

IMPORTANT NOTICE

K Barnett & Sons, Inc. will accept your application for employment; however, you **must** be able to pass a pre-employment drug/alcohol/fit for duty test **AND** be able to obtain Cannon Air Force Base access before you can become an employee. You will not be considered for employment if you cannot pass **ALL** of the above. Medical marijuana cards are not accepted as K Barnett field employment opportunities are subject to federal OSHA and FMCSA safety sensitive position requirements.

K Barnett & Sons, Inc is an equal opportunity employer and does not discriminate against any protected classification of applicants.



Date: _____
 Hubzone Yes No
 D.L. Yes No
 EEO M C W
 Verified Base Access Yes No
 Email Verbal
 By: _____ Date: _____

K. Barnett & Sons, Inc. Employment Application - CDL

1. Employer Information

Employer: K. Barnett & Sons, Inc.
 Address: 2405 W. 7th St.
 City/State/ZIP: Clovis, New Mexico 88101
 Telephone: 575-762-4407

It is the policy of K. Barnett & Sons, Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, national origin, religion, sex (including pregnancy and gender identity), genetic information, age (40 and over), disability, sexual orientation, or veteran status.

2. Applicant Information

Applicant Full Name: _____
 Home Address: _____
 City/State/ZIP: _____
 Home phone: _____ Cell phone: _____

3. Job Position Applied For: _____

4. KBS employees are required to work in eastern NM and west TX, over-time, nights, and Saturdays as necessary. Are you willing to travel and work those hours as needed? _____ Yes _____ No

5. Who referred you to K. Barnett & Sons, Inc? _____
 Do you have any friends or relatives who work for K. Barnett & Sons, Inc? If yes, whom?

6. Have you previously applied? _____ Yes _____ No
 If yes, when? _____

7. Are you at least 18 years old? _____ Yes _____ No

8. Upon hire, are you able to submit proof you are legally eligible for employment in the United States?
 _____ Yes _____ No

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS YOU CANNOT CLEAR AN INITIAL AND ANNUAL STATE/FEDERAL CRIMINAL BACKGROUND CHECK.

Should an investigation disclose any falsification, misrepresentation, omission or concealment of fact, your application may be rejected and your name removed from the list of eligible applicants.



9. Have you been convicted or pled guilty to a misdemeanor or felony within the last five years?

_____ Yes _____ No

Please explain and list the date(s).

10. Have you been convicted of a driving offense within the last five years? _____ Yes _____ No

Please explain and list the date(s).

11. Are you currently on probation with NM or any other state?

_____ Yes _____ No

12. Applicant's Skills

List any skills that may be useful for the job you are seeking with us. Enter the number of years of experience.

13. Applicant Employment History

- Applicants are to record employment for the past 5 years of employment. CDL Applicants are to record employment for the past 10 years of employment.
- List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment.
- Ask the receptionist for additional paper to record previous employment.

Current Employer: _____

Supervisor Name: _____

Address: _____

Phone Number: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Salary _____ () Per Load () Per Mile () Per Hour () Per Week () Per Month

Were you subject to the FMCRS while employed? _____ Yes _____ No

Was your job designated as a Safety-Sensitive Function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

May we contact this employer? _____ Yes _____ No



Previous Employer: _____
 Supervisor Name: _____
 Phone Number: _____
 Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Salary _____ () Per Load () Per Mile () Per Hour () Per Week () Per Month

Were you subject to the FMCRS while employed? _____ Yes _____ No

Was your job designated as a Safety-Sensitive Function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

May we contact this employer? _____ Yes _____ No

Previous Employer: _____

Supervisor Name: _____

Address: _____

Phone Number: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Salary _____ () Per Load () Per Mile () Per Hour () Per Week () Per Month

Were you subject to the FMCRS while employed? _____ Yes _____ No

Was your job designated as a Safety-Sensitive Function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

