



***RENTAL • SALES
SERVICE***

**K&K Supply Inc,
535 N. Hwy Dr.
Fenton, Mo. 63026**

Application for Employment

**THIS IS AN IMPORTANT DOCUMENT. ANSWER EACH
ITEM COMPLETELY. FAILURE TO DO SO MAY RESULT IN
YOU NOT BEING CONSIDERED FOR THE POSITION.**

Name: _____ Date: _____



Employment Requirements and Functions

- Must comply with the K&K Supply Substance Abuse Policy and or DOT Drug Control Program, which includes pre-employment and random drug and/or alcohol testing.
- Must be able to read and write
- Must have a clean driving record or be accepted by company insurance policy provider to drive K&K Supply vehicles. If applying for drivers position.
- You must have your own transportation to and from work.
- Must have a telephone.
- Must work as a team player.
- Must cooperate with co-workers.
- Must respond politely to customers, contractors, and the traveling public.
- Must be willing to think quickly and act appropriate in emergency situations.
- Must be able to function under intense time pressure.
- Must be willing to accept change.
- Must contribute to a healthy, positive workenvironment.
- Must accept any other related, relevant work duties as assigned.

I have read and understood the above contents. I realize that at any time during my employment with K&K Supply, if any of the above requirements or functions are not met, it could result in the termination of my employment relationship with K&K Supply.

Signature: _____ Date: _____



K&K Supply

Employment Application

K&K Supply is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on a basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Personal Data:

First Name: _____ Middle: _____ Last: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____

SSN: _____

Daytime Phone: _____

Are you 18 years of age or older? Yes _____ No _____

- Race: White American Indian or Alaska Native
 Asian African American
 Native Hawaiian or Other Pacific Islander
 Hispanic I choose not to disclose this information.

Position Preferences:

How were you referred to K&K Supply? _____

What position are you applying for? _____

Salary Desired: \$ _____ per _____ (specify hour, week or year)

Schedule Desired: Full Time _____ Part Time _____ # Hours per week _____

Can you work overtime? Yes _____ No _____

What date are you available to start work? _____

Education:

High School

School Name: _____

City and State: _____

Degree or Number of years completed: _____

Major or Subject: _____ GPA: _____

College

School Name: _____

City and State: _____

Degree or Number of years completed: _____

Major or Subject: _____ GPA: _____

List any certificates earned or in-progress, and/or any additional training programs not included in your formal education.

List any Professional Affiliations to which you belong:

Military Experience:

Have you ever been in the armed forces? Yes _____ No _____ Specialty: _____

Date entered: _____ Discharge date: _____

List any awards or honors you received:

Miscellaneous Information:

Have you ever been convicted of a crime? Yes _____ No _____

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recent such offense(s) took place, sentence(s) imposed and type(s) of rehabilitation:

Have you had any amount of time lost from work during the past 3 years for any reason?

Yes _____ No _____

If yes, please provide dates and reason for loss of time:

If applying for drivers position only.

Driving Information:

Do you have a driver's license? Yes _____ No _____

Driver's License #: _____ State of Issue: _____

Expiration Date: _____ Operator _____ Commercial (CDL) _____

Can you drive a manual transmission vehicle? Yes _____ No _____

Have you ever had your driver's license suspended or revoked? If yes, please provide date, length of time, and explanation.

Have you been in an accident or received a traffic violation in the last five years? If yes, please provide date and explanation.

Work Experience

List your current or most recent employment first (include work related internships).

Current Employer: _____

City and State: _____ Telephone: _____

Supervisor's Name and Title: _____

Position Title: _____

Duties performed, skills used or learned:

Reason for Leaving: _____

Salary: _____ per HOUR WEEK MONTH YEAR (circle one)

Dates of Employment: From _____ To _____

May we contact your employer? Yes _____ No _____

Previous Employer: _____

City and State: _____ Telephone: _____

Supervisor's Name and Title: _____

Position Title: _____

Duties performed, skills used or learned:

Reason for Leaving: _____

Salary: _____ per HOUR WEEK MONTH YEAR (circle one)

Dates of Employment: From _____ To _____

May we contact your employer? Yes _____ No _____

Previous Employer: _____

City and State: _____ Telephone: _____

Supervisor's Name and Title: _____

Position Title: _____

Duties performed, skills used or learned:

Reason for Leaving: _____

Salary: _____ per HOUR WEEK MONTH YEAR (circle one)

Dates of Employment: From _____ To _____

May we contact your employer? Yes _____ No _____

Professional References

Name	Title	Company	Phone	Relation
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱSection 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



Veterans Self-Identification Form

Section 1: Classification

I belong to the following classifications of protected veterans (choose all that apply):

- Disabled Veteran
- Recently Separated Veteran
- Active Wartime or Campaign Badge Veteran
- Armed Forces Service Medal Veteran
- I am NOT a veteran.
- I choose not to disclose this information.

Section 2: Veteran Status

- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- I am NOT a protected veteran.

Section 3: Military Branch

- Army Navy Marine Corps Air Force Coast Guard National Guard

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Name

Date



Releases and Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, educations, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from K&K Supply and/or any of their agents. This authorization and consent shall be valid in original, fax or copy form.

Signature: _____ Date: _____

All hiring and employment at K&K Supply is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by K&K Supply has no specific term and may be terminated by the employee or by K&K Supply with or without notice. I acknowledge that K&K Supply has not made any promise or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with K&K Supply . I understand that failure to provide this evidence will result in termination of my employment.

I release and agree to hold harmless any individual, company, business institution, or government agency from all liability with regard to furnishing information to K&K Supply . I agree to release and hold harmless K&K Supply from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with K&K Supply may be terminated.

Signature: _____ Date: _____

K&K Supply Inc,
535 N. Hwy Dr.
Fenton, Mo. 63026



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Pre- Employment Drug Screening

As part of K&K Supply's employment procedures and commitment to a safe, healthy, lawful and productive workplace and workforce, applicants will be required to undergo a pre-employment drug screening that is conducted by a vendor designated by K&K Supply. Any offer of employment that an applicant received from Traffic Control Company is contingent upon successful passing of this screening.

Applicants who attempt to alter, adulterate or substitute a specimen for purposes of screening will be deemed to have tested positive. Applicants testing positive will be removed from consideration for employment with K&K Supply for a period of at least twelve (12) months.

K&K Supply will do the scheduling of this screening. For additional information on testing, refer to the K&K Supply Substance Abuse Policy and DOT Drug Control Program.

Acknowledged,

Signature: _____ Date: _____