

kVPOWER Application

PERSONAL INFORMATION (Throughout the application do not leave any blanks please)

Name	_____	Date	____/____/____				
	First	Middle	Last				
Address	_____	_____	_____	_____	_____	_____	_____
	Street	City	State	Zip			
Previous Address	_____	_____	_____	_____	_____	_____	_____
	Street	City	State	Zip			
Cell phone #	_____		Email address	_____			
Position applying for	_____		Pay desired	_____			
Date you can start?	____/____/____		Referred by:	_____			
Are you prevented from being lawfully employed in the U.S. because of your visa or immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No							

EDUCATION

Highest grade completed: 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Last School Attended: _____ City/State _____

Did you receive diploma, degree, or certification? _____ If yes, in what? _____

SPECIAL TRAINING (Boom or Crane Certification, Lineman Training) (Electrician License) (OSHA) (H2S)

Military Service _____ Rank _____ Discharge _____

DRIVERS LICENSE INFORMATION AND HISTORY

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

State	License Number	Type/Class	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No Has any license, permit or privilege ever been suspended or revoked? Yes No

If you answered yes to either of the above questions, give details _____

List states operated in for the past 5 years _____

List all traffic convictions and forfeitures for the past 3 years (other than parking violations)

Date Convicted	Violation	State of Violation Location	Penalty

List any accidents during the past 3 years

Date	Nature of accident (Head on, rear-end, upset)	Number of fatalities	Number of injuries

Driving Experience

	Most recent date driven	Total # of miles	Experience time frame
Straight truck	From _____ To _____	_____ Miles	_____ Days, weeks, etc
Tractor trailer	From _____ To _____	_____ Miles	_____ Days, weeks, etc
Other	From _____ To _____	_____ Miles	_____ Days, weeks, etc

Do you have any DUI related charges or convictions? Yes No **If Yes, please explain:**

(Answering yes doesn't automatically preclude you from consideration)

Have you ever been convicted of a misdemeanor or felony charges or convictions? Yes No **If Yes, please explain:**

List any physical or mental disorders that could affect your work performance: _____

Office Use Only

Interviewed by: _____	Date interviewed: ____/____/____
Pay designated: _____	Position: _____
Orientation Date: _____	Hire date: _____



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 49CFR 391.23. I understand that pursuant to 49CFR 391.23 I have a right to: Review information provided by current previous employers; have errors in the information corrected by previous employers and those previous employers to resend the corrected information to the prospective employer; and have a rebuttal state-ment attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

PREVIOUS EMPLOYER PRE-EMPLOYMENT DRUG/ALCOHOL STATEMENT (DOT regulated applicants only)

Have you ever failed a DOT Drug and/or alcohol test? Yes No

Have you ever refused to take a DOT drug and/or alcohol test? Yes No

Have you ever violated any other DOT drug and/or alcohol regulations? Yes No

If the answer is yes to any of the above questions, provide details below

In the past 2 years have you tested positive, or refused to test, on any pre-employment drug/alcohol test and not get hired for a safety sensitive position as a result? Yes No

If yes, please attach SAP completion documents

Have you ever been disqualified from driving subject to CFR49 Section 391 or the FMCR? Yes No

Are you familiar with FMCSA Regulations? Yes No

EMPLOYMENT HISTORY (Past 10 years for DOT regulated positions is required with no gaps in time, list your most recent employer first)

Employer _____ Employment Dates From: _____ To: _____

Street _____ Supervisor _____

City _____ Position _____

State, Zip _____ Pay Rate _____

Phone # _____ Were you subject to FMCSR's while employed? Yes No

Were you ever employed in a DOT safety sensitive function subject to DOT drug & alcohol testing? Yes No

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Employer _____ Employment Dates From: _____ To: _____

Street _____ Supervisor _____

City _____ Position _____

State, Zip _____ Pay Rate _____

Phone # _____ Were you subject to FMCSR's while employed? Yes No

Were you ever employed in a DOT safety sensitive function subject to DOT drug & alcohol testing? Yes No

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Employer _____ Employment Dates From: _____ To: _____

Street _____ Supervisor _____

City _____ Position _____

State, Zip _____ Pay Rate _____

Phone # _____ Were you subject to FMCSR's while employed? Yes No

Were you ever employed in a DOT safety sensitive function subject to DOT drug & alcohol testing? Yes No

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S. I understand that some state agencies will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you. I understand that, if I accept employment with kV Power, it will be on an at-will basis. This means that either kV Power or I have the right to terminate the employment relationship at any time, for any reason, with or without cause. I agree to submit to drug and alcohol testing, if requested by kV Power. I release kV Power, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing. Failure to comply may result in immediate termination. I authorize kV Power to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release kV Power and its employees from all liability arising from such investigation. kV Power is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, religion, national origin, color, sex, age, veteran status, or disability. We assure you that your opportunity for employment with kV Power depends solely on your qualifications.

