



# KRAMER TRUCKING, INC. EMPLOYMENT APPLICATION

Prospective employees will receive consideration without discrimination based on race, religion, creed, color, sex, age, national origin, disability, or any other prohibited reason.

550 N. 2<sup>nd</sup> St.  
P.O. Box 231  
Breese, IL 62230  
618-526-2341  
618-526-2351 (fax)  
kramertrucking@kramertrucking.com

## APPLICANT INFORMATION

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone	Home		E-mail Address			
	Cell					
Date Available				Desired Annual Salary		\$
Position Applied for			How did you learn of this position?			
Are you able to perform the duties of the job with or without reasonable accommodation?				Full-time Work <input type="checkbox"/>		Seasonal Work <input type="checkbox"/>
Will you work overtime?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Special skills/training		
Are you legally eligible to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you able to lift 50 pounds?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Will you now, or in the future, require sponsorship for employment visa status (e.g., H-1B status)?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain.		
Have you ever applied for employment with us?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever worked for us?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		

## EDUCATION

High School		Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

## REFERENCES

*Please list three professional references.*

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

**Employment History** - Start with present or most recent employer. Drivers require 10 years history; please use the back of this form if necessary.

<b>Company</b>				Phone		
Address				Supervisor		
Job Title						
Responsibilities						Hours per week
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, please explain:

<b>Company</b>				Phone		
Address				Supervisor		
Job Title						
Responsibilities						Hours per week
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, please explain:

<b>Company</b>				Phone		
Address				Supervisor		
Job Title						
Responsibilities						Hours per week
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, please explain:

<b>Military Service:</b> Branch and Location						
Current military obligations?				Supervisor		
Job Title						
Responsibilities						Hours per week
From		To		Honorable Discharge?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	Phone:

**DISCLAIMER AND SIGNATURE**

By signing below, I certify that the information provided in this Employment Application is true, correct and complete. I authorize investigation of all statements contained in this application. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I further understand that acceptance of an offer of employment with Metro-Ag, Inc. does not create a contract between me and Metro-Ag, Inc. to continue to employ me in the future and that my employment will be on an at-will basis. I understand that any offer of employment by Metro-Ag, Inc. is also contingent upon the successful completion of a **criminal background check and motor vehicle check** which I authorize should I be offered a position with Metro-Ag, Inc.

**Finally, I understand Metro-Ag, Inc. participates in E-Verify and that it will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), information from each new employee's Form I-9 to confirm work authorization, and I hereby authorize these disclosures.**

Applicant Signature		Date	
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## FORMER EMPLOYER VERIFICATION

### **SECTION 1: PREVIOUS EMPLOYEE INFORMATION & RELEASE** (to be completed by employee)

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ (previous employer) to release the following requested information to drive a commercial motor vehicle as required by the U.S. Department of Transportation & Federal Motor Carrier Safety Regulations Parts 382, 391, 392 & 49 CFR Part 40. You are hereby released from any and all liability that may result from furnishing such information. Your quick response to the request will be greatly appreciated.

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

### **SECTION 2: PREVIOUS EMPLOYEE WORK HISTORY** (for office use only)

Employed from \_\_\_\_\_ to \_\_\_\_\_ as a \_\_\_\_\_.

What type of driving?  Local  Regional  OTR

Did previous employee drive a motor vehicle for you? Yes  No

If yes, please indicate the specific type of vehicle and time driven for you:

Tractor/Semi-Trailer \_\_\_\_\_ years \_\_\_\_\_ months;  Straight Truck \_\_\_\_\_ year's \_\_\_\_\_ months

Other (Please specify) \_\_\_\_\_; \_\_\_\_\_ years \_\_\_\_\_ months

What type of trailer?  Tanker  Flat\*  Doubles  Van  Reefer

\*What type of cargo if you checked flat? \_\_\_\_\_.

Was previous employee a safe and efficient driver?  Yes  No

Was previous employee's general conduct satisfactory?  Yes  No

Reason for leaving your employ?  Discharged  Resigned  Laid off  Other

Is previous employee eligible for rehire?  Yes  No  Upon Review

Did employee have any accidents/incidents?  Yes  No

If yes, # \_\_\_\_\_ Preventable # \_\_\_\_\_ Non-preventable

Timeliness:  Good  Fair  Poor Equip. Care/Handling:  Good  Fair  Poor

Cleanliness:  Good  Fair  Poor Personal Appearance:  Good  Fair  Poor

Dependability:  Good  Fair  Poor Logbook Mgmt:  Good  Fair  Poor

Paperwork:  Good  Fair  Poor Financially Responsible:  Good  Fair  Poor

### **SECTION 3: NOTE REGULATIONS OF THE DEPT. OF TRANSPORTATION (49 CFR PART 40) requires your company to provide us with information concerning named driver's past drug and alcohol test results, including refusals to be tested.**

In the past two years has the previously named applicant ever:

- Tested positive for a controlled substance?  Yes  No
- Tested with an alcohol concentration of 0.04 or higher  Yes  No
- Refused to submit to a DOT drug or alcohol test, including a verified adulterated or substituted result?  Yes  No
- Had any other violations of DOT drug/alcohol testing requirements?  Yes  No
- Had any other violations of drug/alcohol regulations from previous employers?  Yes  No

Your Name: (print) \_\_\_\_\_ Title: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_

Please forward your response as soon as possible to the above address.

(We prefer fax: [618-526-2351](tel:618-526-2351)/email to [kramertrucking@kramertrucking.com](mailto:kramertrucking@kramertrucking.com)) Please call 618-526-2341 with questions.