

Tel: 540-994-9899
Fax: 540-994-9751

Date _____

KTI LTD

2100 Pleasant Hill Drive
Pulaski, Va. 24301

APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Name _____ Phone _____
Last First Middle

Social Security Number _____ Cell Phone _____

Current Address _____ How Long _____
Street City State & Zip Code yr./mo.

Previous Address _____ How Long _____
Street City State & Zip Code yr./mo.

Do you have the legal right to work in the United States? _____ Date of Birth _____

Are you employed now? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction is not an automatic bar to employment.

Is there any reason you might be unable to perform the functions of the job you've applied? _____

If yes, please explain. _____

FOR COMPANY USE

DATE APPLICANT HIRED _____ POSITION _____

DATE SEPARATED _____ REASON _____

Signature _____ Date _____ Supervisor _____ Date _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle* in interstate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

EMPLOYER			DATE	
NAME			FROM /	TO /
ASDDRESS			POSITION	
CITY	STATE	ZIP	SALARY	
CONTACT PERSON	PHONE		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED?				
WAS YOUR JOB DESIGNED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG ANDALCOHOL TESTING REQUIREMENTS OF 49 CFR 40?				

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*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more, (2) is designed or used to transport more than 8 passengers (including the driver), or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

TOBE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as maybe necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquires and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

1. Review information provided by previous employers;
2. Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospected employer; and
3. Have a rebuttal statement attached to the erroneous information, if the employer(s) and I cannot agree on the accuracy of the information.

Signature _____

Date _____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	—			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	—			
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) (CITY, STATE)

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____



INFORMATION REQUEST

DL 93 (7/94)

CIS USE ONLY

Fee
Add Fee

Please type or print clearly. Check one or more boxes to show the type(s) of information desired and provide all requested data.

REQUESTOR INFORMATION

Name: Last KING	First LELAND	Middle T	Organizational Affiliation (if any) KTI, LIMITED
Street Address 2100 PLEASANT HILL DRIVE			
City PULASKI	State VA	Zip Code 24301	Federal Tax ID or Social Security Number* 23-282-0510
Use Agreement Number (if applicable)			Access Code (if applicable)
Reason for Request (Please be specific) EMPLOYMENT			
I understand that it is unlawful to use information provided by DMV for any purpose other than the one stated. I further certify that the information I have requested with this form will be used only for the stated purpose.			
Requestor's Signature			Date

 SUBJECT'S PERSONAL INFORMATION (Includes name and address)

Subject's Name: Last	First	Middle
Address	City	State Zip Code

 SUBJECT'S DRIVING INFORMATION (Includes license history and conviction data)

Driver's License Number	OR	Date of Birth
Driver's Authorization (required for employers and others not authorized by Virginia code): I authorize the Department of Motor Vehicles to furnish, for this one time only, information pertaining to my driving record to the requestor identified above.		
Driver's Signature		Date

 VEHICLE INFORMATION (Includes vehicle description and registration data)

Vehicle Identification Number	Vehicle Make/Model
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 ACCIDENT REPORT

Driver's Name	Driver's License Number	Date of Accident
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 OTHER INFORMATION (PLEASE BE SPECIFIC)

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DMV Branch Office Use ONLY

Proof Of Requestor's Identification <input type="checkbox"/> Valid Driver's License Number _____ <input type="checkbox"/> Other Photo ID _____	Proof Of Requestor's Organizational Affiliation <input type="checkbox"/> Request on Organization's Letterhead Stationery <input type="checkbox"/> Business Card from Organization <input type="checkbox"/> Law Enforcement Badge Number _____ <input type="checkbox"/> Other _____
If Referred to Headquarters to Fill Request, Complete: Teller's Name _____ Branch Office Name (not #) _____	Remarks/Teller Stamp Fee Charged

KTI, LTD
Pulaski, VA 24301-2214
(540) 994-9899
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REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Applicant _____ SS # _____

I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

Date

Applicant's Signature

TO BE COMPLETED BY PREVIOUS EMPLOYER

The applicant named above was employed by us. Yes No

Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer Bus
Cargo Tank Doubles/Triples Other (Specify) _____

If there is no safety performance history to report, check here

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

