



APPLICATION FOR EMPLOYMENT

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment 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 interviews 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 previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected 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 the information.

By clicking **yes**, you agree to the terms and conditions as stated above: Yes

Date: _____



Continued from page 1

Application for Employment

PERSONAL INFORMATION

Date _____

Last Name _____ First Name _____ Middle Initial _____ Date of Birth (DOT Drivers ONLY) _____
Street Address _____ City _____ State _____ Zip _____
Phone Number _____ Alternate Phone Number _____ Social Security Number (Required for DOT Drivers ONLY) _____
E-mail Address _____ Referred By _____

EDUCATION

Number of years completed Did you Graduate? Subjects studied/Degree received

Elementary School _____ Yes No _____
High School _____ Yes No _____
Trade School/College _____ Yes No _____
Subjects of specialty study _____

Activities other than religious (civic, athletic, etc.) _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____ \$ _____ Salary desired
Are you available to work (Check all that apply): Weekends Evenings Overtime
If no to any checked above, please list times NOT available _____
Have you ever applied at TKI Intermodal before? Yes No If so, when? _____
Have you ever worked at TKI Intermodal before? Yes No If so, when? _____
If hired, 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 Regulations 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 _____



Continued from page 2

EMPLOYMENT HISTORY CONTINUED

Employer _____

Address _____

City/State _____

May we contact this employer? Yes No

Were you subject to the Federal Motor Carrier Safety Regulations during this period?

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?

Yes No

Yes No

\$ _____
Last pay rate

Reason for leaving _____

Employer _____

Address _____

City/State _____

May we contact this employer? Yes No

Were you subject to the Federal Motor Carrier Safety Regulations during this period?

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?

Yes No

Yes No

\$ _____
Last pay rate

Reason for leaving _____

Employer _____

Address _____

City/State _____

May we contact this employer? Yes No

Were you subject to the Federal Motor Carrier Safety Regulations during this period?

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?

Yes No

Yes No

\$ _____
Last pay rate

Reason for leaving _____

Employer _____

Address _____

City/State _____

May we contact this employer? Yes No

Were you subject to the Federal Motor Carrier Safety Regulations during this period?

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?

Yes No

Yes No

\$ _____
Last pay rate

Reason for leaving _____

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



123 27th Ave NE | Minneapolis, MN 55418
Phone: 612-782-9626
www.tkiintermodal.com

Continued from page 3

Page 4

REFERENCES (Offer 3 people not related to you whom you have known for at least 1 year)

Name	Address	Business	Telephone Number	Yrs. Acquainted
Name	Address	Business	Telephone Number	Yrs. Acquainted
Name	Address	Business	Telephone Number	Yrs. Acquainted

How did you hear about the open position? _____

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, TKI Intermodal 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 TKI Intermodal or myself. That any employment rules, policies, benefits, or other statements, whether oral or written, express or implied, made by TKI Intermodal or by its representatives ARE NOT intended to be, nor are they to be interpreted as contracts of employment between TKI Intermodal and me. That no person or representative of TKI Intermodal 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.

Date: _____