

102 Burkhart Drive
Sitka, AK 99835
(907) 747-3834



Residential • Commercial
**An Equal
Opportunity Employer**

APPLICATION FOR EMPLOYMENT

The Company will make every effort to meet a request for disability accommodation. If you require accommodation to participate in our application process, please contact our office.

INSTRUCTIONS

Answer each question fully and accurately. If you need additional space, please continue your answer(s) on a separate sheet of paper. No action can be taken on this application until all questions have been answered.

PLEASE PRINT

Position applied for: _____ Today's Date: _____

Employment status sought (Check one): Full-time Part-time Temporary Seasonal

When are you available for employment? _____

PERSONAL DATA

Last Name First Name Middle Initial

All applicants to complete current address (**CDL applicants are required to list 3 years of residency**).

Current Street Address City/State/Zip Code How Long?

Previous Street Address City/State/Zip Code How Long?

Previous Street Address City/State/Zip Code How Long?

Home Phone Number Social Security Number

Cell Phone Number Email Address

Emergency contact person: _____ Telephone Number: _____

Are you at least 18 years of age? Yes No

Have you ever applied here before? Yes No When? _____

Are you eligible to work in the United States? Yes No

Do you have any commitments or agreements with another employer which might affect your employment with
K&E Alaska, Inc.? Yes No

If yes, explain: _____

EDUCATION

Name & Location of School		Highest Grade Completed	Did You Graduate?
High School:	Name: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Location: _____		
College or University:	Name: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Location: _____		
	College Major: _____		
	Degree: _____		
Additional Educational and/or Vocational or Technical Training Information:		Courses Taken	Courses Completed
School:	Name: _____		
	Location: _____		
School:	Name: _____		
	Location: _____		
School:	Name: _____		
	Location: _____		

QUALIFICATIONS & SPECIAL SKILLS

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. If self-employed, give firm name and supply business references. If you worked in any of the positions under another name, please give name(s).

EMPLOYER			DATE	
Name			From	To
Address			(month/year)	(month/year)
City	State	Zip Code	Position	
Contact Person		Phone		
Reason for leaving				
Were you subject to the FMCSRs* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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 par 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYER			DATE	
Name			From	To
Address			(month/year)	(month/year)
City	State	Zip Code	Position	
Contact Person		Phone		
Reason for leaving				
Were you subject to the FMCSRs* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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 par 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYER			DATE	
Name			From	To
Address			(month/year)	(month/year)
City	State	Zip Code	Position	
Contact Person		Phone		
Reason for leaving				
Were you subject to the FMCSRs* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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 par 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYER			DATE	
Name			From	To
Address			(month/year)	(month/year)
City	State	Zip Code	Position	
Contact Person		Phone		
Reason for leaving				
Were you subject to the FMCSRs* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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 par 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

*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.

EEO (Equal Employment Opportunity) SELF- IDENTIFICATION

Please identify the racial/ethnic category you most closely identify with by placing an "X" in the corresponding box within one of the following categories. The purpose of the requested information is to meet the Company's legal obligations as a Federal contractor.

RACE

- White
- Black or African- American
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander
- Hispanic or Latino
- Two or more Races/Ethnicities

GENDER

- Male
- Female

CHOOSE TO NOT SELF-IDENTIFY

- I choose not to self-identify.

Please place an "X" in each of the boxes that apply to you. Leave blank if none apply.

INDIVIDUAL WITH A DISABILTY STATUS CODE

An individual with a disability is a person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, or who has a record of such impairment.

VIETNAM-ERA VETERAN STATUS CODE

1. Served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: a. in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or b. between August 5, 1964 and May 7, 1975 in all other cases; or
2. Was discharged or released from active duty for a service-connected disability if any part of such active duty was performed; a in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or b. between August 5, 1964 and May 7, 1975, in all other cases.

WAR/CAMPAIGN/EXPEDITION VETERAN STATUS CODE

A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign for which a campaign badge has been authorized.

ARMED FORCES SERVICE MEDAL VETERAN

A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a US military operation for which an Armed Forces service medal was awarded pursuant to Executive Order No. 12985. To verify the military operations meet this criterion, check your DD Form 214, Certificate of Release or Discharge from Active Duty.

DISABLED VETERAN STATUS CODE

Disabled Veteran means: A veteran of the US military, ground, naval or air service who is entitled to compensation under laws Administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.