May we contact this employer? _____ Yes _____ No

Previous Employer: _____

Supervisor Name: _____

Address: _____

Phone Number: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Salary _____ () Per Load () Per Mile () Per Hour () Per Week () Per Month

Were you subject to the FMCRS while employed? _____ Yes _____ No

Was your job designated as a Safety-Sensitive Function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

May we contact this employer? _____ Yes _____ No

Previous Employer: _____

Supervisor Name: _____

Address: _____

Phone Number: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Salary _____ () Per Load () Per Mile () Per Hour () Per Week () Per Month

Were you subject to the FMCRS while employed? _____ Yes _____ No

Was your job designated as a Safety-Sensitive Function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

May we contact this employer? _____ Yes _____ No



Previous Employer: _____
 Supervisor Name: _____
 Address: _____
 Phone Number: _____
 Job Duties: _____

Reason for Leaving: _____
 Dates of Employment (Month/Year): _____
 Salary _____ () Per Load () Per Mile () Per Hour () Per Week () Per Month
 Were you subject to the FMCRS while employed? _____ Yes _____ No
 Was your job designated as a Safety-Sensitive Function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No
 May we contact this employer? _____ Yes _____ No

14. Applicant's Education and Training

College/University Name and Address _____
 Did you receive a degree? _____ Yes _____ No If yes, degree(s) received: _____
 High School/GED Name _____
 Did you receive a degree? _____ Yes _____ No
 Other Training (graduate, technical, vocational): _____
 Please indicate any current professional licenses or certifications that you hold: _____
 Flagger/TCT/TCS Certificates: _____
 Indicate any OSHA Classes**: _____ OSHA-10 _____ OSHA-30 _____ OSHA-500 _____ Other (Specify)
 Indicate any MSHA Training**: _____ MSHA Part 46 (New Miner) _____ MSHA Part 46 (Refresher)
 _____ MSHA Part 48 _____ Other (Specify)
 ** (Must be able to provide documentation)

15. Military Service _____ Yes _____ No
 If Yes, Honorably Discharged _____ Yes _____ No
 Branch: _____
 Specialized Training: _____

16. References

List two non-relatives who would be willing to provide a reference for you.

Name: _____
 Telephone: _____
 Relationship: _____

Name: _____
 Telephone: _____
 Relationship: _____

17. If different than and not including your current address, list residential address for last 3 years:

Address	City	State	Zip	How Long



*****TRUCK DRIVER Applicants ONLY -- All other applicants continue to Certification page.*****

Driver's Licenses

State	License Number	Type	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	From (Date)	To (Date)	Approx. No. of Miles (Total)
Straight Truck				
Tractor & Semi-Trailer				
Tractor—Two Trailers				
Other				

Accident Record for the Past 3 or more years (Attach sheet if more space is needed.)

Dates	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries
Last Accident:			
Next Previous:			
Next Previous:			

Traffic convictions and/or forfeitures for the Past 3 years.

Location	Date	Charge	Penalty

List states operated in for last five (5) years _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ___ Yes ___ No

If yes, explain and list date(s) _____

Have any license, permit or privileges ever been suspended or revoked? _ Yes ___ No

If yes, explain and list date(s) _____

All drivers with CDL licenses are subject to the Federal Motor Carrier Safety Administration (FMCSA) regulations while employed with K. Barnett & Sons, Inc.

I, _____, acknowledge K. Barnett & Sons, Inc. abides by FMCSA regulations.

Applicant Signature



PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Section 40.25(j): As the employer, you must also ask the employee whether he or she has tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT Agency drug and alcohol testing rules during the past two (2) YEARS. If the employee admits that he or she had a positive test result, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of return-to-duty process. [See Section 40.25(b)(5) and (6)]

Driver's Name (Printed) _____

In accordance with Federal Motor Carrier Regulations Section 40.25(j), the driver must respond to the following questions:

- 1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for; but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two (2) years?

Check one: Yes No

- 2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No Not Applicable

I certify that the information provided on this document is true and correct.

