

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

(If less than 3 years at current residence)

Previous Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () Cell: () E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Do you have a valid N.C. Driver's License? YES NO

Do you have experience driving commercial motor vehicles? YES NO

Have you had any driving accidents in the last 3 years, other than parking violations? YES NO If yes, explain: _____

Do you authorize Kemp, Inc. to obtain your DMV record for the last 3 years? YES NO

Have you ever been convicted of a felony? YES NO If yes, explain: _____

What type of employment are you seeking? F/T P/T

As a condition for employment, are you willing to submit to a pre-employment and random drug screening? YES NO

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

(Please list three professional references)

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Previous Employment

(Employment history for the last 3 years)

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Was this a DOT regulated employer subject to FMCSR's? YES NO

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Was this a DOT regulated employer subject to FMCSR's? YES NO

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Was this a DOT regulated employer subject to FMCSR's? YES NO

May we contact your previous supervisor for a reference? YES NO

Skills and Organizations

List any special training or skills (languages, machine operation, etc.)

List any membership in professional organizations (Exclude those which may disclose race, color, religion, or national origin)

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

AT WILL EMPLOYMENT CLAUSE: employment contract provision indicating that employer or employee may terminate the employment relationship at any time with or without cause

In consideration of employer entering into this agreement, employee agrees to conform to the policies and rules of employer in effect from time to time. Each party to this agreement also agrees that employee's employment and compensation can be terminated, with or without cause, and without prior notice, at any time, at the option of either employee or employer.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

Signature: _____ Date: _____