

In compliance with Federal and State Equal Employment Opportunity (EEO) laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.



P.O. Box 355 • Allen, KY 41601-0355  
Office: 606.874.4050 / Fax: 606.874.4052

**OFFICE USE ONLY**

IVD   SROP   HD

## Employment Application

### APPLICANT INFORMATION

<b>Last Name</b>	<b>First</b>	<b>M.I.</b>	<b>Date of Application:</b>
------------------	--------------	-------------	-----------------------------

List your address of residency for the past three years:

<b>Current Address of Residency</b>	Street _____	City _____	State _____	ZIP _____	How Long: _____
-------------------------------------	--------------	------------	-------------	-----------	-----------------

	Street _____	City _____	State _____	ZIP _____	How Long: _____
--	--------------	------------	-------------	-----------	-----------------

<b>Previous Address of Residency</b>	Street _____	City _____	State _____	ZIP _____	How Long: _____
--------------------------------------	--------------	------------	-------------	-----------	-----------------

<b>Home Phone#</b>	<b>E-mail:</b>
<b>Cell#</b>	

<b>Date Available</b>	<b>Social Security No.</b>	<b>DOB:</b>	<b>Rate of Pay Expected:</b>	<b>Who Referred You?</b>
			\$ _____	

<b>Position Applied for</b>			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	DOB:	Can you provide proof of age? YES <input type="checkbox"/> NO <input type="checkbox"/>

Have you ever worked for <b>KVWV</b> before? YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when & reason for leaving?
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain

Are you currently employed: \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied? YES  NO

If yes, explain if you wish.

### EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4 G.E.D. YES  NO

LAST SCHOOL ATTENDED: \_\_\_\_\_  
NAME OF SCHOOL CITY STATE

**DRIVER LICENSE INFORMATION**

Do you have a valid driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/>		State Issued	
License Number		Expiration Date	
Do you have a valid CDL (Commercial Driver's License)? YES <input type="checkbox"/> NO <input type="checkbox"/>		Date of Issue	Medical Exam Expire Date
(If yes, please list below)			
State Issued	Limitations? YES <input type="checkbox"/> NO <input type="checkbox"/>		

**DRIVER EXPERIENCE: If not applicable, write none below**

TYPE OF EQUIPMENT (Example: Straight Truck, Tractor & Semi Trailer, Tractor-Two Trailers, MotorCoach, School Bus, Van, Tandem, Flat)	FROM (Date)	TO (Date)	APPROX. # of MILES (TOTAL)

**REQUIRED QUESTIONS**

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES  NO
2. Has any license, permit or privilege ever been suspended or revoked? YES  NO
3. Have you ever been convicted of a criminal act involving the use of a CMV or while driving a CMV? YES  NO
4. Have you ever been convicted of any law violation? YES  NO   
(Include any plea of "Guilty" or "No Contest" except for minor traffic violation)

If you answered yes to any of the above questions, please give a statement of explanation:

**LIST ANY ACCIDENTS FOR PAST THREE (3) YEARS:**

Date	Description	# of Injuries	# of Fatalities

**LIST ANY TRAFFIC CONVICTIONS & FORFEITURES FOR PAST THREE (3) YEARS:**

Date	Location	Charge	Penalty

**LIST STATES OPERATED IN FOR PAST FIVE YEARS:**

**LIST SPECIAL DRIVING COURSES OR TRAINING COMPLETED:**

**LIST SAFE DRIVING AWARDS YOU HOLD AND FROM WHOM:**

**EMPLOYMENT HISTORY – (LIST LAST 3 EMPLOYERS STARTING WITH MOST RECENT –PLEASE COMPLETE THIS SECTION REGARDLESS IF YOU HAVE A CDL LICENSE OR NOT)**

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle in intrastate commerce shall also provide an additional seven (7) years' information on those employers for whom the applicant operated such vehicle.

\_\_\_\_\_ Checking here certifies that the driver had no previous employment experience working for a DOT regulated employer during the preceding three years.

<b>Employer</b>		<b>Phone#:</b>	
<b>Address</b>		<b>Supervisor Name/Phone#</b>	
<b>Position</b>	<b>Starting Salary-Wage: \$</b>	<b>Ending Salary-Wage: \$</b>	
<b>Responsibilities</b>			
<b>From (M/Y)</b>	<b>To (M/Y)</b>	<b>Reason for Leaving</b>	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		Were you subject to the FMCSRs while employed? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Employer</b>		<b>Phone#:</b>	
<b>Address</b>		<b>Supervisor Name/Phone#</b>	
<b>Position</b>	<b>Starting Salary-Wage: \$</b>	<b>Ending Salary-Wage: \$</b>	
<b>Responsibilities</b>			
<b>From (M/Y)</b>	<b>To (M/Y)</b>	<b>Reason for Leaving</b>	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		Were you subject to the FMCSRs while employed? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Employer</b>		<b>Phone#:</b>	
<b>Address</b>		<b>Supervisor Name/Phone#</b>	
<b>Position</b>	<b>Starting Salary-Wage: \$</b>	<b>Ending Salary-Wage: \$</b>	
<b>Responsibilities</b>			
<b>From (M/Y)</b>	<b>To (M/Y)</b>	<b>Reason for Leaving</b>	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		Were you subject to the FMCSRs while employed? YES <input type="checkbox"/> NO <input type="checkbox"/>	

