

# KLAASMEYER CONSTRUCTION COMPANY, INC.

P. O. Box 847  
35 Middle Rd.  
Conway, AR 72033  
Phone: (501) 327-7860 or (800) 527-1489

- 1 Make sure application is completely filled out.
- 2 Don't forget to sign and date all forms that are required. **You must provide a Driver's License and either Social Security Card or other acceptable form of identification from List C on the I-9 form (SEE EXHIBIT 1).**
- 3 **Pay particular attention to your Employment History. We need three year's employment history from the date of application and also need you to explain all gaps in employment during that time. If you have a CDL license, the FMCSA requires that you provide a 10 year employment history. We need address and phone number for all employers.**
- 4 Please return the completed application along with required paperwork (such as a copy of your DL) to our office located at 35 Middle Rd, Conway AR 72032.

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

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State : \_\_\_\_\_ Exp Date: \_\_\_\_\_

CDL: YES NO  
(Circle One)

CLASS: A B C D  
(Circle One)

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_

**AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER**

You must fill out all sections of the application completely and honestly. The following information is needed for legally permissible reasons including national security considerations, occupation qualifications, or business necessity. 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, veteran status, non/job related disability, an any other protective group status.

**ANSWER ALL QUESTIONS AND PRINT IN BLACK INK**

**FIRST NAME** \_\_\_\_\_ **MIDDLE NAME** \_\_\_\_\_ **LAST NAME** \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MAIDEN NAME (IF APPLICABLE): \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ARE YOU AT LEAST 18 YEAR OLD? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES \_\_\_\_\_ NO \_\_\_\_\_

CAN YOU TRAVEL IF THE REQUIRES IT? YES \_\_\_\_\_ NO \_\_\_\_\_

POSITION DESIRED: \_\_\_\_\_ DATE AVAILABLE TO BEGIN WORK: \_\_\_\_\_

ARE YOU AVAILABLE TO WORK FULL TIME? \_\_\_\_\_ WILL YOU WORK OVERTIME IF ASKED? \_\_\_\_\_

LIST NAMES OF RELATIVES OR FRIENDS WORKING FOR US: \_\_\_\_\_

HAVE YOU HAD A BACK INJURY OR SUFFERED FROM ANY BACK PROBLEMS? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES TO ABOVE, DESCRIBE IN DETAILS: \_\_\_\_\_

HAVE YOU ANY DEFECTS THAT WILL PREVENT YOU FROM PERFORMING CERTAIN JOBS? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES TO ABOVE, DESCRIBE IN DETAILS: \_\_\_\_\_

**EDUCATION**

CIRCLE THE HIGHEST GRADE COMPLETED: **1 2 3 4 5 6 7 8 9 10 11 12** GED COLLEGE: **1 2 3 4**

LAST SCHOOL ATTENDED: \_\_\_\_\_ CITY/ STATE: \_\_\_\_\_

**3-YEAR RESIDENCE HISTORY**

			/
CURRENT STREET ADDRESS	CITY	STATE & ZIP CODE	YEARS MONTHS AT THIS ADDRESS
			/
PREVIOUS STREET ADDRESS	CITY	STATE & ZIP CODE	YEARS MONTHS AT THIS ADDRESS
			/
NEXT PREVIOUS ADDRESS	CITY	STATE & ZIP CODE	YEARS MONTHS AT THIS ADDRESS

**ATTACH ADDITIONAL SHEET IF NECESSARY TO COMPLETE 3-YEAR RESIDENCE HISTORY**

**DRIVER LICENSES (LIST ALL UNEXPIRED COMMERCIAL DRIVER LICENSES / PERMITS)**

Section 383.21 FMCSR states "No person who operates a commercial vehicle shall at any time have more than one driver's license".  
I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	NUMBER	TYPE (CLASS/ENDORSEMENTS)	EXPIRATION DATE
			- -

**DRIVING EXPERIENCE**

✓ CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (van, flatbed, tank, etc.)	Dates (Month/Year)		APPROX. # of MILES (TOTAL)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor with 2 Trailers				
Other				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES FOR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

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

**ACCIDENT RECORDS FOR PAST 3 YEARS**

IF NONE, DO NOT LEAVE BLANK. WRITE "NONE" BELOW

DATES	NATURE OF ACCIDENT (head-on, rear-end, sideswipe, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL SPILL	
				Yes	No
- - - - -					
- - - - -					
- - - - -					

