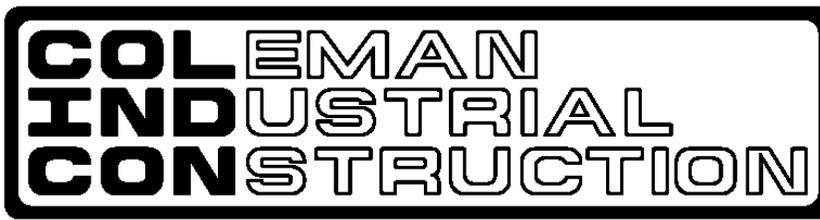


1001 Swift Avenue
Kansas City, MO 64116



(816) 741-8383 Phone
(816) 741-0542 Fax

office@cickc.com

APPLICATION FOR EMPLOYMENT

Date: _____

E-mail Address:

Last Name

First Name

M. I.

Social Security Number

Enter Your Full Name:

Enter Permanent Address: _____
City State Zip Code

Enter Present Address: _____
City State Zip Code

Enter Your Phone Numbers: _____
Home Phone Cell Phone Fax Number Pager

Marital Status (check one): single married separated divorced widow(er) Number of dependents: _____

Emergency Contact _____
Name Relationship Phone Number Address City, State, Zip

Height: (ft', in") _____ Weight: _____ Birth Date: _____ Do you have the legal right to work in the United States? Yes No

Are you a veteran of the Armed Services? Yes No If Yes, what Branch of Service? _____ Highest Rank? _____

Dates of Service: From: _____ To: _____ Are you a member of the National Guard or the Reserves? Yes No

Have you ever been convicted of a crime other than minor traffic violations? Yes No

Previous conviction will is not an automatic bar to employment. All circumstances will be considered.

If yes, explain:

List previous addresses going back at least five years:

Address _____ City _____ State _____ Zip Code _____

Address _____ City _____ State _____ Zip Code _____

Address _____ City _____ State _____ Zip Code _____

EMPLOYMENT GOALS AND HISTORY

Have you ever worked for Coleman Industrial Construction before? Yes No If Yes, indicate the following:

Date Employed: _____ Project Name: _____ Position Held: _____

Have you ever been Bonded? Yes No Name of Bonding Company? _____

What position are you applying for? _____

Expected Salary: _____ Project Name: _____ Date you are available to start: _____

All Driver applicants to drive in interstate commerce must provide the following information on all employers during the proceeding 3 years. List complete mailing address, street number, city, state, and zip.

Applicants to drive a commercial vehicle* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such a vehicle.

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in quantity requiring placarding.

The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway interstate commerce to transport passengers or property when the vehicle is 1) weighs or has a GVWR of 10,001 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 quantity requiring placarding.

NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ CONTACT PERSON: _____ REASON FOR LEAVING: _____	FROM: _____ TO: _____ POSITION HELD: _____ SALARY/WAGE: \$ _____ PHONE NUMBER: _____
WERE YOU 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 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ CONTACT PERSON: _____ REASON FOR LEAVING: _____	FROM: _____ TO: _____ POSITION HELD: _____ SALARY/WAGE: \$ _____ PHONE NUMBER: _____
WERE YOU 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 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ CONTACT PERSON: _____ REASON FOR LEAVING: _____	FROM: _____ TO: _____ POSITION HELD: _____ SALARY/WAGE: \$ _____ PHONE NUMBER: _____
WERE YOU 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 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ CONTACT PERSON: _____ REASON FOR LEAVING: _____	FROM: _____ TO: _____ POSITION HELD: _____ SALARY/WAGE: \$ _____ PHONE NUMBER: _____
WERE YOU 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 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ CONTACT PERSON: _____ REASON FOR LEAVING: _____	FROM: _____ TO: _____ POSITION HELD: _____ SALARY/WAGE: \$ _____ PHONE NUMBER: _____
WERE YOU 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 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME: _____	FROM: _____ TO: _____
ADDRESS: _____	POSITION HELD: _____
CITY: _____ STATE: _____ ZIP: _____	SALARY/WAGE: \$ _____
CONTACT PERSON: _____	PHONE NUMBER: _____
REASON FOR LEAVING: _____	
WERE YOU 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 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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ADDRESS: _____	POSITION HELD: _____
CITY: _____ STATE: _____ ZIP: _____	SALARY/WAGE: \$ _____
CONTACT PERSON: _____	PHONE NUMBER: _____
REASON FOR LEAVING: _____	
WERE YOU 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 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME: _____	FROM: _____ TO: _____
ADDRESS: _____	POSITION HELD: _____
CITY: _____ STATE: _____ ZIP: _____	SALARY/WAGE: \$ _____
CONTACT PERSON: _____	PHONE NUMBER: _____
REASON FOR LEAVING: _____	
WERE YOU 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 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DRIVING RECORD AND LICENSES

(list currently held license first)

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	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

If the answer to either A. or B. is YES,
GIVE DETAILS:

Traffic Convictions and forfeitures for the past 3 years (other than parking violations). If none, write NONE.

