



Highest Grade Completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Last school attended: \_\_\_\_\_  
Name City State

Special skills and qualifications including equipment operated: Summarize special skills and qualifications acquired from employment or other experience you have that would be helpful in our evaluation of this application. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever run a crew? If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Employment History

**\*Drivers must fill out a Driver's Application:**

All other applicants: You must provide the following information on all previous employers during the preceding three (3) years.

**EMPLOYER**

Name: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**EMPLOYER**

Name: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**EMPLOYER**

Name: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

\*\*Do you, or have you, had pain in your back, or trouble with your back within the last two (2) years? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Addresses for the Past Three Years**

Street	City	State	Zip	How Long? _____
Street	City	State	Zip	How Long? _____
Street	City	State	Zip	How Long? _____

This certifies that I completed this application, and that all entries on it and information on it are true and complete to the best of my knowledge. Any information found to be false or omission of facts may result in cancellation of my application or termination of employment.

I authorize KANTEX, any doctor, clinic, laboratory or medical facility designated by KANTEX, to collect blood, urine, and other samples for alcohol and drug screening that may be required.

I understand and hereby give my consent to a pre-employment drug test as required by 49 CFR Part 199 and Part 391. Refusal to take such test will result in being disqualified for employment.

Pursuant to KANTEX achieving a drug free workplace, I understand I may be subject to and give my consent to any random drug testing or reasonable cause testing.

I agree to abide by the rules and regulations of the Company as a condition of my employment. I understand that no representative of the Company has the authority to enter into any agreement for employment for any specified period of time and that my employment may be terminated at any time, with or without notice.

By signing this document, I acknowledge that I have been educated in the safety procedure implemented by KANTEX Industries in order to insure a safe working environment. I also understand that I will be required to attend periodic safety meetings.

If I, the undersigned, ever have reason to think my work site is unsafe for any reason, I will have the work stopped until the problem is rectified. Furthermore, I have been assured that the management of KANTEX Industries will stand by my decision no matter what my position in the Company, and that I will face no repercussions because of my decision.

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Signature

In case of emergency, contact: \_\_\_\_\_

Name

\_\_\_\_\_  
Phone Number