



KRAEMER MINING & MATERIALS, INC.

1020 Cliff Road West, Burnsville, MN 55337

Phone (952) 890-3611 • Fax (952) 894-0808

"An Equal Opportunity/Affirmative Action Employer" (M/F/V/D)

KMM-110

Rev.2018

EMPLOYMENT APPLICATION

Position Applying For

Applicant's Full Name		Last	First	Middle
Home Phone		Cell Phone		E-Mail Address
Present Address	Street	City	County	State Zip Code
Have you ever worked for this company under a different name? Is additional information relative to a change in the name, or nickname necessary for us to check your work record? If yes, Please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No If so, indicate name:				
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employment Seeking:	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	<input type="checkbox"/> Temporary <input type="checkbox"/> Regular	Date available for employment:	
Are you legally eligible for employment in this country: (Proof of citizenship or immigration status will be required upon employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No				

SCHOOL	NAME AND ADDRESS OF INSTITUTION	MAJOR COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	LIST DIPLOMA OR DEGREE
High School	Name		1 2 3 4	
	City, State			
VOCATIONAL TECHNICAL BUSINESS SCHOOL	Name		1 2 3 4	
	City, State			
	Name		1 2 3 4	
	City, State			
COLLEGE	Name		1 2 3 4	
	City, State			
	Name		1 2 3 4	
	City, State			

List all office machines, heavy equipment, or any other equipment or computer programs/systems related to the job you are applying for that you are skilled in operating (such as personal computer, computer software systems, dictating equipment, front-end loader, etc.).

Additional related courses/training:

Professional licenses/certifications/memberships

Type	State	Exp. Date	Registration Number

The information regarding your previous experience will be carefully reviewed to determine your qualifications for this position. Be specific in your responses. In describing your duties, please include main duties as well as equipment operated and supervisory responsibilities.

List present or most recent position first, then next recent, etc. (include all part-time jobs and military experience). (Past 5 years) (Attach sheet if more space is needed)

A. Employer's Name					
Address	Street	City	State	Zip Code	Phone Number
Job Title		Supervisor's name and title			
Dates: From: Mo./Yr. To		Last pay rate/salary:			
Describe duties:					
Reason for leaving:				May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					
B. Employer's Name					
Address	Street	City	State	Zip Code	Phone Number
Job Title		Supervisor's name and title			
Dates: From: Mo./Yr. To		Last pay rate/salary:			
Describe duties:					
Reason for leaving:				May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					
C. Employer's Name					
Address	Street	City	State	Zip Code	Phone Number
Job Title		Supervisor's name and title			
Dates: From: Mo./Yr. To		Last pay rate/salary:			
Describe duties:					
Reason for leaving:				May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

APPLICANT'S STATEMENT

I authorize Kraemer Mining & Materials, Inc. ("KMM"), at the time of my application for employment or during the course of my employment, to obtain from any source, subject to the requirements of the Fair Credit Reporting Act, information regarding my education, experience, competence or character as it relates to the position for which I applied or which I may be employed. I hereby certify that the information and statements contained in this application are true, correct and complete. I agree that all statements made in this application may be investigated.

I understand that KMM strives to maintain a Drug Free Workplace and that I will be subject to drug and alcohol testing (as defined in KMM' Corporate Drug and Alcohol Policy or KMM' DOT Drug and Alcohol Policy).

If employed by KMM, I will abide by the policies, procedures and requirements set forth in the KMM Employee Handbook and KMM Corporate Employee Safety and EEO Handbook.

I have read the foregoing statement and I understand its terms. Furthermore, I understand that the falsification or omission of any information or statement contained in this Applicant's Statement of this Employment Application will result in the rejection of this application, revocation of my job offer, or if already employed, discharge.

Signature

Date

CMV DRIVER

Please complete this section only if you are applying for a position that requires you to drive a Commercial Motor Vehicle for Kraemer Mining & Materials, Inc. (this includes pick-up trucks pulling trailers, etc.)

PREVIOUS THREE YEARS RESIDENCY (Attach sheet if more space is needed)

Street	City	State & Zip Code	# of Years
Street	City	State & Zip Code	# of Years
Street	City	State & Zip Code	# of Years

LICENSE INFORMATION

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

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROXIMATE NUMBER OF MILES (Total)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR-TWO TRAILERS			
OTHER			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (Attach sheet if more space is needed)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS - OTHER THAN PARKING VIOLATIONS

(Attach sheet if more space is needed)

DATES CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (Forfeited bond, collateral and/or points)

PER REQUIREMENTS OF FMCSA PART 391.21

Social Security Number	Date of Birth
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A. Have you ever been denied a license, permit or privilege to operate a motor vehicle: ☐ Yes ☐ No

If yes, explain _____

B. Has any license, permit, privilege ever been suspended or revoked? ☐ Yes ☐ No

If yes, explain _____

"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 current/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."

Applicant's Signature

Date

PLEASE COMPLETE THE FOLLOWING ONLY IF HIRED

Employee Name	Home Phone #
Date of Birth	First Day Worked
Project Location	
I was hired to work as a(n)	
To which union local, if any, do you belong? Name:	
Hired as: <input type="checkbox"/> Apprentice <input type="checkbox"/> Journeyman (Please check if Union Craft)	

Signature

Date



AFFIRMATIVE ACTION VOLUNTARY SELF-IDENTIFICATION FORM

Kraemer Mining & Materials, Inc. is an Equal Opportunity Employer. As required by law, we must record certain information regarding our workforce to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their gender, race/ethnicity and their status as a protected Veteran of the United States Armed Forces. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

Name _____ Position Applied For/Job Title _____

Date _____

HOW WERE YOU REFERRED TO KRAEMER:

- ☐ Advertisement (Online/Publication) ☐ College Recruitment/Placement Office
☐ Current/Former KMM Employee ☐ Union ☐ Other (please specify) _____

GENDER: ☐ Male ☐ Female

RACE/ETHNICITY: Please check the EEO Identification Group that best applies to you: *(check only one)*

- ☐ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.
- ☐ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- ☐ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- ☐ **American Indian or Alaskan Native (Not Hispanic or Latino)** – A person having origins in any of the original people of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- ☐ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races, excluding Hispanic or Latino.

VETERAN STATUS: Are you a Veteran of the United States Armed Forces? ☐ Yes ☐ No

If **YES**, please check type of Veteran status: *(check all that apply) (definitions on back)*

- ☐ Recently Separated Veteran ☐ Other Protected Veteran
☐ Disabled Veteran ☐ Armed Forces Service Medal Veteran

☐ **I DO NOT WISH TO
SELF IDENTIFY**

Recently Separated Veteran means a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Disabled Veteran means (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs or (ii) a person who was discharged or released from active duty because of a service-connected disability.

Other Protected Veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized. For those with Internet access, the information required to make this determination is available at <http://www.opm.gov/staffingportal/vgmedal2.asp>.

Armed Forces Service Medal Veteran means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg. 1209) at <http://www.opm.gov/staffingportal/vgmedal2.asp>.