



KANSAS CITY PETERBILT APPLICATION FOR EMPLOYMENT

Kansas City Peterbilt _____ Utility Trailer Sales _____
Position Desired _____ Full-Time _____ Part-Time _____

Date: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER APPLICANT'S STATEMENT

I understand that this application will be given every consideration, but it is not a promise of employment.

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or to make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand the Company reserves the right to require me to submit to test for the presence of drugs in my system prior to employment and at anytime during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon passing of a physical examination, and a test for the presence of alcohol in my system, performed by a doctor selected by the Company. Further, I understand that, at any time after I am hired, the Company may require me to submit to a physical examination, and an alcohol test, to the extent permitted by law. I consent to the disclosure of the results of the physical examinations and related test to the Company.

I understand that the Company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request, within a reasonable period of time, to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims or damage that may directly or indirectly result from use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I hereby state that all of the information that I provide on this application and in any interview is true and accurate. I understand that if I am employed and any such information is later found false, in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

APPLICANT SIGNATURE _____

APPLICATION

Social Security # _____ - _____ - _____

Date: _____

Name: _____
(Last / First / Middle)

Address: _____
(Street No./ City / State / Zip)

Telephone: (____) _____ - _____ Email Address: _____

Are you 18 years of age or older? Yes No

If hired, can you provide evidence that you are authorized to work in the U.S? Yes No

EDUCATION

Type	Name/Location	Course of Study	# of Years Completed	Degree/Diploma

EMPLOYMENT RECORD

Company Name/Address	Kind of Work	Date Started/Left	Rate of Pay	Reason for Leaving

U.S. MILITARY SERVICE

Branch of Service _____

From _____ to _____

Rank and Type of Service _____

Training/Experience Received _____

REFERENCES (Do Not Include Relatives)

Name/Occupation/Years Known/Address

1. _____

2. _____

3. _____

EMPLOYMENT

Type of work desired _____ Salary desired _____

How were you referred to our organization? _____

Do you have any relatives who are employed by this organization? ___Yes ___No

Please specify: _____

Is there any information we would need about your name, or use of another name, for us to be able to check your work record?

___Yes ___No

Have you ever been convicted or charged with a felony or misdemeanor: ___Yes ___No

If yes, please explain details in full, including dates, details of offense(s) charged, jurisdiction and disposition of case:

Please list any additional information that relates to your ability to perform the job for which you have applied, such as licenses, professional memberships, hobbies, etc.

APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

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

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Applicant Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION

Employee Candidate: _____ Date: _____

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Work () _____ - _____

County: _____ Country _____

ACKNOWLEDGEMENT OF CONDITION TO HIRE

PRE-EMPLOYMENT DRUG SCREEN CONSENT FORM

I understand that applicants who have received an “offer to hire” from Kansas City Peterbilt Inc. or Utility Trailer Sales of Kansas City, Inc are required, as a condition of employment, to take a drug screen test.

I consent freely and voluntarily to the company’s request for a urine and or other specimen or sample for the purpose of determining the presence of drugs, alcohol or other controlled substances. Further, I understand and agree the results of those tests may be given to a company designee for review.

I understand that either failure to submit a specimen or a sample or if analysis reveals the presence of drugs, alcohol or other controlled substances, the “offer to hire” is immediately and wholly revoked and I will be disqualified from any further employment consideration.

I hold harmless the company, its officers, agents, and employees as well as the testing agency from any claims I may have against any or all of them arising out of the drug and/or alcohol screening test and its use to determine whether I may be employed by the company.

I have read this form in full and understand the above statement and that the “offer of hire” is contingent upon the conditions set forth herein.

Employee Candidate: _____