

## How to Apply at Kraemer Trucking & Excavating, Inc.

### To apply, simply choose the option that fits your needs

#### Save file to your computer and e-mail

1. Click the “disk” icon on the menu bar or select “File” and “Save as” to save the form to your computer. Browse to the file saved on your computer and double click to open -- this will open Acrobat Reader. Should you not have this free Adobe software, it can be downloaded at <http://get.adobe.com/reader/> Fill in the form, save, open your e-mail program, create a new e-mail, attach saved pdf file and send to [HR@kraemer-inc.com](mailto:HR@kraemer-inc.com)

#### Apply using the “Submit Form via E-Mail” button

2. Upon completing the employment application, click the “[Click Here to Submit Form via E-Mail](#)” (found on page 1 or page 3). You will be asked if you are using an established email client on your computer or if using an on-line service (ex: Hotmail, Gmail, etc.). Choose the answer based on your needs and click “okay”.

#### Apply by mailing or delivering applicaiton

2. Upon completing the employment application, move your mouse to the bottom right corner. A pop up window will appear. Click the “print” icon. A pop-up window will open. Choose the printer and click print.

**If delivering in person:**

Kraemer Trucking & Excavating, Inc.  
16905 County Road 158  
Cold Spring, MN 56320

**If mailing:**

Kraemer Trucking & Excavating, Inc.  
P.O. Box 434  
Cold Spring, MN 56320

**Please Note:**

*If using an Apple computer, please use FireFox or Internet Explorer as Google Chrome has issues with PDF forms.*

*Forms **do not** support mobile devices (Smart Phones, iPads, etc.). For best results, laptops or desktop computers are encouraged.*



# Application for Employment

*Equal Opportunity Employer*

## Personal Information

Date \_\_\_\_\_

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Date of Birth <b>(DOT Drivers Only)</b>
_____	_____	_____	_____
Street Address	City	State	Zip
_____	_____	_____	_____
Phone Number	Alternate Phone Number	Social Security Number	
_____	_____	_____	
_____	Referred By		
Email Address	_____		

## Education

Number of years completed    Did you Graduate?    Subjects Studied/Degree earned

_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Elementary School	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
High School	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Trade School/College	_____		_____

Subjects of specialty \_\_\_\_\_

Activities other than religious (civic, athletic, etc.) \_\_\_\_\_

## Employment Desired

_____	_____	\$ _____
Position	Date you can start	Salary Desired

Are you available to work (*check all that applies*)    Weekends    Evenings    Overtime    Overnight    Out of Town

If no to any checked above please list times NOT available \_\_\_\_\_

Have you ever applied at Kraemer Trucking and Excavating, Inc. before?    Yes    No    If so, When? \_\_\_\_\_

Have you ever worked at Kraemer Trucking and Excavating, Inc. before?    Yes    No    If so, When? \_\_\_\_\_

If hire, can you provide proof you are eligible to work in the U.S.A.?     Yes    No

## Employment History (Last 10 years of employment)

_____	_____	_____
Employer	Dates	to
_____	_____	_____
Address	Supervisor	
_____	_____	
City/State	Phone	
_____	_____	

May we contact this employer?    Yes    No

Were you subject to the Federal Motor Carrier Safety Regulation during this period?     Yes    No

\$ \_\_\_\_\_  
Last Pay Rate

Were you subject to 49 CFR part 40 controlled substance and Alcohol Testing During this period?    Yes    No

Reason for Leaving \_\_\_\_\_



**Employment History Continued**

\_\_\_\_\_  
Employer  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City/State

2

\_\_\_\_\_ to \_\_\_\_\_  
Dates  
\_\_\_\_\_  
Supervisor  
\_\_\_\_\_  
Phone

May we contact this employer?  Yes  No  
Were you subject to the Federal Motor Carrier Safety Regulation during this period?  Yes  No  
Were you subject to 49 CFR part 40 controlled substance and Alcohol Testing During this period?  Yes  No

\$ \_\_\_\_\_  
Last Pay Rate

Reason for Leaving

\_\_\_\_\_  
Employer  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City/State

