

KILROY, LLC

132 W Rocky Rd.
P.O. Box 729
Afton, Wyo. 83110
(307) 885-0600
Fax 885-0601

APPLICATION FOR EMPLOYMENT

DATE: _____

A COPY OR DRIVERS LICENSE & SOCIAL SECURITY CARD MUST BE ATTACHED TO ALL APPLICATIONS.

POSITION APPLIED FOR: (If truck driver, please ask for drivers application.)

PERSONAL INFORMATION:

First Name _____

Middle Name _____

Last Name _____

Date Of Birth _____

Mailing Address _____

Street Address _____

City, State, Zip Code _____

Phone Number () _____

Are you eligible to work in the United States?

Yes _____ No _____

If you are under age 18, do you have an employment/age certificate?

Yes _____ No _____

Have you been convicted of or pled no contest to a felony within the last five years?

Yes _____ No _____

If yes, please explain: _____

What date are you available to start work? _____

EDUCATION:

Skills and Qualifications: Licenses, Skills, Training, Awards

EMPLOYMENT HISTORY:

Present or Last Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position: _____

From: _____ To: _____

Responsibilities: _____

Reason for Leaving: _____

PREVIOUS EMPLOYMENT:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position: _____

From: _____ To: _____

PREVIOUS EMPLOYMENT:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position: _____

From: _____ To: _____

MAY WE CONTACT YOUR PREVIOUS EMPLOYERS?

Yes _____ No _____

REFERENCES:

Name, Title, Address, Phone:

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital, or veteran status, or any other legally protected status.

WE ARE A DRUG FREE WORK PLACE. We require pre-employment, post accident, reasonable suspicion and random testing. If you are tested for employment and work less than thirty days you will be responsible for the cost of testing.

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of

employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature: _____

**Please complete the following if you have a commercial driver's license
And are applying for a Truck Driver position**

DRIVERS EXPERIENCE & QUALIFICATIONS
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Licenses (Must list drivers licenses held in past 3 years.)

State	License #	Class	Endorsements	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
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety regulations? _____ Yes _____ No

If you answered "yes" to any of the above questions, please full details. _____

Driving Experience:

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	From Date	To Date	Approximate Total Miles
Straight Truck				

Tractor & Semi Trailer				
Twin Trailers – LVC’s				
Other				

List States operated in during last five (5) years: _____

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

Accident Review for Past Three Years

Dates	Nature of Accident (Head on, Rear End, Overturn, Etc.)	Fatalities	Injuries
Last Accident			
Previous			
Next Previous			

List any additional accidents: _____

Traffic Convictions or Forfeitures for the past three years other than parking violations

Dates	Location (City & State)	Charge	Penalty

List any additional: _____

This certifies that this employment application was completed by me, and that all information in it are true and accurate to the best of my knowledge.

Applicant's Signature

Date

Note: A motor carrier may require more information in addition to the information required by the Federal Motor Carrier Safety Regulations.