Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. Disabled persons are strongly urged to apply.

(PLEASE PRINT) Date of Application				
Position(s) Applied For				
Referral Source: Image: Vocational Rehab. Agency Image: Advertisement Image: Friend Image: Relative Image: Walk-in Image: Employment Agency Image: Other Image: Constraint Agency				
Name				
Address				
Telephone ()Any other legal names used?				
If employed and you are under 18, can you furnish a work permit? \Box Yes \Box No				
Have you filed an application here before?				
Have you ever been employed here before?				
Are you employed now? \Box Yes \Box No May we contact your present employer? \Box Yes \Box No				
In accordance with the Federal Immigration and Reform Act of 1986, if you are employed by our Company, you will be asked to provide documentation that verifies your legal right to work in the United States. If you cannot provide acceptable documentation, we cannot legally employ you.				
Can you provide such documentation upon employment?				
On what date would you be available for work?				
Are You Available to Work 🛛 Full-Time 🖓 Part-Time 🖓 Shift Work 🖓 Temporary				
Are you on lay-off and subject to recall? \Box Yes \Box No				
Can you travel if a job requires it? Yes No				
Have you ever been convicted of a felony or misdemeanor? If yes, please explain. Conviction does not automatically exclude you from consideration for employment.				

Do you have adequate transportation to and from work? Yes No Veteran of the U.S. Military service? Yes No If Yes, Branch					
Have you ever been terminated or asked to resign from any job? Yes No					
If yes, please explain circur	If yes, please explain circumstances:				
Consistent attendance and p	ounctuality are essential requ	irements of every job with t	he Company. Is there		
anything which would inter	fere with your regular attend	lance and punctuality if you	are offered a job with this		
company? Yes :	No				
If yes, please explain:					
What foreign languages do	you speak fluently? Read	d: V	Vrite:		
List Professional, trade, business, or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status):					
REFERENCES: List people who know your work. Do not include personal references. Relatives & Friends will not be accepted.					
Name	Professional Relationship	Address	Work/Home Telephone Number		

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans and Individuals with Physical or Mental Handicaps.

Government contracts are subject to 38 USC 2012 of the Viet Era Veterans Readjustment Acts of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment. KBA grants a higher status to handicapped/ disabled persons for employment purposes.

If you wish to be identified, please sign below.

□ Handicapped Individual

Disabled Veteran

□ Vietnam Era Veteran

Signed _

EMPLOYMENT EXPERIENCE

Start with your present or last job. Do not omit any employment. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, or other protected status.

Employer	Telephone	Dates Employed		Work Performed
	()	From	То	
Address				
Job Title	Hourly Rate/Salary			
		From	То	
Supervisor				
Reason for Leaving	3	_	-	
Employer	Telephone	Dates Employed		Work Performed
	()	From	То	
Address				
Job Title		Hourly Rate/Salary		
		From	То	
Supervisor				
Reason for Leaving	3		-	
Employer	ployer Telephone Date		ployed	Work Performed
	()	From	То	
Address				
Job Title		Hourly Rate/Salary		
		From	То	
Supervisor				
Reason for Leaving	7		-	
Employer	Telephone	Dates Em	ployed	Work Performed
	()	From	То	
Address				
Job Title		Hourly Rate/Salary		
		From	То	
Supervisor				
Reason for Leaving	7		-	

If you need additional space, please continue on a separate sheet of paper

<u>Special Skills and Qualifications</u> Summarize special skills and qualifications acquired from employment or other experience.

EDUCATION				
School Name	Years Completed (circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra- Curricular Activities
High School	9 10 11 12			

College or University	1 2 3 4		
Graduate/Professional	1 2 3 4		
Trade or Correspondence			
Other			

Honors Received: State any additional information you feel may be helpful to us in considering your application.

Application Agreement & Understanding

Please read carefully before signing this form.

All information contained in this application or any other documents filled out in connection with my employment, and in any interview are true and correct to the best of my knowledge and belief. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that misrepresentations, deception, false statement or omissions of any kind may result in denial of employment or be cause for subsequent termination of employment if I am hired regardless of when such information is discovered.

I hereby authorize the Company to thoroughly investigate my background, references, employment record, Motor Vehicle Records (MVR) and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers, their agents, employees and representatives as well as individuals and organizations contacted by the Company to provide relevant information regarding my current and/or previous employment. I hereby fully waive my rights and release all persons, schools and employers, etc. of any and all claims for providing such information. This consent is given in satisfaction of Public Law 18 USC 2721 et Seq., "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this act.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Company. I understand that this application is not and should not be considered a contract of employment. I further understand that employment at the Company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the Company's, unless specifically provided otherwise in a written contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed written document.

I acknowledge that I have read the above statements and understand each and all of the statements and hereby grant permission to confirm the information supplied on this application by me. This application is complete and accurate to the best of my knowledge.

Signature of Applicant

Date