



Kelpe Contracting, Inc.

P.O. Box 100 17955 Manchester Road
 Wildwood, MO 63038-0100
 Phone (636) 458-1400 Fax (636) 458-1902

DRUG FREE WORKPLACE IF YOU USE DRUGS-DO NOT APPLY

APPLICATION FOR EMPLOYMENT

PERSONAL	Last name			First	Middle	Date
	Street Address					Home Telephone ()
	City, State, Zip					Business Telephone ()
	E-mail address:					Cell Phone: ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____					Social Security #
	Position Desired					Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____					Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?					When will you be available to begin work? _____
Other special training or skills (languages, machine operation, etc.)						

EDUCATION	School	Name and Location of School	Course of Study	No. Years Completed	Did you Graduate?	Degree or Diploma
	Graduate					
	College					
	Business/Trade/ Technical					
	High School					
	Elementary					

Membership in Professional or Civic Organizations	
(Exclude those which may disclose your race, color, religion, or national origin)	

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Branch?
Describe any training received relevant to the position for which you are applying.		

DRIVER EXPERIENCE & QUALIFICATION	
Do you have a valid driver's license?	Class
<input type="checkbox"/> Yes <input type="checkbox"/> No	

ANSWER THE QUESTIONS BELOW ONLY IF APPLYING FOR DRIVER POSITION

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT)	DATES		APPROX. NO. OF MILES
		FROM	TO	
Straight truck				
Tractor and Semi-Trailer				
Tractor-Two Trailers				
Other				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD ON, REAR END, UPSET, ETC)	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Has any license, permit or privilege ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer to A or B is yes, attach statement giving details

DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based on ancestry, marital status and sexual preference.

<input checked="" type="checkbox"/>	Provide dates you attended school:	Elementary From _____ To _____	<input type="checkbox"/> Number of dependents, including yourself
<input checked="" type="checkbox"/>	High School From _____ To _____	College From _____ To _____	<input type="checkbox"/> Are you a Vietnam veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Other (give names and dates)		<input type="checkbox"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
<input checked="" type="checkbox"/>	Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of age.		<input checked="" type="checkbox"/> Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/>	What was your previous address?		<input type="checkbox"/> How long at present address? _____ Years
			<input checked="" type="checkbox"/> How long at previous address? _____ Years
<input type="checkbox"/>	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, with what employers?		
<input checked="" type="checkbox"/>	Have you ever been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full.		
<input checked="" type="checkbox"/>	State names of relatives and friends working for us, other than your spouse.		
<input checked="" type="checkbox"/>	Do you agree to take a medical exam at company expense related to the essential requirements of the position? <input type="checkbox"/> Yes <input type="checkbox"/> No		

S I G N A T U R E	The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.	
	I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.	
	If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.	
	I agree to submit to a pre employment/post job offer drug screen. I understand that if the results of this test are positive, the offer of employment will be withdrawn.	
	_____	_____
	Date	Signature