



P.O. Box 7
9211 HWY 53
Angora, MN 55703

Application for Employment

Phone: (218) 666-5698
Fax: (218) 666 5708
www.kgmcontractors.com

<i>Please fill out completely. Type your information or hand print using black or blue ink pen.</i>				Last Name, First Name, Initial:
Personal Information				
Name (Last, First, MI)		Are you 18 years or older? _____ Yes _____ No		
Street Address				
City, State, Zip				
Home Phone Number		Work Phone Number		
Cell Phone Number		E-mail Address		
Driver's license number / state / expiration <i>(if job involves any driving)</i>		Are you a Union Member? If so, what Union?		
Employment Desired				
Position applied for				
How did you hear about this position?				
Date available for work		Desired hours (full time, part time, etc.)		
Education				
	Name of School	City, State	Degree / Diploma	
High School				
College / Trade School				
Other (Specify)				
Military Experience / National Guard:				
List any seminars, classes or other education not listed above which may help qualify you for this position (if you need additional space for this or any other question on this application, please use page 7). ----- -----				
			Today's Date:	

Please continue on next page →

Employment History

List below all present and past employers over the past five (5) years, starting with your **current or most recent** employer. **Account for all periods of unemployment.** You must complete this section even if attaching a resume.

1.

Name of Employer (Current? ___Yes ___No) (May we contact? ___Yes ___No)			Start Date Month/Year	End Date Month/Year	Essential job functions of final position with this company:
Address					
City, State, Zip			Starting Pay	Ending Pay	2.
Phone Number	Fax Number	Job Position			3.
Supervisor(s)		Supervisor's Phone or E-mail Address			4.
Reason(s) for leaving (or wanting to leave if currently employed.)					5.
What value did you add to this company or its customers? ----- -----					

2.

Name of Employer (Current? ___Yes ___No) (May we contact? ___Yes ___No)			Start Date Month/Year	End Date Month/Year	Essential job functions of final position with this company:
Address					
City, State, Zip			Starting Pay	Ending Pay	2.
Phone Number	Fax Number	Job Position			3.
Supervisor(s)		Supervisor's Phone or E-mail Address			4.
Reason(s) for leaving (or wanting to leave if currently employed.)					5.
What value did you add to this company or its customers? ----- -----					

3.

Name of Employer (Current? ___Yes ___No) (May we contact? ___Yes ___No)			Start Date Month/Year	End Date Month/Year	Essential job functions of final position with this company:
Address					
City, State, Zip			Starting Pay	Ending Pay	2.
Phone Number	Fax Number	Job Position			3.
Supervisor(s)		Supervisor's Phone or E-mail Address			4.
Reason(s) for leaving (or wanting to leave if currently employed.)					5.
What value did you add to this company or its customers? ----- -----					

Please continue on next page →

Employment History - Continued

4. Name of Employer (Current? ___Yes ___No) (May we contact? ___Yes ___No)			Start Date Month/Year	End Date Month/Year	Essential job functions of final position with this company:
Address					
City, State, Zip			Starting Pay	Ending Pay	2.
Phone Number	Fax Number	Job Position			3.
Supervisor(s)		Supervisor's Phone or E-mail Address			4.
Reason(s) for leaving (or wanting to leave if currently employed.)					5.
What value did you add to this company or its customers?					

5. Name of Employer (Current? ___Yes ___No) (May we contact? ___Yes ___No)			Start Date Month/Year	End Date Month/Year	Essential job functions of final position with this company:
Address					
City, State, Zip			Starting Pay	Ending Pay	2.
Phone Number	Fax Number	Job Position			3.
Supervisor(s)		Supervisor's Phone or E-mail Address			4.
Reason(s) for leaving (or wanting to leave if currently employed.)					5.
What value did you add to this company or its customers?					

Additional Information

List any professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability or any other protected status.

Identify formal job training that relates to this position:	
Identify what skills or certifications you possess related to this position:	
If hired, what value would you bring to our company?	
Describe what you believe are the most unique features of your work history:	

Please continue on next page →

Additional Information - Continued

Have you ever been employed with this company before? ___Yes ___No

If Yes, dates of employment _____ to _____

Do you have any friends or relatives employed by this company? ___Yes ___No

If Yes, please provide name(s) and relationship(s) to you _____

Are you currently employed? ___Yes ___No

If yes, may we contact your employer? ___Yes ___No

Are you currently on "lay off" status and subject to recall? ___Yes ___No

If hired, can you provide proof of U.S. citizenship or proof of your legal right of work in the U.S.? ___Yes ___No

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation? ___Yes ___No

If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence "DUI"? ___Yes ___No
_____N/A

If hired, do you have a reliable means of transportation to and from work? ___Yes ___No

If hired, would you be able to travel or work overtime or weekends as needed? ___Yes ___No

Have you ever, under your name or any other name, been convicted of (or pleaded no contest to) a felony or misdemeanor that may or may not have resulted in prison and/or jail and/or parole? ___Yes ___No

(A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.)

