & Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor-Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor-Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No			
Motorcoach-School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No (more than 8 passengers)			

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Motorcoach-School Bus (more than 15 passengers) <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, tank, flat, dump, refer		
Other <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, tank, flat, dump, refer		

List states operated in for the last five years: \_\_\_\_\_

List special courses/training you have completed that will help you as a driver: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

**Experience & Qualifications- Non-Drivers**

What knowledge, special technical or computer skills, and/or individual capabilities do you have which especially prepare you for the position you have applied for? \_\_\_\_\_

Publications, Awards, etc: \_\_\_\_\_

Military: Branch of Service \_\_\_\_\_ Rank at discharge: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

List duties in the service, including schools and training: \_\_\_\_\_

**Professional Information (if applicable)**

Professional Licensure \_\_\_\_\_ License No. \_\_\_\_\_

Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Registry or Certification \_\_\_\_\_ Registration No. \_\_\_\_\_

Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Out-of-State Licenses \_\_\_\_\_ License No. \_\_\_\_\_

Is State Registration Pending?  Yes  No

**Snowplowing**

Are you available for snowplowing during the winter months? \_\_\_\_\_

Do you have experience operating snowplowing/removal equipment?  Yes  No If yes, what types? \_\_\_\_\_

**References**

Please provide three personal references, including contact information.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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**PLEASE READ BEFORE SIGNING**

**If you have any questions regarding the following statements, please ask them of a Killian representative before signing.**

This Company does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, handicap, veteran status, or status within any other protected group. No questions on this application are intended to secure information to be used for such discrimination. This application will be given every consideration, but our receipt of it does not imply that you will be offered employment.

In processing this employment application, this Company may request a background and/or credit report about you. You have the right to request this Company to completely and accurately disclose to you the content of those reports. Such a request must be made in writing to Killian within a reasonable time after you have submitted this application. By signing this application, you are acknowledging that you have received the required disclosures concerning the Company's rights and your rights with respect to the receipt and use of these reports.

By signing your name below, you also certify that all statements made by you on this application are true and complete to the best of your knowledge and that you understand that misrepresentations or omissions may be cause for rejection, or may be cause for subsequent dismissal if you are hired.

By signing your name below, you understand that nothing contained in this application or in the interview process is intended to create an employment contract between the Company and you. Should this application result in your employment, you have a right to terminate your employment at anytime and for any reason and the Company retains a similar right. You further understand that no representative of the Company, except for Victoria Damon has the authority to enter into any agreement with you for any specified period of time or to guarantee some other personnel move or benefit. You further understand that any such agreement would have to be in writing and signed by Victoria Damon. You further understand this entire statement applies to the period prior to or after you may be employed.

By signing your name below you give the Company the right to contact and obtain information from all references, employers, educational institutions and to other wise verify the accuracy of the information contained in this application. I hereby release from liability the Company and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information.

I hereby acknowledge that I have read and understand each of the above statements.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date