3

\_\_\_\_\_ to \_\_\_\_\_  
Dates  
\_\_\_\_\_  
Supervisor  
\_\_\_\_\_  
Phone

May we contact this employer?  Yes  No  
Were you subject to the Federal Motor Carrier Safety Regulation during this period?  Yes  No  
Were you subject to 49 CFR part 40 controlled substance and Alcohol Testing During this period?  Yes  No

\$ \_\_\_\_\_  
Last Pay Rate

Reason for Leaving

\_\_\_\_\_  
Employer  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City/State

4

\_\_\_\_\_ to \_\_\_\_\_  
Dates  
\_\_\_\_\_  
Supervisor  
\_\_\_\_\_  
Phone

May we contact this employer?  Yes  No  
Were you subject to the Federal Motor Carrier Safety Regulation during this period?  Yes  No  
Were you subject to 49 CFR part 40 controlled substance and Alcohol Testing During this period?  Yes  No

\$ \_\_\_\_\_  
Last Pay Rate

Reason for Leaving

\_\_\_\_\_  
Employer  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City/State

5

\_\_\_\_\_ to \_\_\_\_\_  
Dates  
\_\_\_\_\_  
Supervisor  
\_\_\_\_\_  
Phone

May we contact this employer?  Yes  No  
Were you subject to the Federal Motor Carrier Safety Regulation during this period?  Yes  No  
Were you subject to 49 CFR part 40 controlled substance and Alcohol Testing During this period?  Yes  No

\$ \_\_\_\_\_  
Last Pay Rate

Reason for Leaving

If above past employment history does NOT cover the past 10 years, please complete here.



**Driver's License (List all licenses held within the past 3 years)**

Driver's License Number	State	Expiration Date	Endorsements: <input type="checkbox"/> Tanker <input type="checkbox"/> HazMat <input type="checkbox"/> _____ Other
Driver's License Number	State	Expiration Date	
Driver's License Number	State	Expiration Date	

Class:  A  B  C  D  \_\_\_\_\_ Other

Do you have a current CDL?  Yes  No  
 Do you have a current DOT Health Card?  Yes  No  
 Would you submit to drug/alcohol testing as mandate under 49 C.F.R. Part 382?  Yes  No

**Vehicle/Equipment Experience**

Types of Vehicle(s) Driven	Approx Mileage Driven	Types of Equipment Operated	Approx. Hours of Use
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Accidents (If none, write NONE)**

Date	Describe	State	Fatalites/Injuries
_____	_____	_____	_____
Date	Describe	State	Fatalites/Injuries
_____	_____	_____	_____
Date	Describe	State	Fatalites/Injuries
_____	_____	_____	_____

**Traffic Violations/Convictions (Last 3 years, if non, write NONE)**

Date	Violation	State	Commercial Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____
Date	Violation	State	Commercial Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____
Date	Violation	State	Commercial Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____

**References (Offer 3 people not related to you whom you have known for a least 1 year)**

Name	Address	Business	Phone Number	Yrs Acquainted
_____	_____	_____	_____	_____
Name	Address	Business	Phone Number	Yrs Acquainted
_____	_____	_____	_____	_____
Name	Address	Business	Phone Number	Yrs Acquainted
_____	_____	_____	_____	_____

In case of emergency, notify \_\_\_\_\_  
 Name \_\_\_\_\_ Phone Number \_\_\_\_\_

I authorized investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal. Further, I understand if hired, Kraemer Trucking and Excavating is a Employment-At-Will company and I agree that my employment is not based on a contract of employment, whether express or implied, and I am an At-Will Employee. That my employment and compensation can be terminated with or without cause and with or without advance notice at any time by either Kraemer Trucking and Excavating or myself. That any employment rules, policies, benefits, or other statements, whether oral or written, express or implied, made by KTE or by its representatives ARE NOT intended to be, nor are they to be interpreted as contracts of employment between KTE and me. That no person or representative of KTE who has the authority to negotiate, offer or agree to an employment contract has negotiated offered or agree to a contract of employment with me.

Signature (or typed name) \_\_\_\_\_ Date \_\_\_\_\_