



| APPLICANT INFORMATION  |                     |                  |                                       |
|--|---------------------|------------------|---------------------------------------|
| Last Name  | First               | M.I.             | Date                                  |
| Street Address   |                     | Apartment/Unit # |                                       |
| City   | State               | ZIP              |                                       |
| Home Phone   | Cell or Msg Phone   |                  |                                       |
| Date Available   | Social Security No. | Desired Salary   |                                       |
| Position Applied for   | Labor               | Operator         | Other: _____                          |
|  |                     |                  | Do you have a CDL endorsement? Yes No |
| Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> |                     |                  |                                       |

| EDUCATION         |                              |                             |   |
|-------------------|------------------------------|-----------------------------|---|
| High School       |                              | City                        |   |
| Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Year: _____   |
| College           |                              | City                        |   |
| From              | To                           | Did you graduate?           | YES <input type="checkbox"/> NO <input type="checkbox"/> Degree |
| Other             |                              | Address                     |   |
| From              | To                           | Did you graduate?           | YES <input type="checkbox"/> NO <input type="checkbox"/> Degree |

| REFERENCES  |               |
|---|---------------|
| <i>Please list three professional references:</i> |               |
| Full Name   | Relationship  |
| Company   | Phone (     ) |
| Full Name   | Relationship  |
| Company   | Phone (     ) |
| Full Name   | Relationship  |
| Company   | Phone (     ) |

| LICENSES, CARDS, ETC., RELEVANT TO POSITION: |
|--|
|  |
|  |
|  |
|  |

| <b>PREVIOUS EMPLOYMENT</b>   |                 |                    |                  |
|--|-----------------|--------------------|------------------|
| Company  |                 | Phone (    )       |                  |
| Equipment Operated:  |                 | Supervisor         |                  |
| Job Title:   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities   |                 |                    |                  |
| From   | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company  |                 | Phone (    )       |                  |
| Equipment Operated:  |                 | Supervisor         |                  |
| Job Title:   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities   |                 |                    |                  |
| From   | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company  |                 | Phone (    )       |                  |
| Equipment Operated:  |                 | Supervisor         |                  |
| Job Title:   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities   |                 |                    |                  |
| From   | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |

| <b>MILITARY SERVICE</b>          |                          |
|----------------------------------|--------------------------|
| Branch                           | From                  To |
| Rank at Discharge                | Type of Discharge        |
| If other than honorable, explain |                          |

| <b>DISCLAIMER AND SIGNATURE</b>   |      |
|---|------|
| I certify that my answers are true and complete to the best of my knowledge.  |      |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |      |
| KRCI is a drug free workplace. KRCI may require a drug test prior to starting work or at any time during employment.                                |      |
| Signature   | Date |