Driver's Signature: _____ Date: _____

Witnessed by: (Print Name) _____

Witness Signature: _____ Date: _____



Driver Notification and Release

In connection with my application for employment, I understand a motor vehicle report will be requested from HireRight. The screening report may include the following types of information: Driver Personal Information, Driver License Information, Miscellaneous/State Specific Information and Driving Record Information.

_____ (Date Issued)

_____ (Driver License State)

_____ (Driver License Number)

_____ (Previous State License was Issued)

I authorize, without reservation, any party or agency contacted by Hire Right to furnish the above-mentioned information.

Public record information concerning my driving record will show the following: (Please list all traffic violations within the last three years.)

Print Name

Social Security Number

Applicant Signature

Date



At Will: Policy Statement

Your employment with K. Barnett & Sons, Inc. is a voluntary one and is subject to termination by you or K. Barnett & Sons, Inc. at will, with or without cause, and with or without notice, at any time. Nothing in these policies shall be interpreted to be in conflict with or to eliminate or modify in any way the employment-at-will status of K. Barnett & Sons, Inc. employees.

This policy of employment-at-will may not be modified by any officer or employee and shall not be modified in any publication or document. The only exception to this policy is a written employment agreement approved at the discretion of Gordon Crawley, Travis Cline, or Bryce Kidd, whichever is applicable.

These personnel policies are not intended to be a contract of employment or a legal document.

Print Name

Date

Applicant Signature



K. Barnett & Sons, Inc. Drug Testing, Consent, Release and Acknowledgement of Understanding

I hereby consent to submit to a **pre-employment** urinalysis and/or other tests as shall be determined thereof by the company as a condition of employment and for the purpose of determining specific drug content.

I agree that Certified Medical Examiners and/or American Mobile Drug Testing may collect these specimens for these tests and use them or forward them to a testing laboratory designated by K. Barnett & Sons, Inc. for analysis.

I further agree to have these results reviewed by a Medical Review Officer.

I hereby release to the company, the results of the test(s) to which I have consented. I further authorize the company to discuss the results with medical/personnel collecting the specimen, the testing facility, it's directors, officers, agents, and employees responsible for administering the aforementioned test(s) or evaluating the results thereof and any of them herein and to use the test results in conjunction with employment actions, professional licensing procedures, and as a defense to any legal action to which I am party. I release any testing facility or any physicians who have tested me from any liability arising from a release of any and all results, written reports, medical records, and data concerning my test(s) to the appropriate company officials or government agencies.

I agree that a reproduced copy of this form shall have the same effect as the original.

I acknowledge I have read this policy and fully understand the company can establish other work rules related to possession, use, sale or solicitation of drugs, including policies concerning arrests or convictions for drug or alcohol-related offenses, and can suspend, or terminate, or deny employment for such conduct.

I have carefully read the foregoing and fully understand its contents. I agree my signing of this Consent, Release and Acknowledgement of Understanding form is voluntary and that I have not been coerced into signing this document.

Printed Name

Date

Signature

CRIMINAL HISTORY RECORD INFORMATION



CONSENT FORM

I hereby authorize _____ (K. Barnett & Sons, Inc.) to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency throughout the nation including New Mexico.

(Print Full Name)

(Address)

(City)

(State & Zip Code)

(Sex)

(Race)

(Date of Birth)

(Social Security Number)

I understand by signing this form I am giving the authorized party, K. Barnett & Sons, Inc., permission to **periodically run additional background checks on me as a condition of my employment** with them. No additional consent is required from me as long as I am employed with the company. This authorization ends upon the termination of my employment with the company.

Printed Name

Date

Signature



For the next page ---**only complete the highlighted area** on page 12 then turn in your application, please.

