

Application

PERSONAL INFORMA	TION (Throughout the app	olication do not leave an	y blanks please)				
Name					Date	/	/
	First	Middle		Last	Date _		
Address							
Previous	Street		City	r		State	Zip
Address							
	Street		City			State	Zip
Cell phone #			Email ac	ddress			
Position applying for			Pay desired				
Date you can start?			Referred by:				
Are you prevented from	n being lawfully employed i	n the U.S. because of you	r visa or immigratior	n status?	□ Ye:	s 🗆 No	
EDUCATION	18.1	1.1.1.2.2.4.5.6.7	0 10 10 1	11.0.0.1	C II . 1 .	2.4	
Last School Attended:		npleted: 1 2 3 4 5 6 7	=	City/State	_		
	receive diploma, degree, or			·			
					wiiat:		
SPECIAL TRAINING (B	oom or Crane Certification	n, Lineman Training) (Ele	ectrician License) (C)SHA) (H2S)			
Military Cardina		David		Discharge			
Military Service		Rank		Discharge			
	ORMATION AND HISTOR' "No person who operates a comr		all at any time have more	than one drivers licer	nse". I certify th	at I do not have	more than one motor vehicle
license, the information for w			,		,		
State	Licens	se Number		Type/Class	1	Ex	piration Date
	to do Diocesso assessing assessing	I Yes					□ Yes
operate a motor vehicle	iled a license, permit or privi	□ No	or revoked?	e, permit or privile	ege ever bee	n suspenaea	□ No
-	· ner of the above questions, giv	e details	or resolution.				
			List states oper	rated in for the pa	st 5 years _		
List all traffic conviction	ons and forfeitures for the	past 3 years (other than	n parking violations	6)			
Date Convicted	Vi	olation	State o	of Violation Location	on		Penalty
					+		
List any accidents duri	ng the past 3 years		<u>.</u>				
Date		Head on, rear-end, upset)	Nu	umber of fatalities		Nur	nber of injuries
Driving Experience		Most recent date driv	ven	Total # of mile	es L	Experi	ence time frame
Straight truck							
		From T	Го	Miles		Days,	weeks, etc
Tractor trailer		From T	<u></u> Го	Miles		Dave	weeks, etc
Other		110111				Days,	weeks, etc
			Го	Miles		Days,	weeks, etc
Do you have any DUI	related charges or convict	ions? 🗆 Yes 🗆 No	If Yes, please exp	lain:			
-						Answering yes does	n't automatically prelude you from
Have you ever been con	victed of a misdemeanor or	felony charges or convict	ions? 🗆 Yes 🗆 No 🛚	if Yes, please expl	ain:		consideration)
List any physical or me	ental disorders that could	affect your work perfor	mance:				
Office Use Only	ental disorders that could	arrect your work periori	mance				
Interviewed by:				Date interviewed	ı.	1	/
,					·		
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 applica	ants only)	
TREVIOUS EMI EUTER INC EMI EUTER		past 2 years have you tested positive, or refused to test, on	
Have you ever failed a DOT Drug and/or alcohol test	? □ Yes □ No any pr	any pre-employment drug/alcohol test and not get hired for a	
Have you ever refused to take a DOT drug and/or alc		sensitive position as a result? - Yes - No	
Have you ever violated any other DOT drug and/or a	iconorregulations: - res - reo	please attach SAP completion documents	
If the answer is yes to any of the above questions, pro	ovide details below	you ever been disqualified from driving subject to CFR49 n 391 or the FMCR? 🗆 Yes 🗆 No	
		ou familiar with FMCSA Regulations? 🗆 Yes 🗈 No	
EMPLOYMENT HISTORY (Past 10 years for DO	T regulated positions is required with no gaps in time, list your mo	ost recent employer first)	
Employer		From: To:	
Street	Supervisor	r	
City	Position	1	
State, Zip	Pay Rate	2	
	Were you subject to FMCSR's while employed?	Were you ever employed in a DOT safety sensitive function sub	
Phone #		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	r	
City	Position	1	
State, Zip	Pay Rate	2	
	Were you subject to FMCSR's while employed?	Were you ever employed in a DOT safety sensitive function sub	
Phone # Reason for leaving (be specific)	□ Yes □ No	to DOT drug & alcohol testing? □ Yes □ No	
List the jobs you neid, duties periorified, skiils disco	or learned, advancements or promotions while you worked at		
Employer	Employment Dates	From: To:	
Street	Supervisor	r	
City	Position	1	
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 sub	
	⊔ 1es ⊔ INU	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 cortify that all the information provided by me in connect	tion with my application, whether on this document or not is true and o	complete and Lundarstand that any misstatement falcification or omissi	
		complete, and I understand that any misstatement, falsification, or omissi quired to provide legal proof of authorization to work in the U.S. I under:	
that some state agencies will check with the Texas Departm	ent of Public Safety, the Federal Bureau of Investigation or other organizat	tions, for any criminal history in accordance with applicable statutes. I auth	
,	0 , ,	mployment, education, or any other information they might have, persor ges which may result from furnishing such information to you. I understand	
if I accept employment with kV Power, it will be on an at-wil	basis. This means that either kV Power or I have the right to terminate the	te employment relationship at any time, for any reason, with or without cau	
		companies, from any and all liability arising out of or related in any way to ation, employment experiences and all other aspects of my background rele	
		in equal employment opportunity employer. We adhere to a policy of m	
- · ·	cional origin, color, sex, age, veteran status, or disability. We assure you	that your opportunity for employment with kV Power depends solely on	
qualifications.			
Signature:		Date:	
i			



