



DRIVER APPLICATION

An Equal Opportunity Employer

PO Box 383, Sour Lake, Texas 77659-0383 Phone: 409-753-1700 Fax: 409-753-2151

ALL APPLICANTS MUST READ THIS BEFORE PROCEEDING

To be considered for a driving position with KAT Excavation & Construction, Inc. , you must meet the following criteria:

- 1) Pass a pre-employment drug and alcohol test
- 2) Pass a pre-employment physical
- 3) Have at least 2 years of driving experience
- 4) Be at least 25 years of age
- 5) Have an acceptable driving record. An acceptable driving record cannot have:
 - a) More than 2 moving violations and/or accidents in the most recent 3 years
 - b) DWI / DUI in the last 5 years
 - c) Leaving the scene of an accident in the last 5 years
 - d) Careless or reckless driving in the last 5 years
 - e) Homicide or assault through the use of a motor vehicle
 - f) Suspended or revoked license in the last 5 years
 - g) Eluding a police officer

You must complete previous employment information, including complete mailing addresses and phone numbers for your previous employers.

All questions on the application must be answered and completed. Any application without complete information will not be processed. The information release must be signed by you and dated.

Before you waste our time and yours, we do random drug testing throughout the year and check your driving and criminal history before employment.

These requirements to work for KAT Excavation & Construction, Inc. are not negotiable.

As part of our hiring background and investigation, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681- 1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

TO BE READ AND SIGNED BY APPLICANT I authorize you to make such investigations and inquiries to 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 understand 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 the Company. "I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). 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 re-send 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."

Signature _____

Name

Date



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PERSONAL INFORMATION

Last Name First Name Middle
 SSN Phone Number Date of Birth

CURRENT RESIDENCY

Address City State Zip Code

PAST 3 YEARS RESIDENCY

Address City State Zip Code

Address City State Zip Code

EMPLOYMENT HISTORY

(Use additional Employment History Information form if necessary) All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record). You are required to list the complete mailing address: street number and name, city, state, and ZIP code.

CURRENT OR LAST EMPLOYER Name Phone Number

Address City State Zip Code

Position Held From To

Reason For Leaving

Were you subject to the FMCSRs** while employed? 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?

Account for period between jobs - Include dates (month/year) and reason

SECOND LAST EMPLOYER Name Phone Number

Address City State Zip Code

Position Held From To

Reason For Leaving

Were you subject to the FMCSRs** while employed? 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?

Account for period between jobs - Include dates (month/year) and reason

THIRD LAST EMPLOYER Name Phone Number

Address City State Zip Code

Position Held From To

Reason For Leaving

Were you subject to the FMCSRs** while employed? 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?

Account for period between jobs - Include dates (month/year) and reason

*Any gaps in employment and/or unemployment must be explained. **The Federal Motor Carrier Safety Regulations (FMCSRs) 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 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



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EXPERIENCE AND QUALIFICATION

DRIVING EXPERIENCE

If no driving experience within the past 3 years - check here

Class of Equipment	Type of Equipment (Check all that apply)	Dates	OR Approx Number of Miles
Straight Truck	<input type="checkbox"/> Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Flat	From <input type="text"/> To <input type="text"/>	Or Approx. Miles <input type="text"/>
Tractor & Semi Tailer	<input type="checkbox"/> Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Flat	From <input type="text"/> To <input type="text"/>	Or Approx. Miles <input type="text"/>
Tractor - 2 Trailers	<input type="checkbox"/> Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Flat	From <input type="text"/> To <input type="text"/>	Or Approx. Miles <input type="text"/>
Tractor - 3 Trailers	<input type="checkbox"/> Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Flat	From <input type="text"/> To <input type="text"/>	Or Approx. Miles <input type="text"/>
Motorcoach / School Bus more than 8 passengers	<input type="checkbox"/> Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Flat	From <input type="text"/> To <input type="text"/>	Or Approx. Miles <input type="text"/>
Motorcoach / School Bus more than 15 passengers	<input type="checkbox"/> Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Flat	From <input type="text"/> To <input type="text"/>	Or Approx. Miles <input type="text"/>
Other	<input type="checkbox"/> Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Flat	From <input type="text"/> To <input type="text"/>	Or Approx. Miles <input type="text"/>

ACCIDENT HISTORY

If no accidents within the past 3 years - check here

Date	Nature Of Accident	# of Injuries	# of Fatalities	HazMat Spill?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Nature of Accident: Give short description, for example: Head On, Rear End, Upset, etc.