For your Information:

- Your application is good for three months. You are welcome to call and check on the status of your application.
- If you are selected for employment you are required to complete the following:
 - Pre-Employment Drug/Alcohol Screen
 - Fitness Evaluation
 - State/Federal Criminal Background Check

OFFICE USE ONLY

DATE OF HIRE: _____

POSITION: _____

RATE OF PAY: _____

IMMEDIATE SUPERVISOR: _____

PERSONNEL OFFICER: _____



INQUIRY TO PAST EMPLOYERS

To:

Date:

From: K. Barnett & Sons, Inc.
P.O. Box 960
Clovis, NM 88102-0960

Phone No.: 575-762-4407
Fax No.: 575-904-7286

Attn: Personnel Manager

_____, Social Security Number _____ has applied to this company for a position as a/an _____ and states that he/she was previously employed by you. Please reply to the inquiry below concerning this applicant. Your reply to this two-page inquiry will be held in strict confidence and as you will note from the following waiver, all liability for you and your company has been released by the applicant. We kindly ask you to fax the completed form to the above fax number, however if you received this form by mail, we have enclosed a stamped self-addressed envelope for your convenience in returning the completed form.

Applicant Waiver for Past Employment Information

I hereby release and discharge _____ (Ex-employer) from all claims or actions for loss, liability, damage or expense which I now owe or which may hereafter arise from the making of any inquiries about me or the furnishing of any information about me in connection with my application for employment with K. Barnett & Sons, Inc. I also authorize and request _____ (Ex-employer) to release ALCOHOL and CONTROLLED SUBSTANCES information as listed in 49 CFR Section 382.413(a) and (b) to K. Barnett & Sons, Inc. You are released from any and all liability which may result from releasing such information.

Applicant Signature Date

Social Security Number

Applicant Name in Print Date

Witness

Completed By Previous Employer

◆ Position Held: _____ Beginning Salary: _____ Ending Salary: _____

◆ Date of Hire: _____ Date of Termination: _____ Eligible for Rehire: () Yes () No

◆ What duties and responsibilities did the applicant perform? _____

◆ Did the applicant perform job duties satisfactorily during the past two years? () Yes () No

If no, please explain _____

◆ Was the applicant's general conduct satisfactory? () Yes () No



◆ Were any disciplinary actions taken within the past two years of his/her employment?

Check one: () Yes () No

What actions and Why?

◆ Is the applicant competent for the position sought? () Yes () No

◆ Did the applicant drive motor vehicles for you? _____ Passenger Car _____ Straight Truck _____ Bus
_____ Tractor/Semi-trailer _____ Other (specify) _____

◆ Was the applicant a safe and efficient driver? _____

◆ Give the dates of vehicle accidents in which he/she was involved. _____

◆ Reason for leaving? _____ Discharged _____ Laid-off _____ Resigned _____ Other: Remarks _____

◆ Length of time reference has known/supervised employee? _____

	Excellent	Good	Fair	Poor	Very Poor
Quality of Work	_____	_____	_____	_____	_____
Cooperation with Others	_____	_____	_____	_____	_____
Safety Habits	_____	_____	_____	_____	_____
Personal Habits	_____	_____	_____	_____	_____
Driving Skills	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

INFORMATION FROM SECTION 382.413 9 (a) (1) and (2)

- | | YES | NO |
|--------------------------------------------------------------------------------------------|-----|-----|
| ◆ Has the applicant had a BAT of 0.04 or greater while employed? | () | () |
| ◆ Has the applicant had a controlled substance test with a positive result while employed? | () | () |
| ◆ Has the applicant refused a controlled substance test or alcohol test while employed? | () | () |
| ◆ Information received from prior employers is attached. () Yes () No () None in file | | |

Ex-employer Signature _____ Date _____

Please identify the Substance Abuse Professional you referred the applicant to if he/she tested positive or refused testing.

Name: _____

Address: _____

City and State: _____

Phone No.: _____

NOTE: Failure to furnish information as required by 49 CFR 382.413 (a) within 14 days will result in the above named applicant to be removed from any safety sensitive position. You are required to release this information per 49 DFR Section 382.405 (f). We reserve the right to notify the Federal Highway Administration in the event that the above information is not received.