ATTACH ADDITIONAL SHEET IF NECESSARY TO COMPLETE 3-YEAR HISTORY

**TRAFFIC CONVICTIONS AND FOREFEITURES FOR THE PAST 3-YEARS (OTHER THAN PARKING VIOLATIONS)**

IF NONE, DO NOT LEAVE BLANK. WRITE "NONE" BELOW

DATE OF CONVICTION/FORFEITURE	LOCATION	CHARGE	PENALTY
- - - - -			
- - - - -			
- - - - -			
- - - - -			
- - - - -			

ATTACH ADDITIONAL SHEET IF NECESSARY TO COMPLETE 3-YEAR HISTORY

**A.** Have you ever been denied a license, permit or privilege to operate a motor vehicle?

If yes, explain \_\_\_\_\_

Yes  No

**B.** Has any license, permit ever been suspended, cancelled or revoked?

If yes, explain \_\_\_\_\_

Yes  No

**Have you ever been convicted of a felony in the past ten years which has been annulled, expunged or sealed by a court?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**EMPLOYMENT HISTORY EXPLAIN ALL GAPS IN EMPLOYMENT UP TO THE DATE ON THIS APPLICATION**

**\*\* ACCOUNT FOR AT LEAST 3 YEARS EMPLOYMENT HISTORY AND 10 YEARS COMMERCIAL DRIVING EXPERIENCE \*\***

<b>Most Recent Employer Name</b>		
MAILING ADDRESS	CITY	STATE AND ZIP CODE
CONTACT PERSON	PHONE NUMBER	POSITION / TITLE
POSITION HELD	SALARY	DATES EMPLOYED MONTH / YEAR
Were you regulated by the Federal Motor Carrier Safety Regulations during this job?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Reason for leaving</b>		

<b>Previous Employer Name</b>		
MAILING ADDRESS	CITY	STATE AND ZIP CODE
CONTACT PERSON	PHONE NUMBER	POSITION / TITLE
POSITION HELD	SALARY	DATES EMPLOYED MONTH / YEAR
Were you regulated by the Federal Motor Carrier Safety Regulations during this job?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Reason for leaving</b>		

<b>Next Previous Employer Name</b>		
MAILING ADDRESS	CITY	STATE AND ZIP CODE
CONTACT PERSON	PHONE NUMBER	POSITION / TITLE
POSITION HELD	SALARY	DATES EMPLOYED MONTH / YEAR
Were you regulated by the Federal Motor Carrier Safety Regulations during this job?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Reason for leaving</b>		

**KLAASMEYER CONSTRUCTION COMPANY, INC.**

35 Middle Rd, Conway AR 72032

DATE: \_\_\_\_\_

<b>Next Previous Employer Name</b>		
MAILING ADDRESS	CITY	STATE AND ZIP CODE
CONTACT PERSON	PHONE NUMBER	POSITION / TITLE
POSITION HELD	SALARY	DATES EMPLOYED MONTH / YEAR
Were you regulated by the Federal Motor Carrier Safety Regulations during this job? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Reason for leaving</b>		

**KLAASMEYER CONSTRUCTION COMPANY, INC.**

<b>Next Previous Employer Name</b>		
MAILING ADDRESS	CITY	STATE AND ZIP CODE
CONTACT PERSON	PHONE NUMBER	POSITION / TITLE
POSITION HELD	SALARY	DATES EMPLOYED MONTH / YEAR
Were you regulated by the Federal Motor Carrier Safety Regulations during this job? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Reason for leaving</b>		

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make sure investigations and inquired to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquired regarding medical history will be made only if and after a conditional offer of employment has been extended.)

In the event of employment, I understand that false or misleading information given in my application or interviews 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:

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

**APPLICANT'S SIGNATURE****DATE**

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.

**APPLICANT'S SIGNATURE****DATE**

# PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(PRINT) (LAST 4 OF SSN)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one:  Yes  No

- 2) If you answered Yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one:  Yes  No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604(b)(2)(A) 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 I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

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**Applicant's Signature**

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**Date**

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**Print Name**

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**ID Number (LAST 4 of SSN)**

## DISCLOSURE TO CONSUMER

### KLAASMEYER CONSTRUCTION CO., INC.

As part of our employment process, we may obtain where permitted, one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as:

iiX, a Verisk Analytics Business  
1716 Briarcrest Drive  
Suite 200  
Bryan, Texas 770802

- Consumer reports may include background, employment history, academic and/or professional credentials, military service, credit history, and driving history. The information gathered also may involve a criminal history and/or alcohol or drug use history, if any.
- An investigative consumer report may include information about your character, general reputation, personal characteristics and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. This also may include contacts of all listed prior employers to verify your employment history.
- If your employment falls under the federal Department of Transportation ("DOT") and the Federal Motor Carrier Safety Administration ("FMCSA"), including 49 CFR § 391.23, the report could include your driving, safety inspection and performance history from the FMCSA.

