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APPLICATION FOR EMPLOYMENT

KT-Grant is an Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete or falsified information could disqualify you from further consideration.

Name (First, MI, Last)

Mailing Address

Cell Phone

Secondary Phone

E-mail Address

May we contact you by email? ☐ Yes ☐ No

Are you legally eligible to work in the U.S? ☐ Yes ☐ No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) ☐ Yes ☐ No

Have you ever been terminated from employment or asked to resign by an employer? ☐ Yes ☐ No
If yes, please provide company names and details:

ADDITIONAL INFORMATION

Can you work any shift? ☐ Yes ☐ No

Can you work overtime/weekends? ☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? ☐ Yes ☐ No

EMPLOYMENT DESIRED

Available Start Date

Hourly Rate/Salary Desired

Position Desired

Are you currently employed? ☐ Yes ☐ No

REFERRAL SOURCE

How did you hear about us? ☐ Walk in ☐ Advertisement ☐ Referral ☐ Other

Do you know anyone who works for our company?
☐ Yes ☐ No

If yes, who

Have you ever worked for this company before?
☐ Yes ☐ No

If yes, explain the reason for leaving.

EDUCATION	
High School	City/State
	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
College	City/State
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
Trade School	City/State
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
Include any special skills, licensees, certifications, computer programs, experience and/or training that would enhance your ability to perform the position applied for:	
<p align="center">EMPLOYMENT HISTORY (SKIP IF DRIVER APPLICANT)</p> <p align="center"><i>Please attach your most current resume or provide information below and include your last seven (7) years of employment history. NOTE: Incomplete information could disqualify you from further consideration.</i></p> <p align="center"><i>Driver applicants need to complete Employment History under the Driver's Supplement.</i></p>	
Most Current Employer Name	Address
Employment Dates	Phone
Job Title	Summary Work Performed
Name of Supervisor	May we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving	
Employer Name	Address
Employment Dates	Phone
Job Title	Summary Work Performed
Name of Supervisor	May we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving	
Employer Name	Address
Employment Dates	Phone
Job Title	Summary Work Performed
Name of Supervisor	May we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving	

REFERENCES

Please provide the names of three professional references that are unrelated to you.

Name	Phone	Company	Years Acquainted

SIGNATURE

Please read carefully before signing.

KT-Grant is an equal opportunity employer. KT-Grant does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I agree to submit to a pre-employment physical examination which may include testing for drugs and alcohol prior to beginning work with KT-Grant aka "The Company". I understand that if I am employed by the Company, I may be required when job related and consistent with the business needs, to undergo additional testing for drugs and alcohol. I further understand and agree that I may be required to submit to tests for the use of illegal drugs or medications regulated by DOT as deemed necessary.

I understand that nothing in this employment application creates a contract of employment between me and the Company. If I am hired by the Company in a non-Union setting, my employment and compensation are "at will", which means that my employment can be terminated, either by the Company or me, with or without cause, and with or without notice. I understand that no manager or supervisor has the authority to make any employment agreement with me in the non-Union setting, either orally or in writing that is not an at-will agreement. Only an Officer or Human Resource Department of the Company has the authority to enter into an employment agreement with me for any specified period of time if hired non-Union.

If hired in the Union setting, I understand that my wages, hours and terms and conditions of employment are subject to the labor agreement negotiated by and between the Company and the Union.

In the event of my personal indebtedness to the Company, I authorize the Company to withhold from my wages such amounts as permitted by law to satisfy my debt obligation to the Company.

I attest with my signature below that I have given to the Company permission to conduct necessary reference(s) regarding the information contained in my employment application. I give the Company my permission to contact any former employer, school, college or university to the extent necessary to determine my qualification for assuming a job with the Company. I attest the information included in this employment application is true and complete and no requested information has been concealed.

If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

In consideration of my employment with the Company, I agree to abide by all the Company's rules and regulations. I agree that any legal claims or causes of action or claims that I may have or may bring against the Company, or that the Company has or may bring against me, shall be brought and commenced with the applicable statute of limitations period, within one (1) year of my knowledge of such claim or cause of action or within one (1) year after my separation of employment, whichever is earliest.

