

In order to be considered for employment, you must complete an Application for Employment in its entirety and consent to a background check. Only applications that are fully completed shall be considered by Krempp Construction, Inc.

You will be contacted for an interview if Krempp Construction, Inc. believes you may be qualified for an open position(s). If you are made an offer of employment, the offer will be contingent upon successfully completing a drug screen. In addition, prior to reporting to active employment, you will need to verify eligibility for employment in the United States.

Krempp Construction, Inc. is an Equal Opportunity Employer and provides a Drug-Free Workplace. All qualified candidates will receive consideration for employment without regard to their race, color, religion, sex, national origin, or status as a qualified individual with a disability or Vietnam era or other protected veteran status.

Please sign below to acknowledge you have read this notice in its entirety.					
Signature	 Date				
Printed Name					

Please email the completed application to: Const@krempp.net.
You may also Mail it to: Attn: Human Resources, 215 Main St., Jasper, IN 47546

Krempp Construction, Inc. Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

EMPLOYMENT CONTINGENT LIPON DRUG AND BACKGROUND SCREEN

	PAGES 1-5.		DATE _		
Name					
	Last	First	Mid	dle	
Present address	Number	Street	City State	7:-	
How long		Street	Social Security No.	•	_
Telephone ()			Social Security No.		
			Dovo/bourg ove	silable to work	
Emaii			Days/hours ava	allable to work	
Position applied for (1))		No Pref	Thur	
			Mon	Fri	
			Wed	Sat Sun	
How many hours can ve	ou work weekly?		Can vou work	nights?	
	•		TIME ONLY		
		4 17((()	TIME OILE	OLL OICI7IICI II	IVIL
Availability to start work					
	NAME OF SCHOOL		LOCATION	# of	MA IOR &
TYPE OF SCHOOL	NAME OF SCHOOL		LOCATION ete mailing address)	# of YEARS	MAJOR & DEGREE
	NAME OF SCHOOL			YEARS COMPL	
TYPE OF SCHOOL	NAME OF SCHOOL			YEARS	
	NAME OF SCHOOL			YEARS COMPL	
TYPE OF SCHOOL High School	NAME OF SCHOOL			YEARS COMPL	
TYPE OF SCHOOL	NAME OF SCHOOL			YEARS COMPL	
TYPE OF SCHOOL High School	NAME OF SCHOOL			YEARS COMPL	
TYPE OF SCHOOL High School College	NAME OF SCHOOL			YEARS COMPL	
TYPE OF SCHOOL High School College Bus. or Trade School	NAME OF SCHOOL			YEARS COMPL	
TYPE OF SCHOOL High School College	NAME OF SCHOOL			YEARS COMPL	
TYPE OF SCHOOL High School College Bus. or Trade School	NAME OF SCHOOL			YEARS COMPL	
TYPE OF SCHOOL High School College Bus. or Trade School Professional School		(Comple	ete mailing address)	YEARS COMPL ETED	
TYPE OF SCHOOL High School College Bus. or Trade School Professional School HAVE YOU EVER BEE	NAME OF SCHOOL NOTE OF A CRIMATE OF A CRIMA	(Comple	No Yes	YEARS COMPL ETED	DEGREE

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APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?									
If No, what is your means of transportation to work?							_		
Driver's license number State of issue Expiration date							☐ Operator	☐ Commercial (CDL)	
-	ad any accide			-		7		many? Many?	
Tiave years	Have you had any traffic violations during the past three years? IF APPLYING FOR THE OFFICE								
Typing	☐ Yes ☐ No		WPM		10-key		Word Processing	□ Yes □ NoWP	M
Personal Computer	□ Yes □ No	PC Mac							
Compater						<u></u>			
Please list t	wo references	other tha	an relative:	s or prev	ious emp	loyers.			
Name						Name			
Position						Position			
Company						_			
Address _						Address _			
Telephone	()					Telephone	()		
•	-					•			
	ce below to so which you are			tional info	ormation	necessary to	describe your full o	qualifications for the specific	

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

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APPLICATION FOR EMPLOYMENT

N	MILITARY					
ARE YOU A VETERAN						
Branch of Service Date	e Entered	Discharge Date	e			
Work Please list your work experience for the particular list you were self-employed, give firm name			b held.			
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary			
City, State, Zip Code Phone number		From	Start			
		То	Final			
	Your last job title					
Reason for leaving (be specific)						
company.						
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary			
City, State, Zip Code Phone number		From	Start			
		То	Final			
	Your Last Job Title					
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.						

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Work

APPLICATION FOR EMPLOYMENT

Work Please If	lease list your work expe you were self-employed,	rience for , give firm	the past name. A	10 years beginning wattach additional sho	with your most recent journal property in the	bb held.
Name of employer Address				Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Coo Phone number	de				From	Start
					То	Final
				Your last job title		
Reason for leaving	(be specific)					
company.						
Name of employer Address				Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Coo Phone number	de				From	Start
					То	Final
				Your last job title		
Reason for leaving	(be specific)					
List the jobs you he company.	eld, duties performed, ski	ills used o	r learned,	advancements or pro	omotions while you wo	rked at this
	ur present employer? his application yourself	□ Yes	□ No			

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Krempp Construction, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and the Company, may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant	Date:	

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Please email the completed application to: Const@krempp.net. You may also Mail it to: Attn: Human Resources, 215 Main St., Jasper, IN 47546