Signature: _____ Date: _____



Continued Employment History

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 49CFR 391.23. I understand that pursuant to 49CFR 391.23 I have a right to: Review information provided by current previous employers; have errors in the information corrected by previous employers and those previous employers to resend the corrected information to the prospective employer; and have a rebuttal state-ment attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

EMPLOYMENT HISTORY (Past 10 years for DOT regulated positions is required with no gaps in time)

Employer _____ Employment Dates From: _____ To: _____
 Street _____ Supervisor _____
 City _____ Position _____
 State, Zip _____ Pay Rate _____
 Phone # _____ **Were you subject to FMCSR's while employed?** Yes No **Were you ever employed in a DOT safety sensitive function subject to DOT drug & alcohol testing?** Yes No
 Reason for leaving (be specific) _____
 List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Employer _____ Employment Dates From: _____ To: _____
 Street _____ Supervisor _____
 City _____ Position _____
 State, Zip _____ Pay Rate _____
 Phone # _____ **Were you subject to FMCSR's while employed?** Yes No **Were you ever employed in a DOT safety sensitive function subject to DOT drug & alcohol testing?** Yes No
 Reason for leaving (be specific) _____
 List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Employer _____ Employment Dates From: _____ To: _____
 Street _____ Supervisor _____
 City _____ Position _____
 State, Zip _____ Pay Rate _____
 Phone # _____ **Were you subject to FMCSR's while employed?** Yes No **Were you ever employed in a DOT safety sensitive function subject to DOT drug & alcohol testing?** Yes No
 Reason for leaving (be specific) _____
 List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Employer _____ Employment Dates From: _____ To: _____
 Street _____ Supervisor _____
 City _____ Position _____
 State, Zip _____ Pay Rate _____
 Phone # _____ **Were you subject to FMCSR's while employed?** Yes No **Were you ever employed in a DOT safety sensitive function subject to DOT drug & alcohol testing?** Yes No
 Reason for leaving (be specific) _____
 List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S. I understand that some state agencies will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you. I understand that, if I accept employment with kV Power, it will be on an at-will basis. This means that either kV Power or I have the right to terminate the employment relationship at any time, for any reason, with or without cause. I agree to submit to drug and alcohol testing, if requested by kV Power. I release kV Power, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing. Failure to comply may result in immediate termination. I authorize kV Power to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release kV Power and its employees from all liability arising from such investigation. kV Power is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, religion, national origin, color, sex, age, veteran status, or disability. We assure you that your opportunity for employment with kV Power depends solely on your qualifications.

Signature: _____ Date: _____



Request For Previous Employer Information

To Be Completed By Applicant

Applicant Name _____ Date: _____
Please print

Applicants Signature: _____ Social Security Number: _____

To Be Completed By kV Power

Previous Employer: _____ Phone: _____

1st Request 2nd Request 3rd Request Fax: _____

I hereby authorize you to release the following information to kV Power for the purpose of investigation regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to the Requesting Employer named above. as required by Sections 391.23, 391.89, and 382.413 of the FMCSR's.

To Be Completed By Previous Employer

Position Held: _____

Would you rehire this driver? Yes No

Employment Dates: From: _____ To: _____

What type of vehicle(s) did he/she drive for you? _____ How did the applicant leave your employment? _____
 Straight Truck Tractor/Semi Other _____ Resigned Discharged Laid Off

Did he/she have any accidents while employed by you? Yes No

Previous employer must supply the following information regarding the above named individual during the past **two years for PHMSA and three**

	YES	NO
1. While employed, was he/she subject to FMCSA or PHMSA Regulations? <input type="checkbox"/> FMCSA <input type="checkbox"/> PHMSA	<input type="checkbox"/>	<input type="checkbox"/>
2. Alcohol tests with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
3. Verified positive drug tests?	<input type="checkbox"/>	<input type="checkbox"/>
4. Refusals to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Other violations of DOT agency drug and alcohol testing regulations? If yes, what violation(s)? _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Did a previous employer report a drug or alcohol rule violation to you?	<input type="checkbox"/>	<input type="checkbox"/>
7. If the answer is "yes" to any of the above items, did the employee complete the return-to-duty process?	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____ Date: _____
(Signature of individual supplying information)

Printed Name: _____ Company: _____
(Print name of individual supplying information)

If the answer to item #6 is "yes", then you must provide the previous employer's report even though it may be outside the two or

