

EMPLOYMENT APPLICATION

Kenneth Smith Inc.
 2596 Detroit Rd.
 Niles, Michigan 49120
An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION

FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	
STREET ADDRESS					
CITY		STATE		ZIP CODE	

Do you have legal right to work in the United States? YES NO

Have you worked for Kenneth Smith Inc. in the past? YES NO

If yes, what were dates of employment?

FROM MO/YR		TO MO/YR	
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IF yes, please explain reason for leaving _____

Are you now employed? YES NO

Were you referred? YES NO

IF yes, where/who were you from? _____

Is there any reason you might not be able to perform the functions/tasks of the position you have applied for? YES NO

IF yes, please explain _____

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE	
				Y	N
HIGH SCHOOL				<input type="checkbox"/>	<input type="checkbox"/>
COLLEGE				<input type="checkbox"/>	<input type="checkbox"/>
OTHER				<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT HISTORY

CURRENT (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD			FROM MO/YR		TO MO/YR
REASON FOR LEAVING					SALARY
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
SECOND (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD			FROM MO/YR		TO MO/YR
REASON FOR LEAVING					SALARY
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
THIRD (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD			FROM MO/YR		TO MO/YR
REASON FOR LEAVING					SALARY
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
FOURTH (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD			FROM MO/YR		TO MO/YR
REASON FOR LEAVING					SALARY
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

May we contact any employers listed above? YES NO

Show any trucking, transportation or other experience that may help for the position applied for _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, 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.

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 I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			