



EMPLOYMENT APPLICATION

KE Carriers, LLC is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, national origin, disability or handicap, veteran status, or any other status protected by applicable law.

Please print. Incomplete applications will not be considered for hire.

Personal	First Name	Middle Initial	Last Name
Address	City	State	Zip
Telephone Number	Date of Birth (if applying for driver)	Email Address	
Position(s) Applied For	If applying for driver position, please list CDL and MEC:		

General Information	Date available for work: _____ Availability: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever filled out an application with KE Carriers before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give date: _____	
Have you ever been employed with KE Carriers before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give date: _____	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact your present employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Under the Immigration Reform and Control Act of 1986, should you be employed you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity and provide documentation to that effect.</i>	
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain number of convictions, nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.	

Work History		Starting with your present or most recent job, describe all paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.				
Employer		Dates Employed		Base Pay		Reason for Leaving
		From	To	Start	Final	
Address						
Telephone Number(s)		Job Title		Supervisor		
Work Performed (List the jobs you held, duties performed, skills used, advancements or promotions while you worked at this Company.)						

Employer		Dates Employed		Base Pay		Reason for Leaving
		From	To	Start	Final	
Address						
Telephone Number(s)		Job Title		Supervisor		
Work Performed (List the jobs you held, duties performed, skills used, advancements or promotions while you worked at this Company.)						

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Employer		Dates Employed		Base Pay		Reason for Leaving
		From	To	Start	Final	
Address						
Telephone Number(s)		Job Title		Supervisor		
Work Performed (List the jobs you held, duties performed, skills used, advancements or promotions while you worked at this Company.)						

If you need additional space, please continue on a separate sheet of paper.

Education	High School	Technical School or Junior College	College	Other
School Name and Location				
Years Completed (circle highest level completed)	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Diploma / Degree	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Major Course(s) of Study				

U.S. Military Service	Have you ever had any job-related training in the United States military? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe training/ experience received:	

Summarize special skills and training not listed above:
Describe honors received:

List professional, trade, business, or civil activities and offices held. Please indicate any prior military service that you would like considered in connection with your application for employment. You may exclude memberships that may reveal sex, race, religion, national origin, age, or disability or other protected status.

References		
Name	Business Telephone	Occupation
Name	Business Telephone	Occupation
Name	Business Telephone	Occupation

Special Skills and Qualifications	Summarize special job-related skills and qualifications acquired from employment or other experience.

Notification and Agreement

Please read before signing.

I certify that the answers given herein are true, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

Questions regarding this statement should be directed to the Human Resources Manager before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of KE Carriers to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristic protected by Federal, State or Local law.

By signing below, I authorize you to communicate with persons listed as references, former employers, and any others with whom you desire to check as may be necessary in arriving at an employment decision. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of KE Carriers' rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either KE Carriers or myself. I further understand that no representation, whether oral or written by any representative or agent of KE Carriers, at any time, can constitute a contract of employment. I understand that KE Carriers shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of KE Carriers has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President/CEO, or to make any agreement contrary to the foregoing.

I understand that if offered a position with KE Carriers, I may be required to submit to a pre-employment drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I understand this application will be considered current for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature _____ **Date** _____

FOR OFFICE USE ONLY

Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No	Interviewed by:	Date Interviewed:
Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Job Title:	Hire Date: