

Kimmins Contracting Corp.
1501 E. 2nd Avenue
Tampa, FL 33605

Driver's Application for Employment

(Answer all questions – please print)

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

Date of Application: _____

Position(s) applied for: _____

Name: _____ Social Security #: _____
Last First Middle

Address: _____ Phone #: _____
Street City State Zip Code

Address for the past three (3) years:

_____ How long? _____

_____ How long? _____

_____ How long? _____

Do you have the right to work in the United States: _____

Have you ever been convicted of a felony or misdemeanor?	Yes	No	Describe:

*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

Date of Birth: _____ / _____ / _____ Can you provide proof of age? _____
(Required for truck drivers)

Have you ever worked for Kimmins before? _____ Where: _____

Dates: From: _____ to: _____ Rate of Pay: _____ Position: _____

Reason for leaving: _____

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

Who referred you? _____ Rate of pay expected: _____

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?)

Yes _____ No: _____ If yes, explain: _____



DRIVER EXPERIENCE & QUALIFICATIONS

SECTION 1

DRIVERS LICENSES

List all drivers licenses you have held in the past FIVE years:

State	License No.	Class	Endorsement(s)	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has any license, permit or privilege ever been suspended or revoked? Yes No

If you answered "yes" to either of the above questions, please explain below:

SECTION 2

DRIVING EXPERIENCE

Class of Equipment	Type	Yes/No	Dates		Approx. # of miles
			From (MM/YY)	to (MM/YY)	
Straight Truck	Box	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Straight Truck	Dump	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Straight Truck	Roll-Off	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Straight Truck	Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor / Semi-trailer	Box	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor / Semi-trailer	Flatbed / Lowboy	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor / Semi-trailer	Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Motorcoach/Schoolbus	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			

List states operated in during last 5 years: _____

Special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

SECTION 3**ACCIDENT RECORD**

List any accidents you have been involved in for the past FIVE years (If none, write none):

Date	Nature of Accident (Head-On, Rear-End, etc.)	Fatalities?	Injuries?	HazMat Spill?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4**TRAFFIC CONVICTIONS**

List any traffic violations that you have been found guilty of for the past FIVE years (If none, write none):

Location (State, city, street)	Date	Charge	Penalty

SECTION 5**EMPLOYMENT HISTORY**

Please provide information about the employers you have worked for in the past TEN years:
(NOTE: List employers in reverse order starting with the most recent)

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD:	
CITY	STATE ZIP	SALARY/ WAGE:	
CONTACT PERSON	PHONE # ()	REASON FOR LEAVING:	
DID YOU DRIVE A CMV* SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD:	
CITY	STATE ZIP	SALARY/ WAGE:	
CONTACT PERSON	PHONE # ()	REASON FOR LEAVING:	
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SECTION 5

EMPLOYMENT HISTORY (Con't)

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD:	
CITY	STATE ZIP	SALARY/ WAGE:	
CONTACT PERSON	PHONE # ()	REASON FOR LEAVING:	
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* **CMV** = Commercial Motor Vehicle having a gross vehicle weight rating (GVWR) of 26,001 pounds or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.
 ** **FMCSRs** = The Federal Motor Carrier Safety Regulations that apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) weighs or has a GVWR of 10,000 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



JOB ANALYSIS

JOB TITLE: COMMERCIAL TRUCK DRIVER

JOB DESCRIPTION: Operates large commercial dump truck, roll-off container truck, or 18-wheel transport rig. Drives truck for 8-12 hours per day, 5-6 days per week. Must be able to climb up into truck cab and back down repeatedly throughout the day. Must be able to operate all foot and hand controls continuously throughout the day. Responsible for conducting daily pre- and post-trip vehicle inspections, including under the hood of the truck. Responsible for the safe loading and unloading of truck. Must be able to tolerate driving in off-road conditions and the resulting whole-body movement. For roll-off trucks, must be able to swing heavy gate from open to closed position and back. For transport semi-trailers, must be able to climb up and down from and move heavy construction equipment such as backhoes, loaders and dozers.

FREQUENCY CODES

- A - Major** - Activity or condition exists 60% or more of work time.
- B - Moderate** - Activity or condition exists between 20-60% of work time.
- C - Minor** - Activity or condition exists less than 20% of work time.
- D - Occasional** - Activity or condition exists less than 5% of work time.
- N/A - Not applicable

PHYSICAL DEMANDS

				<i>Code</i>
Strength		Reaching		
Standing	5 %	Handling		C
Walking	5 %	Finger manipulation		A
Sitting	90 %	Eye-Hand Coordination		A
		Foot-Hand-Eye Coordination		A
		Other _____		
Lifting	20 lbs.			
Lifting	30 lbs.			
Carrying	20 lbs.			
Pushing	50 lbs.			
Pulling	50 lbs.			
		Communicating		
Climbing		Ordinary		A
Stairs	N/A	Other _____		
Ladders	D			
Heavy Equipment (cab)	D			
Large Trucks (cab)	C			
Other: FORKLIFT	N/A			
Balancing	D	Hearing		
		Ordinary		A
		Other _____		
Stooping		Seeing		
Kneeling	D	Acuity - Near		A
Crouching	D	Acuity - Far		A
Crawling	D	Depth Perception		A
Turning/Twisting	D	Color Vision		A
Bending at Waist	D	Field of Vision		A
Other _____				

PHYSICAL CONDITIONS

Working Area

Inside	0 %
Outside	100 %

	Code		Code
Temperature		Atmospheric Conditions	
Constant cold	N/A	Fumes	D
Constant heat	B	Odors	D
Changing temperatures	B	Mists	D
		Dusts	D
Humidity or Damp	A	Oil/Grease	D
		Dirt	D
Noise and Vibration		Gases	N/A
Noise level (dB)	80dB	Ventilation	N/A
Arm/Hand Vibration	A	Lighting	N/A
Whole-Body Vibration	A	Other _____	
Exposure (hours/day)	8-12		

Unavoidable Hazards

Mechanical	D
Electrical	D
Burns	D
Moving objects	D
Heights	D
Cramped quarters	D
Other _____	_____

Protective Clothing or Personal Devices

Gloves	D
Hard Hat	C
Safety Glasses	C
Steel Toe Boots	C
Respirator	N/A

MENTAL REQUIREMENTS

	Code
• Understand and carry out oral instructions.	A
• Read and carry out simple written instructions.	A
• Read work orders, scrap tickets, logs, and schedules.	A
• Read and carry out complicated instructions.	C
• Observe and read instruments, gauges, dials, etc. to determine operating conditions.	A
• Prepare detailed records or reports such as inventory records, receiving reports, operating logs, etc.	C
• Estimate size, form, quality or quantity of objects.	C
• Estimate speed of moving objects.	A

- Inspect, examine and observe for obvious product/equipment defects. C
- Inspect, examine and observe for product/equipment defects not easily identified. C
- Count, make simple arithmetic additions and subtractions. C
- Use measuring devices such as tapes, gauges, rules, weight scales, where reading is direct and obvious. D
- Plan and schedule movement or flow of materials or products. C
- Operate automotive equipment such as autos and trucks. A
- Operate industrial trucks such as forklifts, flat beds, tractors. D
- Use non-power hand tools such as hammers, wrenches, etc. D
- Assemble or disassemble objects. D
- Determine malfunctioning of units by observing. C
- Determine nature and location of malfunction. C
- Perform a journeyman craft activity. D
- Make adjustments to obtain specified operating conditions such as turning valves; switches; moving and setting controls; adjusting pumps; etc. D
- Control activities of a single work unit. A
- Operate equipment requiring specialized knowledge of process. B
- Plan own work activities. D
- Train other workers. D
- Work alone. A
- Work as a member of a team. C
- Work without supervision. A
- Work with minimum amount of supervision. A
- Work under pressure. A
- Work rapidly for long periods. A
- Work on several tasks at the same time. D

PLEASE READ CAREFULLY

Date: _____

Applicant Authorization and Consent for Release of Information

We truly welcome your application with Kimmins Contracting Corp. and we are proud that our success is the result of the quality and caliber of our employees. In pursuit of that excellence, we require as a condition of employment and/or continued employment, that all applicants consent to and authorize a Pre-Employment Verification of the background information submitted on the application or resume.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of the attached employment application is true and complete to the best of my knowledge. I understand that any false statement provided by me will be considered as cause for possible dismissal. All results of the research into my background will be proprietary and kept confidential. The information obtained will not be provided to any parties that are not part of the hiring decision.

This Authorization and Consent for Release acknowledges that Kimmins Contracting Corp. may now conduct a verification and/or screening of my Previous Employment, Education, Driving Record, References, Tenancy, and any Criminal History Record information pertaining to me that may be in the files of any Federal, State or Local Criminal Justice Agency in any state, territory, possession, or jurisdictional area of the United States of America, or other nations or countries. I acknowledge by my signature below that employment with Kimmins Contracting Corp. is contingent upon satisfactory background verification.

I have read and understand this release and consent, and I authorize the background search. I authorize persons, current and former employers, and other organizations and agencies to provide all information that may be requested. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is valid as the original.

I do hereby agree to forever release and discharge Kimmins Contracting Corp., their agents and their associates, to the full extent permitted by law from any claims, damages, losses, liabilities, costs, and expenses, or any charge or complaint filed with any agency arising from the retrieving and reporting of this information. According to the Federal Fair Credit Reporting Act, I am entitled to know if my employment application was denied based on information obtained by prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the background screen report.

Applicant's Name: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number and State: _____

Phone Number with Area Code: _____

Signature (must be signed by applicant)

Date: _____

Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status or veteran status, medical condition or handicap.

As employers/government contractors, we comply with governmental regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a confidential file separate from the Application for Employment.

PLEASE PRINT:

Name: _____ Date: _____

Address: _____

Position Applied For: _____

Referral Source: _____ Advertisement _____ Friend _____ Relative
 _____ Employment Agency _____ Walk-In _____ Other

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Check one: _____ Male _____ Female

Check one of the following Race/ethnic group:

 _____ White _____ Black _____ Hispanic
 _____ American Indian/Alaskan Native _____ Asian/Pacific Islander

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was complete by me, and that all entries on it and information on 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. (Generally inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). 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 understate that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of Kimmins Contracting Corp.

Applicant's Signature

Date