

KOHNER MATERIALS

4980 West 6th Street

Winona, MN 55987

Phone: 507-454-5093, Fax: 507-454-5621

Name _____

Date of Birth _____

Address _____

Driver License # _____

Driver License Class _____

Phone # _____

Soc Sec # _____

Cell # _____

E-Mail _____

EDUCATION

Have you graduated from High School? Yes _____ No _____ College or Vocation School? Yes _____ No _____

Name of College or Vocational School Attended: _____

Name of Courses: _____

EMPLOYMENT HISTORY (List most recent job first)

	<u>Employer</u>	<u>Position</u>	<u>Dates</u>	<u>Contact / Phone#</u>	<u>Reason For Leaving</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Are you now employed? _____ If not, date of last employment? _____

Rate of pay expected ? _____

Have you had a license, permit, or privilege to operate a motor vehicle denied, revoked, or suspended?
No _____ Yes _____

If yes, give facts and circumstances in detail.

<u>Date</u>	<u>Violation</u>	<u>Explanation</u>
_____	_____	_____

If hired, are you willing to take a DOT physical, pre-employment drug test, and submit to random drug and alcohol testing? Yes _____ No _____

If hired, are you willing to shave facial hairs if you are required to wear a respirator? Yes _____ No _____

Is there any reason you might be unable to perform the functions of the job for which you have applied?

Yes _____ No _____ If yes, please explain: _____

Accident record for past 3 years (Attach sheet if more space is needed)

	<u>Dates</u>	<u>Type of Accident</u>	<u>Fatalities</u>	<u>Injuries</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Traffic Convictions / Forfeitures for the past 3 years (other than parking)

	<u>Dates</u>	<u>Locations</u>	<u>Charge</u>	<u>Penalty</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

DRIVING EXPERIENCE

	<u>Type of Equipment</u>	<u>Approximate Years of Experience</u>
1.	_____	_____
2.	_____	_____

REFERENCES

1. _____
2. _____

The applicant hereby acknowledges that the previous employer information provided may be used and the applicant's prior employers may be contacted for the purpose of investigating the applicant's background.

This certifies that the 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.

Kohner Materials is an At Will Employer.

Signature _____

Date _____

AUTHORIZATION FOR CHECK OF DRIVING RECORD (MVR)

Motor Vehicle Records (MVR) will be checked prior to the applicant being offered employment for any job where driving is a part of the job description. The MVR will be reviewed to ascertain that the applicant holds a valid license and that their driving record is within the parameters set by company management.

I hereby authorize Kohner Materials to obtain a Motor Vehicle Record (MVR) Report on my driving record. If I am hired by Kohner Materials, this authorization shall remain in effect as long as I am an at will employee of this Company.

Date _____

Signature _____

Printed Name _____

Social Security # _____

Drivers License State of Issue _____

Drivers License # _____

Date of Birth _____