If Yes to above question, you may explain below, if desired.

References

List below three persons not related to you who have knowledge of your work performance within the last 5 years.

1.	Name (___Personal ___Professional)	Occupation
	Company Name	Address, City, State, Zip
	Telephone	E-mail Relationship & Years Acquainted

2.	Name (___Personal ___Professional)	Occupation
	Company Name	Address, City, State, Zip
	Telephone	E-mail Relationship & Years Acquainted

3.	Name (___Personal ___Professional)	Occupation
	Company Name	Address, City, State, Zip
	Telephone	E-mail Relationship & Years Acquainted

Please continue on next page →

Please read the following statements carefully and *INITIAL* each acknowledging your understanding of each statement.

Equal Employment Opportunity Statement

This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. KGM Contractors, Inc. desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. KGM Contractors, Inc. will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for KGM Contractors, Inc.

Discrimination and Sexual Harassment Policy Statement

This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when. (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

Disclosure to Applicants Concerning Drug/Alcohol Testing

If you are offered a position with KGM Contractors, Inc., you be required to undergo a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

Complete and Accurate Information

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for, employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

At-Will Employment

I understand and agree that if I am employed, my employment will be "at-will", which means that KGM Contractors, Inc. may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, KGM Contractors, Inc. will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on KGM Contractors, Inc. unless made in writing and signed by KGM Contractors' president.

Investigation Authorization

I authorize investigation into all statements and references contained in this application: Said investigation may include interviews with past employers, workers and friends. Said investigation may include credit, driving, criminal background, references and other background checks. As a condition of applying for this job, I authorize reasonable post-hire investigations into my credit, driving and criminal background.

Company Obligation

I understand and agree that the Company's acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that KGM Contractors, Inc. is under no obligation to hire me as the result of accepting this completed application.

MY ANSWERS HAVE BEEN TRUE AND ACCURATE PURSUANT TO THE PENALTY OF PERJURY UNDER THE LAWS OF THIS STATE. I HAVE READ AND UNDERSTAND THE PREVIOUS POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY KGM CONTRACTORS, INC.

Signature _____

Date _____

An Equal Opportunity, Affirmative Action Employer

Applicant Survey Form

Last name

First name

Middle initial(s)

Date

Position(s) for which you are applying

Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form.

Providing this information is **completely voluntary**. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations and *for no other purpose*. * When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us in an envelope separate from the one that contains your application.

Race/Ethnicity – Select one or more

- American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian: 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.
- Black or African American: A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Disability - Are you a person with a disability?

- Yes
- No

Sex – Select one

- Female
- Male

* **This form is not used for employment decisions.** If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.

NON DOT DRUG/ALCOHOL POLICY

KGM Contractors, Inc. Safety Program Training Manual	Section: 16. Fleet Safety (Non-DOT Drivers)	
	Subject: H. (Non-DOT) Substance Abuse Policy	
	Issued Date: 5/27/05	Revised Date: 01/01/09
	Page: 16. H. -1	

Fleet Safety (Non-DOT Drivers) Continued

KGM Contractors, Inc.
Substance Abuse Policy

SECTION ONE - PHILOSOPHY

KGM is committed to strive for a work environment free from the adverse affects of drugs and alcohol. Consistent with this philosophy, KGM has adopted this policy to test for drug and alcohol abuse in the workplace. Any KGM employee who feels that he or she is abusing, or has developed an addiction or dependence to drugs and/or alcohol is encouraged to seek assistance in dealing with this problem. Requests for assistance should be directed to the Safety Director or Director of Human Resources and will be handled in strict confidence.

SECTION TWO - PURPOSE

1. To strive for a safe, healthy working environment for all employees;
2. To ensure the reputation of KGM, the company's products and services, and employees within the industry and community at large;
3. To reduce substance related accidental injuries to persons or property;
4. To reduce substance abuse related absenteeism and tardiness, and to improve productivity;
5. To refer qualified and eligible employees who seek help to the appropriate sources; and,
6. To comply with any law or regulation requiring such programs.