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.

EMPLOYMEN	IT HISTORY (Past 10 years for DOT regulated positions is required with no gaps in t	time)
Employer	Employment Dates	From: To:
Street	Supervisor	•
City	Position	
State, Zip	Pay Rate	
	Were you subject to FMCSR's while employed?	Were you ever employed in a DOT safety sensitive function subject
Phone #	□ Yes □ No	to DOT drug & alcohol testing? □ Yes □ No
	aving (be specific)	
List the jobs yo	u 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?	Were you ever employed in a DOT safety sensitive function subject
_	Yes - No	to DOT drug & alcohol testing? □ Yes □ No
	aving (be specific)	
List the jobs you	u held, duties performed, skills used or learned, advancements or promotions while you worked at	this company.
_		
	F 1	-
Employer		From: To:
Street	Supervisor	
City	Position 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
_	aving (be specific)	to bot drug & alcohor testing. If its I its
	u held, duties performed, skills used or learned, advancements or promotions while you worked at	this company
List the jobs you	a field, duties performed, skills used of learned, advancements of promotions while you worked at	tills company.
_		
Employer	Employment Dates	From:To:
	Supervisor	
Street	· · · · · · · · · · · · · · · · · · ·	
City	Position	
State, Zip	Pay Rate Were you subject to FMCSR's while employed?	Were you ever employed in a DOT safety sensitive function subject
Phone #	□ Yes □ No	to DOT drug & alcohol testing? Yes No
Reason for lea	aving (be specific)	
	u held, duties performed, skills used or learned, advancements or promotions while you worked at	this company.
, ,		,
_		<u> </u>
I certify that all th	ie information provided by me in connection with my application, whether on this document or not, is true and co	omplete, and I understand that any misstatement, falsification, or omission of
	be grounds for refusal to hire or, if hired, termination. I understand that as a condition of employment, I will be req	•
_	gencies will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations or organizations referenced in this application to give you any and all information concerning my previous em	
	gard to any of the subjects covered by this application, and I release all such parties from all liability from any damage	
	ment 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	
-	o drug and alcohol testing, if requested by kV Power. I release kV Power, and its employees, plus other personsor co comply may result in immediate termination. I authorize kV Power to investigate information concerning my educa	
-	employment. I release kV Power and its employees from all liability arising from such investigation.kV Power is an	
employment decis qualifications.	sions without regard to race, religion, national origin, color, sex, age, veteran status, or disability. We assure you t	that your opportunity for employment with kV Power depends solely on your
qualifications.		
Signature:	Date:	



