Name _____ Date _____

BERT KLAPEC INC

EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Last Name First Name Middle Initial

Address

City State Zip Code

Home Phone Alt. Phone Social Security # Date

Date of Birth _____

Have you ever applied for employment with us? _____Yes _____No

Apart from religious observance, are you able to work full time? _____Yes _____No

Are you legally eligible to work in the United States? _____Yes _____No

Overtime is required with the nature of our business. Do you agree to work overtime if requested? _____ Yes _____No

Date available to begin work _____ Starting Wage Requested _____

Education

What is the highest grade of education completed? _____

Name of last school attended: _____ City/State _____

Other special training or skills (machinery and/or equipment) _____

Name _____ Date _____

Experience and Qualifications

Driver's licenses held in past three years:

State	License Number	Type	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle?
_____Yes _____No If yes, explain _____

Has any license, permit or privilege ever been suspended or revoked?
_____Yes _____No If yes, explain_____

Have you ever been disqualified for violations of Federal Motor Carrier Safety Regulations?
_____Yes _____No If yes, explain_____

Applicants for Driving Positions:

Federal D.O.T. Regulations require that employment for the past ten (10) years must be shown.

The information provided in employment history will be used and ALL prior employers will be contacted for the purpose of investigating your background as required by Federal Motor Carrier Safety Regulation 391.23.

Federal Motor Carrier Safety Regulation 391.31(b)(2) requires an applicant for a position as a driver to supply the following information:

Are you 21 years of age or older? _____Yes _____No

Are there any other skills you have that have not been previously documented (for example: welding, demolition, mechanical skills, laborer, equipment operator, etc.)?

_____

_____

_____

Name _____ Date _____

Employment History

Company Name _____

Address _____

Telephone _____ Fax _____ Position Held _____

Equipment Operated _____

Dates From _____ To _____

Supervisor's Name _____ Ending Salary _____

Reason for Leaving _____

Company Name _____

Address _____

Telephone _____ Fax _____ Position Held _____

Equipment Operated _____

Dates From _____ To _____

Supervisor's Name _____ Ending Salary _____

Reason for Leaving _____

Company Name _____

Address _____

Telephone: _____ Fax _____ Position Held _____

Equipment Operated _____

Dates From _____ To _____

Supervisor's Name _____ Ending Salary _____

Reason for Leaving _____

Name _____ Date _____

Company Name _____

Address _____

Telephone _____ Fax _____ Position Held _____

Equipment Operated _____

Dates From _____ To _____

Supervisor's Name _____ Ending Salary _____

Reason for Leaving _____

Company Name _____

Address _____

Telephone _____ Fax _____ Position Held _____

Equipment Operated _____

Dates From _____ To _____

Supervisor's Name _____ Ending Salary _____

Reason for Leaving _____

The information provided in the application for employment is true, correct and complete. If employed, any misrepresentation or omission of fact shown within this application may result in 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.

_____	_____	_____
Print Full Name	Signature	Date

BERT KLAPEC, INC
PO BOX 961
OIL CITY, PA 16301
814.677.4448-PH/814.677.2305-F

INQUIRY TO PREVIOUS EMPLOYERS

COMPANY: _____ PHONE: _____
ADDRESS: _____ FAX: _____
_____

The person named below has applied to this company for employment and your company is listed by the applicant as a previous employer. We would appreciate your cooperation by replying to this inquiry. The applicant has waived any claim of liability against your company and its agents for information submitted in your response to this inquiry.

APPLICANTS NAME: _____ SS#: _____

1. The applicant lists dates of employment with your company from _____ to _____ as a _____. If no, from _____ to _____.	YES	NO
2. What kind of work did he/she perform?		
3. If employed as a driver, please indicate the type of vehicle operated: _____.		
4. Was this person a safe driver?	YES	NO
5. Was this person involved in any accidents? If yes please explain.	YES	NO
5. To your knowledge, was this person's driver's license suspended while in your employment?	YES	NO
6. Why did the employee leave your company? _____		

IN THE PAST 2 YEARS:

1. Did the employee have alcohol tests with a result of 0.04 or higher?	YES	NO
2. did the employee have verified positive drug tests?	YES	NO
3. did the employee refuse to be tested?	YES	NO
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?	YES	NO
5. Did a previous employer report a drug and alcohol rule violation to you?	YES	NO
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?	YES	NO

Name & Title of person completing form: _____
Signature _____ Date _____

I hereby authorize you to release all information concerning my employment, including oral assessments of my job performance, ability, and fitness to each and every company which may request such information in connection with my application for employment with said company. I hereby release you from any and all liabilities of any type as a result of providing the above mentioned information to the above mentioned person.

Applicants Signature

Witness's Signature

PA DRIVER'S RECORD RELEASE

BERT KLAPEC, INC.

I, _____, UNDERSTAND AS A CONDITION OF MY EMPLOYMENT WITH BERT KLAPEC, INC., I GIVE MY RELEASE TO BERT KLAPEC, INC. TO GET A COPY OF MY DRIVER'S RECORD AS NEEDED FOR PRE-EMPLOYMENT CHECK, INSURANCE CHECKS, CDL FILES AND FOR ANNUAL VIOLATION REVIEW RECORDS AS REQUIRED BY THE STATE.

_____ _____

(SIGNATURE) (DATE)