TRAFFIC CONVICTIONS & FORFEITURES

If no traffic convictions and/or forfeitures in the past 3 years - check here

Date Convicted	Violation (Non-Parking)	State	Penalty
<input type="text"/>	<input type="text"/>	Texas	<input type="text"/>
<input type="text"/>	<input type="text"/>	Texas	<input type="text"/>
<input type="text"/>	<input type="text"/>	Texas	<input type="text"/>

*Violation: List violations other than those involving parking Penalty: Brief description of penalty, for example: forfeited bond, collateral, and/or points

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State License Number Expiration Date

Have you been denied a license, permit, or privilege to operate a motor vehicle?

If Yes, give details

Has any license, permit, or privilege ever been suspended or revoked?

If Yes, give details



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SAFETY AND PERFORMANCE HISTORY RECORDS REQUEST

RECIPIENT EMPLOYER: The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing. In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

APPLICANT: Complete SECTION 1 and submit to prospective employer.

PROSPECTIVE EMPLOYER: Complete SECTION 5a and send form to current/previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

SECTION 1 TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, _____
 First Name Middle Last Name SSN _____ DOB _____

Hereby authorize: Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____

employment application date

To: KAT Excavation & Construction, Inc. PO Box 383, Sour Lake, Texas 77659-0383 Phone:409-753-1700 Fax:409-753-2151
 In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax # _____ Prospective employer's confidential email _____

Applicant Signature X _____ Date _____

SECTION 2 TO BE COMPLETED BY PREVIOUS EMPLOYER Complete Sections 2,3,& 4

The applicant named above was or is employed or used by us. Yes No

Employed as (job title) _____ From _____ To _____

Did applicant drive a motor vehicle for you? Yes No If Yes, what type? Straight Truck Tractor-Semitrailer

Bus Doubles/Triples Cargo Tank Other: Specify _____

Completed by _____ Company _____

Company Address _____ Company Phone _____

Signature X _____ Date _____

SECTION 3 TO BE COMPLETED BY PREVIOUS EMPLOYER Complete Sections 2,3,& 4

Check here ,if there is NO accident register data for this driver - then skip to Section 4. Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown in Sec 1

Date	Location	# of Injuries	# of Fatalities	HazMat Spill?



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SECTION 3 continued

TO BE COMPLETED BY PREVIOUS EMPLOYER

Complete Sections 2,3,& 4

Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

SECTION 4: Drug & Alcohol History

TO BE COMPLETED BY PREVIOUS EMPLOYER

Complete Sections 2,3,& 4

Check here and return if applicant was **not** subject to DOT testing requirements under 49 CFR Part 40 while employed by you.

Applicant was subject to DOT testing requirements From To

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown in SECTION 1.

Within the past 3 years from the application date shown on SIDE 1:

1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including:

- An alcohol test with a result of 0.04 or higher alcohol concentration.
- A controlled substances test result of positive, adulterated, or substituted.
- A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test. Yes No
- Alcohol use while performing or within 4 hours before performing safety-sensitive functions.
- Alcohol use after an accident, in violation of §382.303.
- Controlled substances use while on duty, except as allowed under §382.213.

2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here Yes No N/A

3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested? Yes No N/A

SECTION 5a

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed emailed Other: Specify _____

By: _____ Date

Subsequent attempts to contact previous employer (§391.23(c)(1)):

SECTION 5b

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information obtained from: _____

Recorded by: _____ Method: Fax Mail email

Date Other _____



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Disclosure

As part of our hiring background and investigation, KAT Excavation & Construction, Inc. reserves the right to obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written authorization to obtain said information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your rights under the Fair Credit Reporting Act.

Release

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby Authorize KAT Excavation & Construction, Inc. to obtain a consumer report and/or an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil records, workers' compensation (post-offer) and drug testing;
3. (applying to truck drivers) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 2 years;
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I agree that a copy of this authorization has the same effect as the original. I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as KAT Excavation & Construction, Inc. from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information. I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided my request in writing along with proper identification. I hereby authorize KAT Excavation & Construction, Inc. to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employee application. In addition, this authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment for follow-up and maintenance purposes.

Signature _____

Name

Date

Alternatively, this form can be saved with entered data to your computer, then manually attached to an email and sent to businessoffice@katconstruction.net