



**Kelpe Contracting, Inc.**  
 17955 Manchester Road  
 Wildwood, Missouri 63038  
 Phone: 636-458-1400 Fax: 636-458-1902

**EMPLOYMENT APPLICATION:**

*NOTE:* Applicants may be subject to a pre-employment drug screening and background check.  
 Job offer will be contingent upon the results of these screenings

**PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ SSN: \_\_\_\_\_

Have you ever applied for employment with us?  Yes  No Pay Expected: \_\_\_\_\_

If yes, list month & year: \_\_\_\_\_ Are you willing to work overtime?  Yes  No

Position Desired: \_\_\_\_\_

Are you available to work full time hours of at least 40 per week?  Yes  No Available start date: \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No If no, please explain: \_\_\_\_\_

Other special training or skills (languages, machine operation, professional designations, etc.): \_\_\_\_\_

**EDUCATION INFORMATION**

List name of Graduate School Attended (if applicable): \_\_\_\_\_

Course of Study: \_\_\_\_\_ Degree Earned: \_\_\_\_\_ Years Completed: \_\_\_\_\_

List name of Undergraduate College Attended (if applicable): \_\_\_\_\_

Course of Study: \_\_\_\_\_ Degree Earned: \_\_\_\_\_ Years Completed: \_\_\_\_\_

List name of Trade or Technical School Attended (if applicable): \_\_\_\_\_

Course of Study: \_\_\_\_\_ Degree Earned: \_\_\_\_\_ Years Completed: \_\_\_\_\_

List name of High School Attended (if applicable): \_\_\_\_\_

Course of Study: \_\_\_\_\_ Diploma Earned:  Yes  No Years Completed: \_\_\_\_\_

**MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATION**  
(Exclude those which may disclose your race, color, religion, or national origin)

Please list memberships: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. They must also show commercial driver employment for the seven years immediately preceding this year period. 391.21 (B) (10), (11). Please provide accurate and complete employment information for all full and part time positions held starting with your most recent employer.

1. Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Job Title/Description of Work: \_\_\_\_\_

Employment Start & End Dates: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subject to FMCSR's while employed?  Yes  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 Part 40?  Yes  No

2. Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Job Title/Description of Work: \_\_\_\_\_

Employment Start & End Dates: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subject to FMCSR's while employed?  Yes  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 Part 40?  Yes  No

3. Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_  
Job Title/Description of Work: \_\_\_\_\_  
Employment Start & End Dates: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Were you subject to FMCSR's while employed? \_\_\_\_ Yes \_\_\_\_ 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 Part 40? \_\_\_\_ Yes \_\_\_\_ No

4. Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_  
Job Title/Description of Work: \_\_\_\_\_  
Employment Start & End Dates: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Were you subject to FMCSR's while employed? \_\_\_\_ Yes \_\_\_\_ 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 Part 40? \_\_\_\_ Yes \_\_\_\_ No

**DRIVER EXPERIENCE & QUALIFICATION**

Do you have a valid driver's license? \_\_\_\_ Yes \_\_\_\_ No What Class is your license: \_\_\_\_\_

Please answer the following questions ONLY if you are applying for a driver position. List each driver's license held in the previous three years:

- (1) State of Driver's License: \_\_\_\_\_ License Number: \_\_\_\_\_  
Type of License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- (2) State of Driver's License: \_\_\_\_\_ License Number: \_\_\_\_\_  
Type of License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(3) State of Driver's License: \_\_\_\_\_ License Number: \_\_\_\_\_

Type of License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**DRIVING EXPERIENCE**

Class of Equipment	Equipment Type (Van, Tank, Flat)	Dates: From/To (MM/YY)	Approx. No of Miles:
Straight Truck			
Tractor & Semi-Trailer			
Tractor-Two Trailers			
Other:			

List states operated in for the previous 5 years: \_\_\_\_\_

**TRAFFIC CONVICTIONS & FOREFEITURES FOR THE PREVIOUS 3 YEARS (DO NOT INCLUDE PARKING VIOLATIONS). IF NONE, WRITE NONE:**

Location	Date	Charge	Penalty

\*\*\*Attach sheet if more space is needed\*\*\*

Date of Previous DOT Physical: \_\_\_\_\_

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

Is there any reason you might be unable to perform the functions of the job you have applied for?  Yes  No

\*\*\*Note: If you answered yes to any of the above 3 questions, please attach a statement providing details\*\*\*

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.

Are you over 18 years of age?  Yes  No If no is selected, employment is subject to verification of age.

Are you a U.S. Citizen?  Yes  No If no is selected, please explain: \_\_\_\_\_

Have you been convicted of a crime in the previous 10 years, excluding misdemeanors and summary offenses which have not been annulled, expunged, or sealed by a court?  Yes  No If yes, please describe in full: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you agree to take a medical exam at company expense related to the essential requirements of the position applied for?  Yes  No

List names of relatives and friends working for us, other than your spouse: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### MILITARY

Did you serve in the U.S. Armed Forces?  Yes  No If yes, which branch?) \_\_\_\_\_

Describe any Military training received relevant to the position for which you are applying: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### SIGNATURE

The information provided in this application for employment is true, correct and complete. If employed, any misstatement or omission of fact on this application can result in dismissal. Initial Here \_\_\_\_\_

I understand that acceptance of any offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. Initial Here \_\_\_\_\_

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. Initial Here \_\_\_\_\_

I agree to submit to a pre-employment/post job offer drug screen. I understand that if the results of this test positive, the offer of employment will be withdrawn. Initial Here \_\_\_\_\_

I understand the information I provide regarding current and/or previous employers may be used. Previous employer(s) may be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand my right to review the information provided by previous employers; have errors in the information corrected by previous employer(s) and for those previous employer(s) to re-send corrected information to the prospective employer. I also have the right to attach a rebuttal statement to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information. Initial Here \_\_\_\_\_

I certify this application was completed by me and that all entries and information on it are true and accurate to the best of my knowledge. Initial Here \_\_\_\_\_

\_\_\_\_\_  
Signature

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