

# APPLICATION FOR EMPLOYMENT

The K Company is An Equal Opportunity Employer

Date:

Personal Information					
First Name:	<input type="text"/>	Last Name:	<input type="text"/>	Middle Name:	<input type="text"/>
Present Street Address:	<input type="text"/>		City:	<input type="text"/>	
State:	<input type="text"/>		Zip:	<input type="text"/>	
Permanent Street Address:	<input type="text"/>		City:	<input type="text"/>	
State:	<input type="text"/>		Zip:	<input type="text"/>	
Phone Number:	<input type="text"/>		Are you 18 years or older?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or immigration status?:				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require reasonable accommodations to perform the essential functions for the job for which you are applying?:				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what are the reasonable accommodations that you require?			<input type="text"/>		

Employment Desired					
Position:	<input type="text"/>	Date you can start:	<input type="text"/>	Salary Desired:	<input type="text"/>
Are you currently employed?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, may we inquire of your present employer?	<input type="text"/>	
Have you ever applied to The K Company before?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
If yes, where?:	<input type="text"/>		If yes, when?	<input type="text"/>	
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? <input type="text"/>				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Referred by: <input type="text"/>					

Education				
	Name and location of school	Number of years attended	Did you graduate?	Subjects Studied
Grammar School	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
High School	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
College	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Trade, Business or correspondence school	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
List your trade licenses with their expiration dates:				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

<b>Former Employers</b> (List below the last three employers, starting with the most recent on first.)		
<b>1</b>	Company Name	Telephone
	Address	Employed (Month and Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	Job Title and Describe Your Work	Reason for Leaving
<b>2</b>	Company Name	Telephone
	Address	Employed (Month and Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	Job Title and Describe Your Work	Reason for Leaving
<b>3</b>	Company Name	Telephone
	Address	Employed (Month and Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	Job Title and Describe Your Work	Reason for Leaving

<b>General</b>					
Subjects of special study or research work:					
Special skills:					
Activities* (civic, athletic, etc.)					
U.S. Military or naval service:		Rank:		Present membership in National Guard or Reserves:	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Excludes organizations, the name of which indicates race, creed, sex, age, marital status, color or nation of origin of its members.

<b>References</b> (Give the names of three persons not related to you, whom you have known for at least one year.)			
Name	Address	Business	Years Acquainted

<b>In Case of Emergency Notify</b>		
Name	Address	Phone Number

<p>Have you ever been bonded?  <input type="checkbox"/> Yes   <input type="checkbox"/> No   If yes, with what employer?</p>
<p>Have you ever been convicted of a crime in the past seven years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?   <input type="checkbox"/> Yes   <input type="checkbox"/> No   If yes, describe in full:</p>
<p>A drug screening will be required prior to being hired. Please sign to acknowledge that you agree with this pre-employment requirement.  Signature: _____ Date: _____</p>

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than it's president, and then only when in wrong and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date