



DRIVER'S APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

I. PLEASE PRINT

Position(s) applied for _____ Date of Application _____

Name _____ Social Security Number _____
Last First Middle

Phone: _____ Cell or Home Email: _____

Date of Birth ____ / ____ / ____ (MM/DD/YYYY) Can you provide proof of age? Y / N

Are you over 18 years old? Yes No

Have you ever been employed by Koss Construction before? Yes No

If so:
Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Rate of pay expected? _____

Are you now employed? _____ If not, how long since leaving last employment? _____

List your addresses of residency for the past 3 years.

Current Address _____
Street City State Zip Code
How Long? _____ (Yr/Mo) Phone (____) _____

Previous Addresses _____
Street City State Zip Code How Long?
Street City State Zip Code How Long?

Are you legally eligible for employment in this country? Yes No

Date available for work: _____

Are you able to meet the attendance requirement of the position? Yes No

Names of Friends or Relatives working at Koss: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____

If yes, Please Explain, _____

II. EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 4 years. List complete mailing address, street number, city, state, zip code, and reason for leaving.

May we contact your former employers? Yes No

If not, which ones: _____

EMPLOYER		DATE	
Name		From Mo. yr	To Mo. yr
Address		Position Held	
City	State	Zip	
Contact Person		Phone Number	
		Salary/ Wage	
		Reason for Leaving	

EMPLOYER		DATE	
Name		From Mo. yr	To Mo. yr
Address		Position Held	
City	State	Zip	
Contact Person		Phone Number	
		Salary/ Wage	
		Reason for Leaving	

EMPLOYER		DATE	
Name		From Mo. yr	To Mo. yr
Address		Position Held	
City	State	Zip	
Contact Person		Phone Number	
		Salary/ Wage	
		Reason for Leaving	

EMPLOYER		DATE	
Name		From Mo. yr	To Mo. yr
Address		Position Held	
City	State	Zip	
Contact Person		Phone Number	
		Salary/ Wage	
		Reason for Leaving	

III. ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

Attach sheet if more space is needed. *If None, write none.*

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
Last Accident:			
Next Previous:			
Next Previous:			

*TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)
IF NONE, WRITE NONE*

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

IV. EXPERIENCE AND QUALIFICATIONS:

DRIVER LICENSE	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
- B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS
- C. Have you operated a commercial motor vehicle in excess of one (1) year? YES _____ NO _____

V. DRIVING EXPERIENCE *If none, write none.*

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO OF MILES (TOTAL)
		FROM	TO	
Straight Truck				
Tractor and semi-trailer				
Tractor – two trailers				
Motorcoach–school bus				
Other				

Summarize any training, licenses, and characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying. _____

List safe driving awards you hold and from whom _____

VI. EDUCATION:

High School: _____ City/State: _____

College: _____ City/State: _____

College: _____ City/State: _____

Other: _____ City /State: _____

TO BE READ AND SIGNED BY APPLICANT

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. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. 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. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that prior to being employed, I would be required to submit to a Drug Screen.

Date: _____ Signature of Applicant: _____

**Koss Construction Company participates in E-Verify to verify employee identity and work authorization.
Return completed application to: Koss Construction Company, 5830 SW Drury Lane, Topeka, KS 66604**



APPLICANT VOLUNTARY SELF-IDENTIFICATION FORM

Applicants are considered for all positions without regard to race, color, sex, national origin, veteran status, or disability status. As an Affirmative Action/Equal Opportunity Employer, Koss Construction complies with government regulations and affirmative action responsibilities.

Please complete the Applicant Voluntary Self-Identification Form to assist us with government record keeping, reporting, and other legal requirements. The data is for analysis and affirmative action purposes. Submission of information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. **Completion of information below is voluntary.** Thank you for your cooperation.

Section 1: General Applicant Information – Please Complete:

Position Applied for: _____

Location/Division: _____

Date of Application: _____ Name: _____

Section 2: Referral Source – Please check one:

Referred by current employee Koss Internet Website Job Fair School

Workforce Center Newspaper Ad Walk-In Other: (name of source) _____

Section 3: Applicant Affirmative Action Data – Please complete

A. Gender? (Check one box) Male Female

B. What is your race/ethnicity? You may mark **only one** of the following boxes.

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

White (Not Hispanic or Latino) – Caucasian

Black or African American - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian/Alaskan Native – A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races – All persons who identify with more than one of the above five races.

C. **Veteran Status*** - Please check all boxes below that apply. Identification of a veteran status is essential for effective affirmative action data collection and analysis. If you choose to identify your veteran status, the information you provide will be used for statistical purposes only and will not affect your employment in any way.

Are you a Veteran? I am not a Veteran I am a Veteran

If you are a Veteran, please select one or more of the categories below that apply to you:

Vietnam Era Veteran: A veteran who:

- (1) Served on active duty in the U.S. military, ground, naval, or air service for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge if any part of such active duty occurred: (a) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (b) between August 5, 1964 and May 7, 1975 in all other cases; or
- (2) Was discharged or released from active duty for a service connected-disability if any part of such active duty was performed: (a) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (b) between August 5, 1964 and May 7, 1975 in all other cases.

Recently Separated Veteran: A veteran who was discharged or released from active duty in the U.S. Military within the last three (3) years. Please indicate the **date of discharge:** _____

Special Disabled Veteran: A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for disability – a) rated at 30% or more; b) rated at 10 or 20% in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap; or c) a person who was discharged or released from active duty because of service connected disability.

Other Protected Veteran: A veteran who served on active duty in the U.S. military ground, naval, or air service during war or in a campaign or expedition for which a campaign badge has been authorized under laws administered by the U.S. Department of Defense. The information required to make this determination is available at: <http://www.opm.gov/veterans/html/vgmedal2.asp> or by calling (310) 306-6752.

D. **Disability Status**** - Please check the box below if applicable. Self-identification of disability status is essential for effective affirmative action data collection and analysis. If you choose to self-identify your disability status, the information you provide will be used for statistical purposes only and will not affect your employment in any way.

Individual with Disabilities

Definition of Disability

A person has a disability if he or she has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment, or is regarded as having such impairment. A handicap is “substantially limiting” if it is likely to cause difficulty in securing, retaining or advancing in employment.