

# APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

## PERSONAL INFORMATION

Date \_\_\_\_\_ Soc. Security # \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Present Address \_\_\_\_\_  
STREET CITY STATE ZIP

Permanent Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone No. \_\_\_\_\_

Referred By \_\_\_\_\_ Are you 18 years of age or older?  Yes  No  
(If not, employment subject to verification of age.)

E-mail Address \_\_\_\_\_

LAST

FIRST

MIDDLE

## EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date You Can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are You Employed Now?  Yes  No If So, May We Contact Your Present Employer  Yes  No

Have You Ever Worked At This Or Another Kinseth Property?  Yes  No Where? \_\_\_\_\_ When? \_\_\_\_\_

If So, What Was Your Reason For Leaving? \_\_\_\_\_

Preferred Shift:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup> Days Available to Work: S M T W T F S Hours Desired:  Full-Time  Part-Time

## EDUCATION

	Name & Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied & Degree(s) Received
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional College (Masters, PhD)		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## GENERAL

Subjects of Special Study or Research Work \_\_\_\_\_

Job Related Skills (typing, driver's license, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony? (Do not complete in State of Illinois, Minnesota or City of Columbia, Missouri)  Yes  No

If yes, state circumstances \_\_\_\_\_

\_\_\_\_\_

## FORMER EMPLOYERS

List below your last four employers, starting with the most current one.

May we contact?	Date Month & Year	Name, Address & Phone Number of Employer	Salary (upon leaving)	Position	Reason For Leaving
<input type="checkbox"/> Yes <input type="checkbox"/> No	From To				
<input type="checkbox"/> Yes <input type="checkbox"/> No	From To				
<input type="checkbox"/> Yes <input type="checkbox"/> No	From To				
<input type="checkbox"/> Yes <input type="checkbox"/> No	From To				

## REFERENCES

List below three persons not related to you, whom you have known at least one year.

Name	E-mail Address	Phone No.	Relationship	Years Acquainted
1.				
2.				
3.				

## In Case Of Emergency Notify

NAME

ADDRESS

PHONE #

If you are hired by the company, you will be required to attest your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

## AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character, and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company.

If employed, I agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests and I request that examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate that there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Date \_\_\_\_\_ Signature \_\_\_\_\_

FOR OFFICE USE ONLY	Interviewed By _____	Date _____
	Hired <input type="checkbox"/> Yes <input type="checkbox"/> No Position _____	Dept. _____
	Salary/Wage _____	Start Date _____
	GM Approved _____	