Under the provisions of the fair Credit Report Act ("FCRA"), 15 U.S.C. § 1681 et seq.; FMCSA regulations in the Federal Code of Regulations, including 49 CFR § 40.329; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information.

You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You also are entitled to a copy of that document entitled "Rights Under the Fair Credit Reporting Act". Under the FCRA, before we take adverse action on the basis, in whole or in part, of information is a consumer report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

**Notice to California Applicants:** Under California law, the reports ordered about you for employment purposes within the State of California are defined as "investigative consumer reports." These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under California Civil Code § 1786.22, you may view the reports(s) maintained at iiX during normal business hours. You also may obtain a copy by submitting proper identification and paying the cost of duplication by appearing at iiX in person, by mail, or by telephone. iiX is required to have personnel available to explain the report(s) and to explain any coded information. If you appear in person, you may be accompanied by a person of your choice if s/he furnishes proper identification.

**Notice to Massachusetts Applicants:** Under Massachusetts law, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. MASSACHUSETTS APPLICANTS SHOULD NOT RESPOND TO ANY OF THE QUESTIONS SEEKING CRIMINAL RECORD INFORMATION.



## AUTHORIZATION TO OBTAIN INFORMATION

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### **KLAASMEYER CONSTRUCTION CO. INC.**

I have read and understood the preceding Disclosure to Consumer. Under the Fair Credit Reporting Act ("FCRA"). 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit the above named company to obtain information about me, where permitted, which may pertain to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, worker's compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. I authorize information to be obtained from my former employers to satisfy driver qualification regulations.

**DOT Drivers.** I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and/or from or through a consumer reporting agency, such as iiX, a Verisk Analytics Business.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee.

I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

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**Applicant's Employee's Full Name (Print clearly)**

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**Applicant's / Employee's Signature and Date of Signature**

**CONSUMER REPORT USE - California, Minnesota and Oklahoma Applicants:**

**California Applicants:** Check here to have a copy of your consumer report sent directly to you. The employer or prospective employer is to provide a copy of the report to you in accordance with California Civil Code § 1786.16.

**Minnesota and Oklahoma Applicants:** Check here to have a copy of your consumer report sent directly to you. If you wish to receive a copy, you must complete the information below. If this block is marked, the prospective employer or the employer should return this form to iiX via fax to (201) 748-1449 within 24 hours of the request of the report.

Please print clearly.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(PRINTED NAME) (SIGNATURE) (SIGNATURE DATE)

\_\_\_\_\_  
(STREET ADDRESS) (CITY) (ST) (ZIP CODE)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(DATE OF BIRTH) (SS NUMBER) (DRIVERS LICENSE) (STATE OF ISSUE)

\_\_\_\_\_  
(EMPLOYER OR PROSPECTIVE EMPLOYER)

\_\_\_\_\_  
(iiX Customer Name iiX) Customer No. \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date of Request

**EXHIBIT 1**

**19 LISTS OF ACCEPTABLE DOCUMENTS**

**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<p align="center"><b>LIST A</b> Documents that Establish Both Identity and Employment Authorization</p>	<p align="center"><b>LIST B</b> Documents that Establish Identity</p>	<p align="center"><b>LIST C</b> Documents that Establish Employment Authorization</p>
<p>1. U.S. Passport or U.S. Passport Card</p> <p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p> <p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p> <p>4. Employment Authorization Document that contains a photograph (Form I-766)</p> <p>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</p> <p style="margin-left: 20px;">a. Foreign passport; and</p> <p style="margin-left: 20px;">b. Form I-94 or Form I-94A that has the following:</p> <p style="margin-left: 40px;">(1) The same name as the passport; and</p> <p style="margin-left: 40px;">(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</p> <p>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</p>	<p align="center"><b>OR</b></p> <p>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p> <p>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p> <p>3. School ID card with a photograph</p> <p>4. Voter's registration card</p> <p>5. U.S. Military card or draft record</p> <p>6. Military dependent's ID card</p> <p>7. U.S. Coast Guard Merchant Mariner Card</p> <p>8. Native American tribal document</p> <p>9. Driver's license issued by a Canadian government authority</p> <p><b>For persons under age 18 who are unable to present a document listed above:</b></p> <p>10. School record or report card</p> <p>11. Clinic, doctor, or hospital record</p> <p>12. Day-care or nursery school record</p>	<p align="center"><b>AND</b></p> <p>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</p> <p style="margin-left: 20px;">(1) NOT VALID FOR EMPLOYMENT</p> <p style="margin-left: 20px;">(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</p> <p style="margin-left: 20px;">(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</p> <p>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</p> <p>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</p> <p>4. Native American tribal document</p> <p>5. U.S. Citizen ID Card (Form I-197)</p> <p>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p> <p>7. Employment authorization document issued by the Department of Homeland Security</p>