Signature: _____ Date: _____

THIS APPLICATION IS VALID ONLY FOR 90 DAYS FROM THE DATE SIGNED/DATED ABOVE.



NEW EMPLOYEE SUBSTANCE TEST FORM

In accordance with the KT-Grant's, substance abuse policy, it is understood as a requirement for employment, completion of a successful drug test is essential. As a prospective employee, I realize failure of this test will result in immediate dismissal. If hired prior to the completion of a drug test, I accept full financial responsibility for the cost of this test, to be deducted from my employment check, in the case of illegal substance detection resulting from the test.

Employee Name (Print): _____

Employee Name (Signed): _____

Date: _____



DRIVER'S SUPPLEMENT

THE FOLLOWING SECTIONS ARE FOR DRIVER APPLICANTS ONLY.

Incomplete or falsified information could disqualify you from further consideration.

ADDRESSES

List prior addresses of residency for the past 3 years.

Previous Address	From	To
Previous Address	From	To
Previous Address	From	To

EMPLOYMENT HISTROY

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

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

**Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, 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 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.*

Most Current Employer Name	Address
Name of Supervisor	Phone
Position Held	
Job Title	Employment Dates
Reason for Leaving	
Were you subject to the FMCSRs** while employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Name	Address
Name of Supervisor	Phone
Position Held	
Job Title	Employment Dates
Reason for Leaving	
Were you subject to the FMCSRs** while employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Name	Address
Name of Supervisor	Phone
Position Held	
Job Title	Employment Dates

Reason for Leaving				
Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer Name		Address		
Name of Supervisor		Phone		
Position Held				
Job Title		Employment Dates		
Reason for Leaving				
Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer Name		Address		
Name of Supervisor		Phone		
Position Held				
Job Title		Employment Dates		
Reason for Leaving				
Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer Name		Address		
Name of Supervisor		Phone		
Position Held				
Job Title		Employment Dates		
Reason for Leaving				
Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				
ACCIDENTS				
<i>Accident record for the past three years or more. Add comments after signature if more space is needed.</i>				
Dates	Nature of Accident (Head-on, Rear-End, etc.)	Fatalities	Injuries	Hazardous Material Spill
TRAFFIC CONVICTIONS				
<i>Traffic Convictions and Forfeitures for the past 3 years (other than parking violations). Add comments after signature if more space is needed. If none, write none.</i>				
Location	Date	Charge	Penalty	

DRIVER LICENSES <i>List all driver licenses or permits held in the past three years.</i>			
State	License Number	Type	Expiration Date
Have you ever been denied a license, permit or privilege to operate a motor vehicle?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:			
Has any license, permit, or privilege ever been suspended re revoked?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:			
DRIVING EXPERIENCE			
Class of Equipment	Type of Equipment (Van, Tank, Flat, Dump)	Dates From To	Approx. Total No. of Miles
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor & Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor-Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor-Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No			
Motorcoach-School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No <i>More than 8 passengers</i>			
Motorcoach-School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No <i>More than 15 passengers</i>			
List states operated in for last 5 years			
Which safe driving awards do you hold and from whom			
Describe any trucking, transportation, training or other experience that may help in your work for this company			
List special equipment or technical materials you can work with (other than those already shown)			
SIGNATURE <i>Please read carefully before signing.</i>			
<p>I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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.</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> Review information provided by previous employers; Have errors in the information corrected by previous employers and for those 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. <p>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.</p> <p>Signature: _____ Date: _____</p>			

COMMENTS: _____

KT-Grant

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, (Driver Name)_____, hereby provide consent to KT-Grant, Inc., to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I allow KT-Grant, Inc. to run these queries over the duration of my employment with KT-Grant, Inc.

I understand that if the limited query conducted by KT-Grant, Inc. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to KT-Grant, Inc. without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for KT-Grant, Inc. to conduct a limited query of the Clearinghouse, KT-Grant, Inc., must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature

Date