RECENTLY SEPARATED VETERAN

Any veteran within the 3 year period beginning on date of such veteran's discharge or release from active duty in the US military, ground, naval or air service. **Separation date** _____ / _____ / _____

REFERENCES

Name	Address (City/State)	Phone	Years Acquainted	Occupation

AFFIDAVIT

I certify that, to the best of my knowledge, the information contained in this application is true and complete. I understand that my employment may be denied or terminated if I provide false, misleading, or incomplete information during the hiring process or my employment.

I understand that, if I am hired, I must produce applicable documents showing that I am lawfully authorized to work in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.

I understand and agree that my prior employers, educational institutions, and other references, listed or not listed on this application may be contacted by the Company. These references are authorized to give the Company any and all pertinent information they may have. I release all persons or entities involved, including the Company, from all liability arising from this contact and provision of information.

I agree to submit to any post-offer, pre-employment testing or physicals, as required by the Company.

I authorize the Company to conduct a criminal history check and understand that non-expunged criminal convictions may be considered by the Company in making hiring decisions.

I agree to conform to all the Company's policies, rules, and procedures.

Furthermore, I understand and agree that nothing contained in this employment application, the granting of an interview, or in the offer of employment creates a contract for employment between the Company and myself. If an employment relationship is established, I understand that, unless specifically limited in an express, formally executed contract, I have the right to terminate my employment at anytime and for any reason and the Company has the same right

Date

Printed Name

Signature *(Application must be signed prior to processing)*

CDL LICENSE APPLICANTS (CDL's must complete page 6-7, non CDL applicants stop at page 5)

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 and drug/alcohol history as required by 49CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by 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 a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

Date of Birth ____/____/____ Can you provide proof of age? Yes No

Do you have a valid driver's license?..... Yes No

Driver's License Number: _____ State: _____

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

If yes, explain: _____

Within the last three (3) years, have you ever tested positive, or refused to test, or taken any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work? Yes No

If yes, have you successfully completed the return-to-duty process? Yes No

List states operated in for last five years _____

Which safe driving awards do you hold and from whom? _____

ACCIDENT RECORD For past 3 years or more (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 3 years (other than parking violations) If none, write none.

LOCATION	DATE	CHARGE	PENALTY

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (mo/yr) TO (mo/yr)	APPROX. NO. OF MILES
STRAIGHT TRUCK <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN / TANK/ FLAT / DUMP / REFER	-	
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN / TANK/ FLAT / DUMP / REFER	-	
TRACTOR- TWO TRAILERS <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN / TANK/ FLAT / DUMP / REFER	-	
TRACTOR- THREE TRAILERS <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN / TANK/ FLAT / DUMP / REFER	-	

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Date _____

Section 1- TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print name) _____ hereby authorize:

First, MI, Last

Social Security Number

Date of Birth

Previous Employer PLEASE LEAVE PREVIOUS EMPLOYER INFORMATION BLANK - K&E WILL INSERT EMPLOYERS FROM PAGE 2 AND 3 AS NECESSARY

Street _____ City, State, Zip _____

Telephone _____ Fax _____ Email _____

to release and forward the information concerning my accident and alcohol/controlled substances testing records within the previous 3 years from the date of this application to:

K & E Alaska, Inc. 102 Burkhart Drive, Sitka, AK 99835

Phone: 907-747-3834 Fax: 907-747-3891

Applicant's Signature _____ Date _____

Section 2- TO BE COMPLETED BY PREVIOUS EMPLOYER

This applicant named above was employed by us. Yes No

If yes, employed as (position) _____ from (mo/yr) _____ to (mo/yr) _____

Reason for leaving _____ Eligible for rehire? Yes No

Did he/she drive a motor vehicle for you? Yes No

Straight Truck Tractor-Semitrailer Bus Cargo Truck Doubles/Triples Other _____

ACCIDENTS If none, check

Date	Location	Injuries?	Fatalities?	Hazmat Spill?	Preventable?

DRUG AND ALCOHOL HISTORY

In the three years prior to the date of the employees' signature (on the release), for DOT- regulated testing:

1. Did the employee have alcohol tests with a result of 0.04 or higher? Yes No
2. Did the employee have verified positive drug tests? Yes No
3. Did the employee refuse to be tested? Yes No
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? Yes No
5. Did a previous employer report a drug and alcohol rule violation to you? Yes No
6. If you answered yes to any of the above items, did the employee complete the return-to-duty process? Yes No

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (SAP report/follow-up testing record)

Info Provided by (signature) _____ (print) _____

Title _____ Email _____ Phone _____

Date _____ Company DOT # _____