SECTION THREE - SCOPE

This Policy applies to:

1. All job applicants who are offered positions with KGM and its subsidiaries; and,
2. All employees of KGM and its subsidiaries

KGM Contractors, Inc. Safety Program Training Manual	Section: 16. Fleet Safety (Non-DOT Drivers)	
	Subject: H. (Non-DOT) Substance Abuse Policy	
	Issued Date: 5/27/05	Revised Date: 01/01/09
	Page: 16. H. -2	

Fleet Safety (Non-DOT Drivers) Continued

SECTION FOUR - INDIVIDUALS SUBJECT TO TESTING AND CIRCUMSTANCES UNDER WHICH TESTING MAY BE REQUIRED

1. **Pre-Employment:** A pre-placement drug screening test will be administered to all job applicants who have been given a conditional offer of employment with KGM.
2. **Post Accident Testing:**
 - a) has sustained work-related injury requiring medical attention; or,
 - b) has caused a work-related accident or was operating or was helping to operate machinery, equipment or vehicles involved in a work-related accident; or
 - c) has caused another employee to be injured in a work-related accident.
- Random Testing:** Employees who work on job sites in the course of their employment may be considered to be in safety-sensitive positions. Employees performing safety sensitive job functions will be required to undergo random drug/alcohol testing.
4. **Reasonable Suspicion Testing:** Drug and/or alcohol testing may be required of employees if KGM has reasonable suspicion that the employee:
 - a) is under the influence of drugs or alcohol; or,
 - b) has caused another employee to be injured in a work-related accident; or,
 - c) has caused a work-related accident or was operating or was helping to operate machinery, equipment or vehicles involved in a work-related accident.
 In reasonable suspicion situations, the employee may consult his/her on-site steward and/or union representative. This will not delay the testing procedures.
5. **Treatment Program Testing:** Employees who test positive for any prohibited

KGM Contractors, Inc. Safety Program Training Manual	Section: 16. Fleet Safety (Non-DOT Drivers)	
	Subject: H. (Non-DOT) Substance Abuse Policy	
	Issued Date: 5/27/05	Revised Date: 01/01/09
	Page: 16. H. -3	

Fleet Safety (Non-DOT Drivers) Continued

substance are given the opportunity to complete rehabilitation in accordance with a prescribed substance abuse treatment program, after and/or during which they may return to duty provided:

- a) The treating program counselor releases the employee to return to work,
- b) The employee passes a return to duty substance screen, and
- c) The employee agrees to unannounced treatment program testing for up to two years after return to duty or after completion of treatment program.

SECTION FIVE - TESTS AND CONSEQUENCES OF TEST RESULTS

Testing Procedure

The testing procedure that applies to job applicants and employees will begin with an initial drug or drug/alcohol screen, paid for by KGM. If the sample is positive on the initial screen, that sample will be used to conduct a second (confirmatory) test, paid for by KGM. In the event that testing devices are used for the initial screening test which provide instantaneous results and the sample is positive on the initial screen, the sample will be sent to a SAMHSA certified laboratory to conduct a second (confirmatory) test, paid for by KGM, to verify the results of the first screen. A negative result on either the initial screen or the confirmatory test will be considered a successful completion of that drug or drug/alcohol screen. If you test positive on the confirmatory test, you have the right to:

1. Submit information to explain a positive test result to the Medical Review Officer; or,
 2. To request a confirmatory retest on the original sample (or confirmation sample in the event instant result testing devices are used) to be performed by a SAMHSA certified testing laboratory of your choice at your cost. This request must be made in writing to KGM within 5 days after you have received notice of the positive confirmatory result.
- A negative result on the confirmatory retest will be considered a successful completion of the drug or drug/alcohol testing. If the employee has been suspended, he/she will be paid for the time missed and be reimbursed for the confirmatory retest cost. Applicants will be reimbursed for the cost of the negative confirmatory retest only. A positive result on the confirmatory retest will be considered a failure of the testing.

KGM Contractors, Inc. Safety Program Training Manual	Section: 16. Fleet Safety (Non-DOT Drivers)	
	Subject: H. (Non-DOT) Substance Abuse Policy	
	Issued Date: 5/27/05	Revised Date: 01/01/09
	Page: 16. H. -4	

Fleet Safety (Non-DOT Drivers) Continued

Detection Limits

Shown in this section of the Policy are the drugs and their metabolites, and levels of detection, for which KGM is testing. A breath or blood alcohol content of .04 and above will be considered positive.

DRUG TESTING PANEL

DRUG	SCREENING METHOD	SCREENING CUTOFF	CUT-OFF METHOD	CONFIRMATION LEVEL
Cannabinoids	EMIT	50 Ng/ml	GC/MS	15 Ng/ml
Cocaine	EMIT	300 Ng/ml	GC/MS	150 Ng/ml
Opiates	EMIT	300 Ng/ml	GC/MS	300 Ng/ml
Phencyclidine	EMIT	25 Ng/ml	GC/MS	25 Ng/ml
Amphetamines	EMIT	1000 Ng/ml	GC/MS	500 Ng/ml
	EMIT =	Enzyme Multiplied Immunoassay Technique		
	GC/MS=	Gas Chromatography / Mass Spectrometry		
	Ng/ml	=	Nanogram / Milliliter	

* The EMIT screening cut-off level refers to the minimum concentration of a specific drug class that will be defined as positive for the screening test and therefore referred for confirmation testing by GC/MS.

