

Kinas Excavating, Inc.

Basements · Driveways · Septic Systems – all types · Mound Systems
Site Preparation · Land Clearing · Demolition · Topsoil · Trucking
Soil and Site Evaluation · Sewer & Water – mains, laterals, repairs · Ponds
Rip-rapping · Ditch Cleaning

N6205 Lawson Drive, Green Lake WI 54941

Green Lake (920) 294-3879 · Markesan (920) 398-3431 · Fax (920) 294-6966

Application for Employment

(Please Print)

Name: _____
(Last) (First) (Middle)

Mailing Address:

Street: _____
City: _____ State: _____ Zip Code: _____
County: _____

Personal Information:

Telephone Number: _____

Date of Birth: _____

Do you have a valid Commercial Drivers License: Yes / No (please circle one)

Drivers License Number: _____ Expiration Date: _____

If you do not have a CDL, please explain why: _____

Have you had any citations or accidents in the last 3 years? Yes / No (Please circle one)

If “yes”, please explain: _____

Type of Employment:

Full Time: _____ Summer Only: _____

Part Time: _____ When can you start: _____

How did you learn about us? _____

Have you ever filed an application with us before? _____

Are you currently on “lay-off” status and subject to be recalled? Yes / No (Please circle one)

Education/Training – (including Apprenticeships and Specialized Training)

Type of School	Name & Location of School	Course of Study	No. Years Completed	Did you Graduate? Diploma/Degree/Major
High School Diploma/Equivalency		N/A		
Trade/Technical				
College/University				
Certification(s)				

Please Summarize any additional training, skills, licenses and/or certifications that may qualify you as being able to perform job-related functions in the position(s) for which you are applying:

Do you have any physical injuries that may prevent you from doing a certain type of job? Y / N
 If "yes" please explain: _____

EMPLOYMENT HISTORY – A RESUME MAY BE ATTACHED BUT IS NOT ACCEPTABLE IN LIEU OF COMPLETING THIS APPLICATION. **List your last ten (10) years of employment,** assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section below. **If more space is needed, please use additional paper.**

You may exclude details which reveal age, ancestry, disability, national origin, race, religion, sex, color or other protected status.

Employer	Telephone () -	Dates Employed		Summarize the nature of work performed and job responsibilities:
		From	To	
Address		Hourly Rate/Salary Starting		
Job Title		\$	Per	
Immediate Supervisor and Title		Final Rate/Salary		
Reason for Leaving		\$	Per	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while Employed ____ Yes ____ No				
If yes, Was your job designated a safety-sensitive function subject to the Drug and Alcohol Testing Requirements of 49CFR 40? ____ Yes ____ No				

Employer	Telephone () -	Dates Employed		Summarize the nature of work performed and job responsibilities:
		From	To	
Address		Hourly Rate/Salary Starting		
		\$	Per	
Job Title		Final Rate/Salary		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving				

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while Employed ___ Yes ___ No

If yes, Was your job designated a safety-sensitive function subject to the Drug and Alcohol Testing Requirements of 49CFR 40? ___ Yes ___ No

Employer	Telephone () -	Dates Employed		Summarize the nature of work performed and job responsibilities:
		From	To	
Address		Hourly Rate/Salary Starting		
		\$	Per	
Job Title		Final Rate/Salary		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving				

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while Employed ___ Yes ___ No

If yes, Was your job designated a safety-sensitive function subject to the Drug and Alcohol Testing Requirements of 49CFR 40? ___ Yes ___ No

Employer	Telephone () -	Dates Employed		Summarize the nature of work performed and job responsibilities:
		From	To	
Address		Hourly Rate/Salary Starting		
		\$	Per	
Job Title		Final Rate/Salary		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving				

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while Employed ___ Yes ___ No

If yes, Was your job designated a safety-sensitive function subject to the Drug and Alcohol Testing Requirements of 49CFR 40? ___ Yes ___ No

Comments / Other Information (Gaps of Employment)

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PROFESSIONAL REFERENCES – (not relatives or previous supervisors listed above)

Name	Address	Relationship	Phone Number
1.			
2.			
3.			

May we conduct a personal background check; this would include contact of the references and supervisors named above and review other records as may be required? Yes / No If "No", please explain why? _____

Please sign that you understand all the information on this application and that it is true and complete to the best of your knowledge. I also understand that any information that may be false will disqualify me for any position with Kinas Excavating, Inc.

Signature: _____ Date: _____

All offers of employment are contingent upon taking and passing a drug test, and also passing a DOT required physical exam. If you agree to take a drug test and physical exam upon employment being offered to you, please sign below.

Signature: _____ Date: _____

REQUEST FOR CHECK OF DRIVING RECORD

Before hiring an employee, please fax or send this form to us. We will then let you know if the driver is acceptable or unacceptable according to the company's guidelines. If you do hire a driver that is unacceptable according to the guidelines, it may increase your premium or potentially set your policy up for non-renewal.

I hereby authorize you to release the following information to Kinas Excavating, Inc.
(Prospective Employer)

For purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

X _____ X _____
(Applicant's Signature) (Date)

In accordance with the provisions of Sections 604 and 607 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 1, of Public Law 104-208), I hereby certify the following:

- 1) The consumer (applicant) has authorized in writing the procurement of this report;
- 2) The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
- 3) The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
- 4) The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
- 5) Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002 (a)).

X _____ X _____
(Signature or Requester) (Date)

**TO: NOLAN INSURANCE AGENCY LLC
PO BOX 238
BRANDON WI 53919**

FAX 920-346-5600

DEAR SIR/MADAM:

The following named person has made application for our company for the position of X_____
_____. As in accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

NAME OF APPLICANT X _____ DOB X _____
 ADDRESS X _____
 (Number & Street) (City) (State) (Zip Code)
 FORMER ADDRESS _____
 (Number & Street) (City) (State) (Zip Code)
 SSN X _____ LIC NO X _____

For Office Use Only:		REQUESTED BY	
<u>Kinas Excavating, Inc.</u> (Name of Company)		_____ (Typed Name)	
<u>N6205 Lawson Drive</u> (Address)		_____ (Title)	
<u>Green Lake, WI 54941</u> (City) (State)	_____ (Signature)		