LOCATION	DATE	CHARGE	PENALTY

Accident Record for past 3 years or more (attach more sheets if necessary). If none, write NONE.

	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES	HAZARDOUS MATERIALS
MOST RECENT					
NEXT PREVIOUS					
NEXT PREVIOUS					
NEXT PREVIOUS					

Driving Experience:

CLASS OF EQUIPMENT	FROM	TO	APPROXIMATE NUMBER OF MILES	INDICATE TYPE OF EQUIPMENT (van, tank, flat, dump, refer, other)
STRAIGHT TRUCK <input type="checkbox"/> Yes <input type="checkbox"/> No				
TRACTOR AND SEMI-TRAILOR <input type="checkbox"/> Yes <input type="checkbox"/> No				
TRACTOR AND TWO TRAILORS <input type="checkbox"/> Yes <input type="checkbox"/> No				
TRACTOR - THREE TRAILORS <input type="checkbox"/> Yes <input type="checkbox"/> No				
MOTORCOACH - SCHOOL BUS (more than 8 passengers) <input type="checkbox"/> Yes <input type="checkbox"/> No				
MOTORCOACH (more than 15 passengers) <input type="checkbox"/> Yes <input type="checkbox"/> No				

List States operated in for the past five years. _____

List any special courses that will help you as a driver _____

List any safe driving awards you hold, and from whom. _____

List any trucking transportation or other experience that will help in your work for Coleman Industrial Construction. _____

EDUCATION

	Graduated?	Year	Name and Location of School / College/ Program	Degree Earned Program/Major/Emphasis of Study
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No			
College	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Vocational / Trade School	<input type="checkbox"/> Yes <input type="checkbox"/> No			

If you attended a program but did not graduate, indicate how many years, credits earned, etc, and at what institution and field of study/major/program.

List any special training or classes you have attend or skills you possess.

MEDICAL HISTORY

Indicate if you have ever received treatment for any of the following:

Alcoholism	<input type="checkbox"/>	Wear Glasses or Contacts?	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>
Back Injuries	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Hernia	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Hearing Loss	<input type="checkbox"/>	Surgeries	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Drug Use	<input type="checkbox"/>

Please explain any of the above checked conditions:

Have you ever received Workman's Compensation Benefits? Yes No If YES, explain.

Do you have any physical limitations which precludes you from doing certain kinds of work? Yes No If YES, explain:

List any prescription medications you are taking, their dosage, and purpose.

Name, address, and phone number of family physician

Is there any reason you might be unable to perform the job for which you are applying?

PERSONAL REFERENCES

Please list three persons who are not relatives or former supervisors.

Name	Address	City, State, Zip	Phone	Occupation	Years known

Who suggested that you apply for a position here, or how did you hear about Coleman Industrial Construction?

TO BE SIGNED AND READ BY APPLICANT

I hereby authorize Coleman Industrial Construction to make such inquiries and investigations of my personal, employment, financial, medical, or other histories or related matters as may be necessary to arrive at an employment decision. I understand that, in general, inquiries regarding medical history are made only if and after a conditional offer of employment has been made.

I hereby release employers, schools, hospitals, health care providers and other interested responsible parties from all liability in responding to and releasing information about my application in any way.

In the event of employment, I understand that false or misleading information given in this application or interview(s) may result in discharge. I also understand that I am bound by all rules and regulations of Coleman Industrial Construction, all applicable Federal, State, and local laws, and all related rules and regulations of Coleman Industrial Construction's client companies.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) may be contacted for the purpose of investigation my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:

- Review information provided by previous employers.
- Have errors in the information corrected by previous employers and for those employers to re-send the corrected information to this prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information if the previous employer and I cannot come to an agreement on the accuracy of the disputed information.

Today's Date _____

Signature: _____

Applicant's Name _____