

JOB-RELATED SKILLS

Do you have a valid drivers license? Yes No
If Yes, Drivers License Number: _____ State: _____ Expires: _____
Have you been convicted of or plead guilty to any traffic-related offense within the past five years?
 Yes No
If Yes, Explain: _____
Have you ever had your drivers license suspended or revoked or had your driving privileges modified by a court of law?
 Yes No
If Yes, Explain: _____
Please list all states from which you hold or have held a drivers license: _____
Please list any special skills you may have that relate to the position applied for: _____

EDUCATIONAL DATA

School _____ Address _____ Years Completed _____ Degree/Diploma _____

PERSONAL REFERENCES

List three references. (NOT FORMER EMPLOYERS, RELATIVES, or WESTERN KY NAVIGATION, Inc. EMPLOYEES)

Name _____ Address _____ Phone Number _____ Occupation _____

ALL APPLICANTS, PLEASE READ CAREFULLY BEFORE SIGNING.

- * I hereby certify that my answers above are true and complete to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection, or may be subject to termination of employment.
- * I understand and agree that any employee handbook that I may receive will not constitute an employment contract, but is merely a gratuitous statement of company policies. I understand and agree that if I am offered employment by the company, my employment will be for no definite term and that either Western Kentucky Navigation, Inc. or I will have the right to terminate the employment relationship at any time, for any reason and with or without notice. I also understand that this status can only be altered by a written contract of employment, which is specific as to all material terms and is signed by me and the President of Western Kentucky Navigation, Inc.
- * I understand that Western Kentucky Navigation, Inc. reserves the right to require its employees and applicants submit to urinalysis for alcohol and drug screens. I understand that refusal to submit to urinalysis, when requested to do so, may be cause for rejection, or result in termination of employment.
- * I believe that the information concerning my performance as an employee, as well as my personal habits, conduct, department, as well as the information outlined herein will assist me in obtaining employment with Western Kentucky Navigation. Therefore, in consideration for Western Kentucky Navigation’s act of considering me for employment, I hereby agree to release and hold harmless Western Kentucky Navigation together with it’s officers, agents, employees, affiliated corporation, subsidiaries, successors, and assignees from any liability in any way related to the investigation of my suitability for employment with Western Kentucky Navigation including, but not limited to any liability relating to contact, discussions with any employer, relative or acquaintance. I authorize any person to make response to any inquiry in connection for employment.

SIGNATURE _____ **DATE** _____

Notice to Applicants/Employees Regarding Consumer Reports

A consumer report and/or an investigative consumer report including information concerning your characteristics, police record, education, qualifications, motor vehicle record, mode of living, and/or credit and indebtedness may be obtained in connection with your application for and continued employment with the company. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Upon timely written request of the below noted department of the company, and within five days of the request, the name, address, and phone number and scope of the consumer report will be disclosed to you.

Before any adverse action is taken, based whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

CONSENT TO OBTAINING CONSUMER REPORTS, READ CAREFULLY

- 1) I have read the above attached "Notice to Applicant/Employee regarding consumer reports" and hereby authorize the company to obtain Consumer Reports and/or Investigative Consumer Reports as described.

- 2) I understand that I have the right to make written request within a reasonable amount of time to receive additional, detailed information about the nature and scope of any investigative report or other consumer reports that are made, including the name, address and telephone number of the consumer reporting agency.

- 3) I hereby authorize any present or former employers, consumer agencies, educational institutes, criminal justice, department of motor vehicles agency, financial institute, or any other person or agency having knowledge of me to submit information or opinions about myself, including data from other sources, so that my employment qualifications may be evaluated. I hold said persons and/or organizations blameless and without liability for statements or opinions made regarding my character, experience or qualifications.

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ALL OF THE ABOVE STATEMENTS.

PRINT NAME _____

SIGNATURE _____ Date _____

Signature of Company Representative _____

Department/Title _____

Western Kentucky Navigation, Inc.
SECTION – A

Name _____

Social Security Number _____

Have you applied to or been employed with a Department of Transportation (DOT) regulated employer(s) in a safety sensitive position during the two years prior to the date of this application or transfer?

