

APPLICATION FOR EMPLOYMENT

The K Company Is An Equal Opportunity Employer

Date:

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

Employment Desired			
Position:		Date you can start:	
		Salary Desired:	
Are you currently employed:	<input type="checkbox"/> No <input type="checkbox"/> Yes	If so, may we inquire of your present employer?:	
Have you ever applied to The K Company before?:	<input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, where?:		If yes, when?:	
Referred by:			

Education				
	Name and location of school	Number of years attended	Did you graduate?	Subjects studied
Grammar School			<input type="checkbox"/> No <input type="checkbox"/> Yes	
High School			<input type="checkbox"/> No <input type="checkbox"/> Yes	
College			<input type="checkbox"/> No <input type="checkbox"/> Yes	
Trade, business or correspondence school			<input type="checkbox"/> No <input type="checkbox"/> Yes	

General	
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"/> No <input type="checkbox"/> Yes
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* Excludes organizations, the name of which indicates race, creed, sex, age, marital status, color or nation of origin of its members.

Former Employers (List below the last three employers, starting with the most recent one first.)				
Date, month and year	Name and address of employer	Salary	Position	Reason for leaving
From:				
To:				
From:				
To:				
From:				
To:				
Which of these jobs did you like the best?				
What did you like most about this job?				

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

In Case of Emergency Notify		
Name	Address	Phone Number

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