



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

CONFIDENTIAL

Date of Application: _____

GENERAL INFORMATION

Please fill out completely or insert "N/A" (Not Applicable)

Name _____
LAST FIRST MIDDLE

List your addresses for the past 3 years:

Current Address
STREET CITY, STATE ZIP How Long? (months)

Previous Address
STREET CITY, STATE ZIP How Long? (months)

Previous Address
STREET CITY, STATE ZIP How Long? (months)

Home Phone: _____ Cell Ph: _____ Email: _____

Have you previously been employed by any Kodiak owned company? No Yes From: _____ To: _____

Availability for work? (date) _____ Part Time Full Time Temporary

If necessary, can you work evenings and/or weekends? No Yes

How did you find out about employment opportunity? Newspaper Radio TV Web

Walk-in Sign/Banner Job Fair Referral If Referred, by whom? _____

Position(s) applying for: _____ Minimum salary expected? _____

Are you able to perform the essential function(s) of the job(s) applied for either with or without an accommodation?

No Yes

If hired, you will be required to furnish proof of your eligibility to work in the U.S.

EDUCATION

School	Name	Address	Degree or Diploma
High School			
College			
Vocational School			
Graduate School			

List any Certifications:

Do you plan to further your education? No Yes If yes, please explain: _____

Please list any special skills or areas of experience that relate to the position being applied for:

Have you ever been fired from a job, asked to resign, or resigned in lieu of termination? No Yes

If yes, please explain: _____

EMPLOYMENT HISTORY

Must be filled out completely, please list most recent employment first. Applicants for the position of driver must show all employment for the past three years and show commercial driving employment for a seven-year period preceding the three years. If more space is needed, you may attach an additional sheet.

Dates Employed		Employer	
From	To	Name _____	Your Job Title: _____
(MM/YY)	(MM/YY)	Street _____	Were you subject to the Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
		City _____	Was your job designated as a safety-sensitive function in any DOT-related mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No
		State _____ Zip _____	<input type="checkbox"/> N/A
		Phone _____	Major Duties: _____
		Reason for leaving: _____	
		May we contact this employer: <input type="checkbox"/> No <input type="checkbox"/> Yes	Supervisor: _____
Dates Employed		Employer	
From	To	Name _____	Your Job Title: _____
(MM/YY)	(MM/YY)	Street _____	Were you subject to the Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
		City _____	Was your job designated as a safety-sensitive function in any DOT-related mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No
		State _____ Zip _____	<input type="checkbox"/> N/A
		Phone _____	Major Duties: _____
		Reason for leaving: _____	
		May we contact this employer: <input type="checkbox"/> No <input type="checkbox"/> Yes	Supervisor: _____
Dates Employed		Employer	
From	To	Name _____	Your Job Title: _____
(MM/YY)	(MM/YY)	Street _____	Were you subject to the Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
		City _____	Was your job designated as a safety-sensitive function in any DOT-related mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No
		State _____ Zip _____	<input type="checkbox"/> N/A
		Phone _____	Major Duties: _____
		Reason for leaving: _____	
		May we contact this employer: <input type="checkbox"/> No <input type="checkbox"/> Yes	Supervisor: _____
Dates Employed		Employer	
From	To	Name _____	Your Job Title: _____
(MM/YY)	(MM/YY)	Street _____	Were you subject to the Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
		City _____	Was your job designated as a safety-sensitive function in any DOT-related mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No
		State _____ Zip _____	<input type="checkbox"/> N/A
		Phone _____	Major Duties: _____
		Reason for leaving: _____	
		May we contact this employer: <input type="checkbox"/> No <input type="checkbox"/> Yes	Supervisor: _____

(If applicable, attach a list or resume of other employment information)

Professional References				
Name	Occupation	City, State	Phone Number	Relationship

CERTIFICATION AND AGREEMENT – By signing below, I certify and agree as follows:

I certify that this application was completed by me and that all entries on it and information in it are true and complete. I further certify that all information provided by me in connection with my application for employment, and any information provided if I am hired, is true and complete. I understand that falsification or incompleteness of such information may result in my not being considered for employment or dismissal if I am employed. I authorize my references, former employers and educational institutions, including those listed on this application to give you any and all information concerning my previous employment and/or education that they may have, personal or otherwise, and I release all parties from all liability for any damages that may result from furnishing any such information. I understand that before any offer of employment is extended and/or before actual employment commences, I may be required to submit to a background check as required by the Company. I may also be required to submit to testing for detection of alcohol, drugs, and/or other controlled substances in accordance with Company policies post-offer. Additionally, I may be required by the Company to submit to a post-offer physical examination. I consent to all of this, and I understand that unsatisfactory or inconclusive results of any post-offer examination may necessitate withdrawal of the job offer in accordance with applicable law.

If employed, I agree to follow the rules, regulations and other directives of the Company. However, I understand that if employed, my employment will be "at-will" and can be terminated or modified, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no Company representative other than the Chief Executive Officer (CEO), has any authority to enter into any agreement to employ me for any specific period of time, or to make any agreement contrary to the foregoing. Any contrary agreement by the CEO must be in writing, signed and dated. I acknowledge that no representations have been made to me as of this date concerning employment by the Company. I have carefully read and understood the above, and hereby consent and agree to these conditions in exchange for the Company's consideration of my application for employment.

If I am a candidate for a position involving the operation of a commercial motor vehicle, I hereby acknowledge that I have been made aware that the information I have provided with respect to my previous employers may be used, and my previous employers may be contacted, for the purpose of investigating my background as required by 49 CFR §391.23. If I am an applicant with Department of Transportation regulated employment during the preceding three years, I understand that I have the following rights pursuant to 49 CFR §391.23 to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by the previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attachment to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

WE PARTICIPATE IN E-VERIFY

NOTICE: Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States. We will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the United States. If E-Verify cannot confirm that you are authorized to work, we are required to provide you written instructions and an opportunity to contact the Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before we can take any action against you, including terminating your employment.

SIGNATURE OF APPLICANT

DATE