YES, please go to SECTION – B

NO, please sign and date the paragraph below.

I hereby certify that the information set forth in SECTION – A is true and may be verified. I understand that falsified statements or omissions from this form shall be considered sufficient reason for rejection of my application for employment. If already employed, such falsification shall be considered sufficient cause for dismissal.

Signature of Applicant _____

Date _____

SECTION – B

Please list all Department of Transportation (DOT) regulated employers that you have either applied to or been employed with in a safety sensitive position during the two years prior to this date of application:

Company Name _____

Address _____

Phone _____ Position _____

Date(s) of employment or applying for employment _____

Company Name _____

Address _____

Phone _____ Position _____

Date(s) of employment or applying for employment _____

Company Name _____

Address _____

Phone _____ Position _____

Date(s) of employment or applying for employment _____

Have you violated any of the DOT Drug / Alcohol Violations listed below with any DOT regulated employer(s) that you've either applied to or been employed with during the past two years prior to the date of this application?

DOT Drug / Alcohol Violations

- (1) Alcohol test with a result of .04 or higher alcohol concentrations;
- (2) Verified Positive drug test;
- (3) Refusals to be tested (including verified adulterated or substituted drug results);
- (4) Other violations of DOT agency drugs and alcohol testing regulations;

YES, Please complete the information below.

NO, Please sign and date the paragraph below.

Company Name _____
Address _____
Phone _____ Position _____
Date & Type of Violation _____

Company Name _____
Address _____
Phone _____ Position _____
Date & Type of Violation _____

Company Name _____
Address _____
Phone _____ Position _____
Date & Type of Violation _____

If you have violated any of the above DOT drug and alcohol regulations, can you provide documentation of the successful completion of DOT return-to-duty requirements (Including follow-up tests)?

YES, I can provide documentation of proof upon request.

NO, I did not successfully complete DOT return-to-duty requirements.

I hereby certify that the information set forth in SECTION – B is true and shall be verified. I understand that falsified statements or omissions on this form shall be considered sufficient reason for rejection of this application for employment. If already employed, such falsification shall be considered sufficient cause for dismissal.

Signature of Applicant _____
Date _____

Western Ky. Navigation, Inc.
631 Marine Way
Paducah, KY 42003
270-415-9956

**REQUEST FOR CONFIDENTIAL DRUG AND ALCOHOL TESTING
INFORMATION**

YOUR SIGNATURE ON THIS FORM CONSTITUTES CONSENT TO RELEASE REGULATORY
REQUIRED DRUG AND ALCOHOL TESTING INFORMATION
READ CAREFULLY BEFORE SIGNING

I hereby authorize Western Kentucky Navigation, Inc. to collect any and all information regarding U.S. Department of Transportation drug and alcohol testing or rehabilitation from previous or prospective employers, substance abuse professionals, rehabilitation facilities, and medical review officers as applicable. I further authorize such previous or prospective employers, substance abuse professionals, rehabilitation facilities and medical review officers to have oral communications with Western Kentucky Navigation, Inc. regarding such information.

I understand that under federal regulations, 49 CFR 40.25, Western Kentucky Navigation, Inc. is required to inquire with my previous or prospective employers regarding drug and alcohol testing which I have participated in the last 2 years

SSN _____ Printed Name _____

Date | _____ SIGNATURE _____

TO: _____ Fax # _____

You have been identified as a previous employer or previous prospective employer of the Western Navigation, Inc. applicant listed hereon. Pursuant to requirements in 49 CFR 40.25, the following information is requested:

YES	NO	N/A	During any point in the last two years while in your employ, did the employee...
			Provide an alcohol test with a result of 0.04 or higher B.A.C.?
			Have a verified positive drug test?
			Refuse to be tested (including submission of a verified adulterated or substitute sample?)
			Have any other violation of a DOT agency drug or alcohol testing regulation?

If an answer to any of the questions above is "YES", please provide an explanation in the space provided below. Use additional sheets if necessary.

**THANK YOU FOR YOUR PROMPT REPLY. PLEASE SUBMIT ANSWERS VIA RETURN FAX
Fax: 270-415-9950**