

Application for Employment (Equal Opportunity Employer)

PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____ MI: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (____) _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES ON A PERMANENT BASIS? YES NO

DESIRED EMPLOYMENT

POSITION: _____

DATE AVAILABLE: _____ DESIRED SALARY: _____ HRL WKLY

ARE YOU AVAILABLE TO WORK FULL-TIME PART-TIME PREFERRED SHIFT: 1ST 2ND 3RD

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? YES NO

IF YES, WHEN? _____

REASON FOR LEAVING: _____

IF APPLYING FOR A POSITION WHERE DRIVING IS REQUIRED:

DO YOU HAVE A VALID DRIVER'S LICENSE IN THIS STATE? YES NO IF YES, LICENSE NO. _____

HOW DID YOU HEAR ABOUT KMS, INC.?

EMPLOYEE REFERRAL (NAME OF EMPLOYEE: _____)

EMPLOYMENT AGENCY (NAME OF AGENCY: _____)

JOB SERVICE

NEWSPAPER ADVERTISEMENT

STATE EMPLOYMENT AGENCY

WALK-IN

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECT STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

SPECIAL TRAINING: _____

SPECIAL SKILL: _____

EMPLOYMENT

EMPLOYER: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
TELEPHONE NUMBER: (_____) _____
NAME OF SUPERVISOR: _____ MAY WE CONTACT? YES NO
YOUR JOB TITLE: _____
START DATE (MONTH/YEAR): _____ END DATE (MONTH/YEAR): _____
STARTING SALARY: \$ _____ HRL WKLY ENDING SALARY: \$ _____ HRL WKLY
DUTIES: _____

WHAT DID YOU LIKE MOST ABOUT YOUR JOB? _____
REASON FOR LEAVING: _____

EMPLOYER: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
TELEPHONE NUMBER: (_____) _____
NAME OF SUPERVISOR: _____ MAY WE CONTACT? YES NO
YOUR JOB TITLE: _____
START DATE (MONTH/YEAR): _____ END DATE (MONTH/YEAR): _____
STARTING SALARY: \$ _____ HRL WKLY ENDING SALARY: \$ _____ HRL WKLY
DUTIES: _____

WHAT DID YOU LIKE MOST ABOUT YOUR JOB? _____
REASON FOR LEAVING: _____

EMPLOYER: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
TELEPHONE NUMBER: (_____) _____
NAME OF SUPERVISOR: _____ MAY WE CONTACT? YES NO
YOUR JOB TITLE: _____
START DATE (MONTH/YEAR): _____ END DATE (MONTH/YEAR): _____
STARTING SALARY: \$ _____ HRL WKLY ENDING SALARY: \$ _____ HRL WKLY
DUTIES: _____

WHAT DID YOU LIKE MOST ABOUT YOUR JOB? _____
REASON FOR LEAVING: _____

EMPLOYMENT (CONTINUED)

EMPLOYER: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
TELEPHONE NUMBER: (_____) _____
NAME OF SUPERVISOR: _____ MAY WE CONTACT? YES NO
YOUR JOB TITLE: _____
START DATE (MONTH/YEAR): _____ END DATE (MONTH/YEAR): _____
STARTING SALARY: \$ _____ HRL WKLY ENDING SALARY: \$ _____ HRL WKLY
DUTIES: _____

WHAT DID YOU LIKE MOST ABOUT YOUR JOB? _____
REASON FOR LEAVING: _____

EMPLOYER: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
TELEPHONE NUMBER: (_____) _____
NAME OF SUPERVISOR: _____ MAY WE CONTACT? YES NO
YOUR JOB TITLE: _____
START DATE (MONTH/YEAR): _____ END DATE (MONTH/YEAR): _____
STARTING SALARY: \$ _____ HRL WKLY ENDING SALARY: \$ _____ HRL WKLY
DUTIES: _____

WHAT DID YOU LIKE MOST ABOUT YOUR JOB? _____
REASON FOR LEAVING: _____

EMPLOYER: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
TELEPHONE NUMBER: (_____) _____
NAME OF SUPERVISOR: _____ MAY WE CONTACT? YES NO
YOUR JOB TITLE: _____
START DATE (MONTH/YEAR): _____ END DATE (MONTH/YEAR): _____
STARTING SALARY: \$ _____ HRL WKLY ENDING SALARY: \$ _____ HRL WKLY
DUTIES: _____

WHAT DID YOU LIKE MOST ABOUT YOUR JOB? _____
REASON FOR LEAVING: _____

REFERENCES

LIST THREE (3) NON-RELATIVES WHO ARE FAMILIAR WITH YOUR QUALIFICATIONS AND ACTUAL WORK HISTORY AND ABILITY:

1. NAME: _____ TELEPHONE NUMBER: (____) _____

OCCUPATION/RELATIONSHIP: _____

YEARS ACQUAINTED: _____

2. NAME: _____ TELEPHONE NUMBER: (____) _____

OCCUPATION/RELATIONSHIP: _____

YEARS ACQUAINTED: _____

3. NAME: _____ TELEPHONE NUMBER: (____) _____

OCCUPATION/RELATIONSHIP: _____

YEARS ACQUAINTED: _____

SERVICE RECORD

BRANCH OF SERVICE: _____ DISCHARGE DATE: _____ RANK: _____

CRIMINAL OFFENSE

Have you ever been convicted of a criminal offense including misdemeanor or felony offenses, within the last 5 years? Please exclude any annulled, sealed, eradicated, expunged, erased, pardoned, impounded, discharged or dismissed convictions or adjudications, as well as any minor traffic violations and parking offenses.

Yes No

If yes, Explain: _____

NOTE: Conviction of a crime is not necessarily an automatic bar to employment. Instead, relevant factors will be considered, such as: (1) the nature and gravity of the conviction; (2) the possible relationship of the criminal behavior to the job sought; (3) the number of convictions; (4) the recentness of the convictions; and (5) evidence that the individual has been rehabilitated.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resumé or other supplementary materials) are true and complete without omissions. By signing below, I authorize **KMS, Inc.** to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character, and qualifications.

If hired, I will be responsible for familiarizing myself with all rules and regulations of **KMS, Inc.** as they presently exist or are later modified. If hired, I understand my employment can be terminated, at the discretion of **KMS, Inc.** or at my option, without notice, at any time and for any reason.

I also understand that no representative of **KMS, Inc.** has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by an owner or designated representative of **KMS, Inc.**

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

I have read, understand, and agree with the above.

Signature of Applicant

Date

EEO-1 SELF-IDENTIFICATION FORM

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites applicants to voluntarily self-identify their race and ethnicity. Submission of this information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

This data is for periodic government reporting and will be kept in a confidential and separate for the Application for Employment.

Name: _____

Position Applied for: _____ Date Applied: _____

Gender Identification (check one):

Female

Male

Race/Ethnic Identification (check one):

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

If you did not check "Hispanic or Latino" above, please select one of the following race/ethnic identifications below:

American Indian/Alaskan Native – A person having origins in any of the original peoples of North America 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.

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, North Africa, or the Middle East.

Two or More Races – All person who identify with more than one of the above five races.

Decline to Self-Identification