**MILITARY SERVICE (IF APPLICABLE)**

<b>Branch</b>	<b>From</b>	<b>To</b>
<b>Rank at Discharge</b>	<b>Type of Discharge</b>	
<b>If other than honorable, explain</b>		

**EXPERIENCE, QUALIFICATIONS OR SKILLS THAT MAY HELP IN YOUR WORK FOR THIS COMPANY**

(Certifications, Courses/Training, Trucking or Transportation, Professional Licenses, Equipment or Technical, Foreign Languages, Etc.)

**IF YOU HAVE ANY EXPERIENCE IN: ROAD STRIPING, INSTALLING REFLECTIVE PAVEMENT MARKERS, PARKING LOT STRIPING, SEALCOATING, TRAFFIC CONTROL, FLAGGER, TRAFFIC CONTROL OR ANYTHING PERTAINING TO THIS PARTICULAR LINE OF WORK, LIST HERE:**

**DECLARATION OF EMPLOYMENT STATUS (GAPS IN HISTORY) – IF YOU WERE DRIVING A CMV, YOU MUST PROVIDE COMPLETE EMPLOYMENT HISTORY FOR THE PAST 10 YEARS. ANY GAPS IN EMPLOYMENT LONGER THAN 1 MONTH ARE EXPLAINED AS FOLLOWS:**

Activity During Break	From (M/Y)	To (M/Y)
In Addition, I was not employed by any company or individual YES <input type="checkbox"/> NO <input type="checkbox"/>		
Activity During Break	From (M/Y)	To (M/Y)
In Addition, I was not employed by any company or individual YES <input type="checkbox"/> NO <input type="checkbox"/>		

For additional blocks needed, please make a copy of this form or note here:

**REFERENCES - PLEASE LIST THREE REFERENCES --- PLEASE PROVIDE GOOD PHONE NUMBERS**

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone

**IS THERE ANYTHING ELSE YOU WANT US TO KNOW PRIOR TO CHECKING REFERENCES?**



**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION**

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date.

I authorize **K.V.W.V. Traffic Control, Inc.** to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that employees of **K.V.W.V. Traffic Control, Inc.** serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. I also understand that if I violate the company drug & alcohol policy, I will be subject to disciplinary action including termination and may not be entitled to Workers Comp or Unemployment Benefits.

If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first Six Months of regular employment represents a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. Your employer may obtain this information from Equifax, Trans Union, Experian or other vendors of information services.

Applicant Signature: \_\_\_\_\_

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



## ALCOHOL AND CONTROLLED SUBSTANCE CONSENT AND RELEASE

Have you ever refused to be tested for drugs or alcohol?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever tested positive for drugs or alcohol?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever tested positive for any pre-employment drug or alcohol test for a job which you applied for but did not obtain?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you answered yes to any of the above questions, attach a statement of explanation and provide proof of Return to Duty Process.	

I understand that, as required by the Federal Motor Carrier Safety Regulations or company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:

- Pre-Employment, to determine employment eligibility
- Random
- Reasonable Suspicion
- Post Accident
- Follow Up (see company policy)
- Return-to-Duty (see company policy)

I certify that I have read, understand, and agree to abide by the condition of this consent and release form.

Applicant Signature	Date
Print Name	Social Security Number
Employer Signature	Title



**PERMISSION TO OBTAIN DRIVING RECORD**

I understand that as a normal part of the hiring process the driving records of all prospective employees are reviewed. In addition, I understand that my driving record is subject to future, periodic reviews. By completing and signing this form, I give permission to **K.V.W.V. Traffic Control, Inc.** and its insurance agent to obtain and review a copy of my driver’s license (MVR) record both now and in the future.

**Please Print:**

First Name	MI	Last Name

Address	City	State	Zip Code

Date of Birth	Driver’s License Number	State

Applicant’s Signature	Date

Company Reviewer’s Signature	Date



## **“AT-WILL POLICY STATEMENT”**

I understand that employment with **K.V.W.V. Traffic Control, Inc.** is voluntarily entered into, and you are free to resign from your position with the company at will, at any time, with or without cause. Similarly, **K.V.W.V. Traffic Company, Inc.** may terminate the employment relationship at will at any time, with or without cause, so long as there is no violation of applicable federal or state laws.

Employment is on a conditional basis until I can demonstrate that I have the skills necessary to perform the job for which I am hired. Initial Employment is offered on a ninety day (90 day) trial period unless the company deems it necessary to terminate the relationship sooner. At the conclusion of this 90 day trial period, you will be evaluated for permanent employment.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**