Name of SAP: _____ Phone number: _____
Address: _____ City, State, Zip: _____

Please return this completed form to:
kV Power PO Box 1607 Andrews, TX 79714 or email to april@kv-p.com



Background Authorization Release

Please print

Legal Name: _____
First Middle Last

Alias or Maiden Name: _____

Current Address

Previous Address

Street: _____

Street: _____

City, State: _____

City, State: _____

Zip Code: _____

Zip Code: _____

How long at address? _____

How long at address? _____

_____/_____/_____
Date of Birth

Driver's License # State

CDL? Yes No

Social Security #

By this document kV Power discloses to you that a consumer report may be obtained for employment purposes as part of the pre-screening background check and at any time during your employment or affiliation. This shall authorize the procurement of a consumer report by a credit reporting agency or other sources as part of the pre-screening background investigation. If accepted, this authorization shall remain on file and shall serve as an ongoing authorization for the named employer or its associates or other sources to procure consumer reports at any time during my affiliation or employment period. I also authorize the procurement of an investigative consumer report and understand that it may contain information about my employment and educational background, criminal history, credit, workers comp claims, mode of living, character and personal reputation. I also understand you may make use of the internet including social networking sites. I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable period of time and to obtain a copy of the report upon request. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested. In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement/criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus and persons to release information they may have about me to the person or company with which this form has been filed if required, or their agent. I further authorize you to secure an investigative consumer report at any time, and any number of times, before, during and after my employment, if in the company's (or its designees) discretion, it has a legally permissible and legitimate business need for the information requested. I release and hold harmless all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Act. I authorize the employer and it's agent/credit reporting agency and all associated entities and its clients to receive any criminal history information or credit report pertaining to me in the files of any state or local criminal justice agency.

Signature: _____

Date: _____

Para informacion en espanol, viste www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

landlord, or other business. The FCRA specifies those with a valid need for access.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington DC 20580.**

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer,

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights.

For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials N.A. appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word Federal or initials "F.S.B." appear in federal institution's name) Federal credit unions (words Federal Credit Union appear in institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929 National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108 2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission Activities subject to the Packers and Stockyards Act of 1921	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306 Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051



DRUG AND/OR ALCOHOL TESTING PROCEDURES CONSENT AND ACKNOWLEDGEMENT FORM

I am an applicant or an employee with kV Power and consent to and acknowledge that I am scheduled to drug and/or alcohol testing.

Test Specimen and Substances:

The drug and/or alcohol test will involve an analysis of a urine sample, which I will provide at a designated of the test will be to test for the presence various substances and/or alcohol.

Specimen Collection:

I allow qualified personnel to take and have analyzed suitable specimens to find out if drugs and/or alcohol in my system.

Release of Test Results:

I agree that positive drug and/or alcohol screen test results be made available for review by the medical the company, and kV Power in connection with determining whether I violated the drug and/or alcohol I further agree that kV Power may use verified positive test results in an administrative hearing to enforce violation of the rules. I understand this authorization and consent form is valid until revoked by me in

Procedures for Confirming and Verifying Positive Results:

I understand that a second test of the same specimen will confirm an initial positive test. After receiving a before verifying that result, I understand the MRO will make all reasonable attempts to contact me to contacted by the MRO, following our discussion and any other proper inquiry, the MRO will determine result. If the MRO verifies the confirmed positive result, I also understand and consent to the MRO sending test results to the company and the company notifying kV Power.

Refusal to Undergo or Obstruct Drug and/or Alcohol Testing:

I understand that I must appear at the designated test site for drug and/or alcohol testing with a minimum maximum of two hours notification. My failure to appear during the prescribed time will result in a verified alcohol test. I also understand that failure to provide adequate urine for controlled substances testing explanation, and engaging in conduct that clearly obstructs the testing are the same as refusing to test.

Effects of Positive Drug and/or Alcohol Test:

As an applicant, I am aware that a confirmed and verified positive drug and/or alcohol test will cause my sensitive functions and I may be subject to disciplinary action up to termination.

Right to have split-sample analyzed:

I understand that if a urine sample is verified positive, I have the right to request analysis of the split-certified laboratory for the presence of the drug(s) and/or alcohol for which a positive result revealed. I that if I request the split-sample analyzed, I will have to pay for the second laboratory test prior to the understand I must give written request to the MRO within 72 hours of the MRO notification to me of a

By execution of this consent form, I acknowledge the company has notified me of the company’s drug and/or alcohol testing policy.

Printed Name of Applicant or Employee

Applicant’s Social Security Number

Signature of Applicant or Employee

Date