** The confirmation cut-off level is the minimum concentration of drug that will be reported as positive.

Notification of Test Results

Within 3 days of receipt of the test results, KGM shall inform the applicant or employee, in writing or verbally, of a negative or positive test result. A copy of the MRO report and/or laboratory test result will be provided to the employee at the employee's request. Employee must send their request to KGM in writing for this information.

Consequences of Positive Test Results

KGM will require all applicants and employees to submit to drug and/or alcohol testing pursuant to Section FOUR shown above. A positive test result is considered to be a violation of this policy. KGM will decline employment or suspend an employee without pay in the following test related situations:

KGM Contractors, Inc. Safety Program Training Manual	Section: 16. Fleet Safety (Non-DOT Drivers)	
	Subject: H. (Non-DOT) Substance Abuse Policy	
	Issued Date: 5/27/05	Revised Date: 01/01/09
	Page: 16. H. -5	

Fleet Safety (Non-DOT Drivers) Continued

Pre-Hire Applicants Only

1. KGM shall withdraw a contingent job offer made to a candidate in the following test-related situations:
 - a) The candidate refuses to take the initial screening test;
 - b) Attempts are made to adulterate the specimen or in any way interfere with the collection process;
 - c) If the confirmatory test is positive and the candidate has not explained such a result to the Medical Review Officer's satisfaction and has not requested a confirmatory retest; or
 - d) If the candidate's confirmatory Retest is positive.

Candidates who test positive, or whose test results in a), b), c), or d) above, will not be eligible for employment consideration with KGM and its subsidiaries.

Current/Active Employees Only

1. KGM will suspend an employee without pay in the following test related situations:
 - a) Refusal of an employee to submit to testing when so ordered as outlined in section four; or,
 - b) Attempts are made to adulterate the specimen or in any way interfere with the collection process; or,
 - c) The employee has received his/her first positive confirmatory test result.
2. Those currently employed by KGM who test positive during the drug and/or alcohol testing process will be given the opportunity to participate in an approved Employee Assistance Program (EAP) for appropriate substance abuse evaluation at the **employee's expense or pursuant to coverage under an employee benefit plan**. The employee is required to follow the treatment guidelines and plan recommended by the Employee Assistance Program. Failure to comply with the following will result in immediate termination of employment with KGM.
 - a) Failure to participate in the counseling or rehabilitation program; or
 - b) Failure to successfully complete the program as evidenced by withdrawal from the program before its completion; or,

KGM Contractors, Inc. Safety Program Training Manual	Section: 16. Fleet Safety (Non-DOT Drivers)	
	Subject: H. (Non-DOT) Substance Abuse Policy	
	Issued Date: 5/27/05	Revised Date: 01/01/09
	Page: 16. H. -6	

Fleet Safety (Non-DOT Drivers) Continued

- c) By a positive test result on a confirmation test within a two year period after completion of the counseling or rehabilitation program.
3. KGM shall temporarily suspend an employee without pay in reasonable suspicion testing situations pending the outcome of the confirmatory test; and if requested, the confirmatory retest. An employee who has been suspended without pay will be reinstated with back pay if the result of the confirmatory test or the requested confirmatory retest is negative.
4. A SECOND violation of this policy will result in immediate discharge without eligibility for rehire.

SECTION SIX - CONSENT & PRIVACY

Prior to drug and/or alcohol testing, the job applicant or employee must sign a consent form authorizing and agreeing to participation in the testing process.

KGM recognizes that the substance abuse testing process may reveal information concerning an individual employee of a highly personal and private nature unrelated to their employment. All actions taken under this policy will be confidential and disclosed only to those with a "need to know."

SECTION SEVEN- ADDITIONAL TERMS

All employees who are gone longer than eight (8) months without employment with KGM, will be required to submit to the pre-employment testing as outlined in Section Four.

All employees must have a valid form of photo identification acceptable to the collection site (Drivers License, ... etc.) when giving a specimen for any of the tests listed in Section Four. An employee will be TERMINATED if they do not have a valid form of photo identification for the collection site.

All DOT employees hired by KGM will NOT be subject to this Non-DOT program but will have to adhere to KGM'S DOT Substance Abuse Policy.

NOTE: This document is available in full size upon request

PLEASE DETACH AND KEEP FOR YOUR RECORDS