Request For Previous Employer Information

To Be Con	npleted By Appli		
A P Name		5.10	
Applicant Name		Date:	
ricase print	Social Security		
Applicants Signature:	Number:		
To Be Con	npleted By kV Po	ower	
Dravious Employers	Dhono		
Previous Employer:	Prione:		
□ 1st Request □ 2nd Request □ 3rd Request I hereby authorize you to release the following information to kV Power for the employ, and you are released from any and all liability which may result from Sections 391.23, 391.89, and 382.413 of the FMCSR's.			•
To Be Complet	ed By Previous E		
To be complete	ed by Flevious L	inployer	
Position Held:			
Employment Dates: From:To:To:To:To:	How did the applicar	Would your rehire this driv	ver? □ Yes □ No □ Laid Off □
□ Straight Truck □ Tractor/Semi □ Other	Resigned Discharg		
Did he/she have any accidents while employed by you? Previous employer must supply the following information regarding		vidual during the past two years for	PHMSA and three
years for FMCSA while employed to perform DOT covered safe			
		YES	NO
While employed, was he/she subject to FMCSA or PHMS □ FMCSA □ PHMSA	A Regulations?		
Alcohol tests with a result of 0.04 or higher alcohol conc	entration?		
3. Verified positive drug tests?			
4. Refusals to be tested (including verified adulterated or s	ubstituted drug test res	ults)?	
Other violations of DOT agency drug and alcohol testing If yes, what violation(s)?	; regulations?		
6. Did a previous employer report a drug or alcohol rule vi	olation to you?		
7. If the answer is "yes" to any of the above items, did the ereturn-to-duty process?	employee complete the		
Signature	D	Pate:	
(Signature of individual supplying informa	•		
Printed Name: (Print name of individual supplying information	Company:		
If the answer to item #6 is "yes", then you must provide the p		eport even though it may be outs	ide the two or
Name of SAP: Ph	none number:		
	ty, State, Zip:		
Please return this completed form to:			

kV Power PO Box 1607 Andrews, TX 79714 or email to april@kv-p.com



Please print			
Legal Name:	First	Middle	Last
Aliasis or Maiden Na	ame:		
Current Address			Previous Address
Street:			Street:
City, State:			City, State:
Zip Code:			Zip Code:
How long at address	.s?		How long at address?
	/		
	Driver's License #	State	CDL? □ Yes □ No
	Social Security	y #	_
employment or affiliation. The this authorization shall rema affiliation or employment per background, criminal history, understand that I have the riveport upon request. This authorization companies, for bureaus and persons to releis investigative consumer report legitimate business need for requested information excep	his shall authorize the procurement of a co ain on file and shall serve as an ongoing eriod. I also authorize the procurement of , credit, workers comp claims, mode of livinght to obtain additional disclosure as to uthorization, in original or copy form, sharmer employers, supervisors, credit agencies case information they may have about me ort at any time, and any number of times or the information requested. I release and	onsumer report by a credit re authorization for the name of an investigative consume ving, character and personal the nature and scope of the all be valid for this and any ies, educational institutions, ie to the person or company ss, before, during and after id hold harmless all parties if authorize the employer and	inployment purposes as part of the pre-screening background check and at any time during you reporting agency or other sources as part of the pre-screening background investigation. If accepted ad employer or its associates or other sources to procure consumer reports at any time during my er report and understand that it may contain information about my employment and educational reputation. I also understand you may make use of the internet including social networking sites. I e investigation upon written request within a reasonable period of time and to obtain a copy of the future reports or updates that may be requested. In connection with this request, I authorize allaw enforcement/criminal justice agencies, city, state, county and federal courts, state motor vehicle with which this form has been filed if required, or their agent. I further authorize you to secure army employment, if in the company's (or its designees) discretion, it has a legally permissible and involved from any and all liability for damages arising from requesting, procuring or furnishing the dit's agent/credit reporting agency and all associated entities and its clients to receive any criminal e agency.
Signature:			Date:

Para informacion en espanol, viste www.ftc.gov/credit o escribe a la FTC landlord, or other business. The FCRA specifies those with a valid need Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., for access. Washington, DC 20580.

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:

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

202-720-7051



DRUG AND/OR ALCOHOL TESTING PROCEDURES CONSENT AND ACKNOWLEGEMENT 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	



General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, hereby provide of the FMCSA Commercial Driver's License Drug and Alcoalcohol violation information about me exists in the Clea	3
I understand that if the limited query conducted by kV Poinformation about me exists in the Clearinghouse, FMCS, without first obtaining additional specific consent from n	A will not disclose that information to kV Power, LLC,
I further understand that if I refuse to provide consent fo Clearinghouse, kV Power, LLC, must prohibit me from pe commercial motor vehicle, as required by FMCSA's drug	rforming safety-sensitive functions, including driving a
 Employee Signature	 Date