



APPLICATION FOR EMPLOYMENT

KAY & KOMPANY ELECTRIC, LTD
 821 N Avenue B Box 1418
 Denver City, TX 79323-2624

PLEASE COMPLETE ALL FIELDS

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

POSITION (S) APPLIED FOR				DATE OF APPLICATION			
DATE OF BIRTH				SOCIAL SECURITY #			
FIRST NAME		MIDDLE NAME		LAST NAME			
ADDRESS:							
CITY		STATE		ZIP			
PHONE		ALTERNATE PHONE					
EMAIL ADDRESS							

How long at the above address? _____ If you have not lived at the above address for at least 3 years, provide information for last three years of residency.

STREET	CITY, STATE ZIP	# YEARS

Date available for work?		Desired Salary Range	
Type of employment desired	FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>		
Are you able to meet the attendance requirements of the position?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever pled "guilty" or "no contest" to, or been convicted of	Yes <input type="checkbox"/> No <input type="checkbox"/>		

a crime? If yes, please provide date(s) and details	
Referred by?	

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

KAY & KOMPANY APPLICATION

Have you ever applied for employment or been employed with Kay & Kompany before?

Yes No

If yes, give dates and position _____

Are you legally eligible for employment in this country? Yes No

LICENSE INFORMTION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below

Driver's license #		State		Expiration Date	
Type (Either CDL or DL)			Class (for example C)		

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, ETC.)	DATES FROM - TO	APPROX # OF MILES
Straight Truck			
Tractor & Semi Trailer			
Tractor - Two Trailer			
Other			

ACCIDENT RECORD FOR PAST 3 YEARS

(Attached sheet if more space is needed)

DATES	NATURE OF ACCIDENT (HEADON, REAR-END, UPSET, ETC.)	# OF FATALITIES	# OF INJURIES	CHEMICAL SPILLS
				Yes o No o
				Yes o No o
				Yes o No o

**TRAFFIC CONVICTIONS FOR PAST 3 YEARS OR MORE
(OTHER THAN PARKING VIOLATIONS)**

DATE CONVICTED (MONTH/YEAR)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (FORFEITED BOND, COLLATERAL AND/OR POINTS)

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes No

Has any license, permit or privilege ever been suspended or revoked?

Yes No

EMPLOYMENT HISTORY

We are required to have a total of 10 years of employment history. If you have not been working for a total of 10 years, please complete all employment history and then state what you were doing such as "in school".

LAST EMPLOYER				
ADDRESS			TELEPHONE	
CITY		STATE		ZIP CODE
JOB TITLE				
START DATE			END DATE	
SUPERVISOR & TITLE				
SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITES:				
REASON FOR LEAVING:				
ENDING HOURLY RATE/SALARY				
MAY WE CONTACT FOR REFERENCE?		Yes <input type="checkbox"/> No <input type="checkbox"/>		

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES AND MONTHS AND REASON

Where you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulation mode, subject to alcohol and control substances testing requirements as required by 49 CFR Part 40?
Yes No

SECOND LAST EMPLOYER			
ADDRESS		TELEPHONE	
CITY	STATE	ZIP CODE	
JOB TITLE			
START DATE		END DATE	
SUPERVISOR & TITLE			
SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITES:			
REASON FOR LEAVING:			
ENDING HOURLY RATE/SALARY			
MAY WE CONTACT FOR REFERENCE?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES AND MONTHS AND REASON

Where you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulation mode, subject to alcohol and control substances testing requirements as required by 49 CFR Part 40?
Yes No

THIRD LAST EMPLOYER			
ADDRESS		TELEPHONE	
CITY		STATE	ZIP CODE
JOB TITLE			
START DATE		END DATE	
SUPERVISOR & TITLE			
SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITES:			
REASON FOR LEAVING:			
ENDING HOURLY RATE/SALARY			
MAY WE CONTACT FOR REFERENCE?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES AND MONTHS AND REASON

Where you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulation mode, subject to alcohol and control substances testing requirements as required by 49 CFR Part 40?

Yes No

SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

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EDUCATIONAL BACKGROUND

	NAME AND LOCATION OF SCHOOL	# OF YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				

REFERENCES

NAME	PHONE	EMAIL	# of YRS KNOWN

Please send (attach) resume and additional information if needed.

APPLICANT SUMMARY TO BE READ AND SIGNED BY APPLICANT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired I agree to abide by all Company work rules, policies and procedures. The company retains the right to revise its policies or procedures, in whole or in part, at any time.

I authorize your to make investigations and inquires to my personal, employment or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally inquiries regarding medial history will be made only if and after conditional offer of employment has been extended). I hereby release employers, schools, health care providers and other persons 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 information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(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 previous employers to re-send the corrected information to the prospective employer; and
- Have the rebutted statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understood and accept all terms of the foregoing Applicant Statement.

This certifies 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.

SIGNATURE

DATE
