J. Kozel & Son, Inc.

Corporate Headquarters
1150 Scottsville Road, Rochester, NY 14624
Phone: (585) 436-9807

Employment Application

_____
Position Applying For

Name: _____
First Middle Last

Address: _____
Street City State Zip Code

Date of Birth: _____ Social Security #: _____

Cell Phone #: (_____)_____ Home Phone #: (_____)_____

E-Mail Address: _____

Are you legally eligible to work in the U.S.? ( ) YES ( ) NO

I have a valid Drivers License? ( )YES ( )NO Drivers License #: _____

I will be available to start work: _____

Availability: I can work overtime: ( ) YES ( ) NO

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start							
End							

Education:

	# of years	field of study	graduation year
High School			
College			
Business/Technical			
Other			

Military Service? ( ) Yes ( ) No Duty/Specialized Training: _____

_____

References:

Name	Phone	Relation	Yrs Known

Continued on page 2

Employment:

Please list past jobs from most recent to oldest, including summer and temporary jobs. **Must list complete mailing address**

CDL/Commercial Motor Vehicle Applicants:
Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous 3 years. You must give the same information for all employers you have driven a commercial motor vehicle for the 7 years prior to the initial three years (total of 10 years employment record). Use page 6 if more space is needed

Employer Name: ______________________________

Address: ______________________________
Street City State Zip Code

Position: ______________ Duties/Responsibilities: ______________

____

Supervisor: ______________________________
Name Phone #

Hire Date: ______________ Employment End Date: ______________

Reason for Leaving: ______________________________

____

__For CDL/Commercial Motor Vehicle Applicants Only:__**
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? ( ) Yes ( ) No
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ( ) Yes ( ) No

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Employer Name: ______________________________

Address: ______________________________
Street City State Zip Code

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____

Supervisor: ______________________________
Name Phone #

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Continued on page 3

Any gaps in employment and/or unemployment must be explained. Include dates (month/year): _____

_____

_____

_____

Types of equipment you are qualified to operate: _____

_____

_____

Professional licenses, certifications, registrations: _____

_____

_____

Other skills you wish to bring to the employers attention: _____

_____

_____

****If applying for a CDL Driver position, or any position requiring****
you to drive a commercial motor vehicle pages 4-5 must be completed

Information to the applicant:

As a part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to:

- Supply your birth certificate or other proof of authorization to work in the United States
- Have a physical examination and/or drug test
- Sign a conflict of interest agreement and abide by its terms

I understand and agree to the information shown above:

_____

Signature Date

Equal Employment Opportunity:

While many employers are required by law to have an affirmative action program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

TOOL RANCH®
3857 Walden Avenue
Lancaster, NY 14086
Ph: (716) 685-1556

1150 Scottsville Road
Rochester, NY 14624
Ph: (585) 436-9807

406 State Route 104
Ontario, NY 14519
Ph: (585) 216-9334
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CDL/Commercial Motor Vehicle Section

Previous Three Years Residency

Street	City	State	Zip Code	# of years
Street	City	State	Zip Code	# of years
Street	City	State	Zip Code	# of years
Street	City	State	Zip Code	# of years

(attach sheet if more space is needed)

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 #	Type	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Dates To - From	Approx. # of Miles (total)
Straight Truck			
Tractor & Semi-Trailer			
Tractor - Two Trailers			
Other			

Accident record for past 3 years or more
(attach sheet if more space is needed)

If none of the above apply, please initial here: _____

Date	Nature of accident (head-on, rear-end, etc.)	fatalities (#)	Injuries (#)	Chemical Spills
				( )Yes ( )No
				( )Yes ( )No
				( )Yes ( )No
				( )Yes ( )No

Continued on page 5

Convicted or forfeited bond or collateral violations record (Other than parking violations) for past 3 years or more. (attach sheet if more space is needed)

If none of the above apply, please initial here: _____

Date	Nature of Violation	Location	Type of Vehicle

Denial, revocation, or suspension of license, permit, or privilege to operate a motor vehicle. (attach sheet if more space is needed)

If none of the above apply, please initial here: _____

Date	Nature of Violation	Location	Type of Vehicle

To be read and signed by applicant:

I authorize you to make sure 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 employer(s) 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 information corrected by previous employer(s) and for those previous employer(s) to re-send the correct 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 information."

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

_____

Signature Date

Note: A motor carrier may require an applicant to provide information in addition to the information that is required by the Federal Motor Carrier Safety Regulations

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