



## APPLICATION FOR EMPLOYMENT

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.

POSITION APPLIED FOR \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

PERSONAL					
PLEASE PRINT USING BALLPOINT PEN					
FULL NAME	FIRST	MIDDLE	LAST	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	STREET	CITY	STATE	ZIP	HOW LONG? TELEPHONE #
PREVIOUS ADDRESS	STREET	CITY	STATE	ZIP	HOW LONG? TELEPHONE #
PERMANENT ADDRESS IF DIFFERENT FROM ABOVE:					
IF NO PHONE, HOW MAY WE CONTACT YOU?					E-Mail Address
ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH THIS COMPANY?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, NAME OF RELATIVE	RELATIONSHIP	WHICH LOCATION?	
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, WHERE?	APPROXIMATE DATE: MO./YR.	REASON FOR LEAVING:	
HOW WERE YOU REFERRED TO THIS COMPANY?					

GENERAL INFORMATION																						
LIST BUSINESS AND PROFESSIONAL ORGANIZATIONS OF WHICH YOU ARE A MEMBER: (Omit those indicating race, creed, sex, age, handicap, national origin or other protected groups.)																						
LIST LEISURE ACTIVITIES, HOBBIES, RECREATIONAL INTERESTS:																						
EXPECTED WAGE?	DATE AVAILABLE FOR WORK?																					
ARE YOU AVAILABLE TO WORK:	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> OVER TIME																					
IF YOU ARE UNDER THE AGE OF 18, CAN YOU SUPPLY PROOF OF AGE OR WORKER'S PERMIT?	ARE YOU AVAILABLE TO TRAVEL?																					
PLEASE CHECK PREFERRED SCHEDULE:																						
A. <input type="checkbox"/> I am available and desire to work FULL-TIME, and do not have restrictions on my hours and days. (Complete Section B.) <input type="checkbox"/> I am available and desire PART-TIME work. (If less than 40 hours a week, please complete sections A & B.) <input type="checkbox"/> I am available only for PART-TIME work because: <input type="checkbox"/> Student <input type="checkbox"/> Other Job <input type="checkbox"/> Other (explain) _____																						
B. Hours Available	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Monday</th> <th style="width: 10%;">Tuesday</th> <th style="width: 10%;">Wednesday</th> <th style="width: 10%;">Thursday</th> <th style="width: 10%;">Friday</th> <th style="width: 10%;">Saturday</th> <th style="width: 10%;">Sunday</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">"X" if no restrictions</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">I am available to work from:</td> <td>_____ to _____</td> <td>_____ to _____</td> <td>_____ to _____</td> <td>_____ to _____</td> <td>_____ to _____</td> <td>_____ to _____</td> </tr> </tbody> </table>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	"X" if no restrictions							I am available to work from:	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
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"X" if no restrictions																						
I am available to work from:	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____																

EDUCATION					
EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YR. ATTENDED	GRADUATED?	DEGREE/GPA
Elementary			5 6 7 8	<input type="checkbox"/> YES <input type="checkbox"/> NO	
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	
College			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Graduate School			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Business, Trade, Etc.			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

# EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY).

I	EMPLOYER	FROM		DESCRIBE YOUR POSITION AND DUTIES	STARTING SALARY	REASON FOR LEAVING	NAME AND TITLE OF IMMEDIATE SUPERVISOR
		MO	YR				
NAME OF COMPANY							
ADDRESS		TO			ENDING SALARY		
CITY, STATE (ZIP)							
PHONE NO.		TYPE OF BUSINESS					

EXPLAIN ANY PERIODS BETWEEN JOBS:

II	EMPLOYER	FROM		DESCRIBE YOUR POSITION AND DUTIES	STARTING SALARY	REASON FOR LEAVING	NAME AND TITLE OF IMMEDIATE SUPERVISOR
		MO	YR				
NAME OF COMPANY							
ADDRESS		TO			ENDING SALARY		
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		MO	YR				
NAME OF COMPANY							
ADDRESS		TO			ENDING SALARY		
CITY, STATE (ZIP)							
PHONE NO.		TYPE OF BUSINESS					

EXPLAIN ANY PERIODS BETWEEN JOBS:

**HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR FORCED TO RESIGN?**

YES     NO    IF YES, PLEASE EXPLAIN:

## ADDITIONAL INFORMATION

Summarize special skills and qualifications, volunteer activities, military experience, hobbies, employment or other activities related to the job you are seeking and which you would like to be considered in connection with your application for employment.

## BUSINESS OR PERSONAL REFERENCES

**LIST PERSONS WHO HAVE CONTRIBUTED TO YOUR SUCCESS**

NAME		OCCUPATION	BUSINESS PHONE
HOME ADDRESS		HOME PHONE	TITLE
CITY AND STATE		HOW LONG KNOWN	
NAME		OCCUPATION	BUSINESS PHONE
HOME ADDRESS		HOME PHONE	TITLE
CITY AND STATE		HOW LONG KNOWN	

**SUPPLEMENTAL INFORMATION**

Only U.S. citizens or aliens who have a legal right to work and remain permanently in the U.S. are eligible for employment at this company. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States?  YES  NO  
 Please list information:

**EQUAL EMPLOYMENT OPPORTUNITY**

**THIS COMPANY IS COMMITTED TO EQUAL EMPLOYMENT OPPORTUNITY IN ALL OF ITS EMPLOYMENT PRACTICES. DECISIONS INVOLVING EVERY ASPECT OF THE EMPLOYMENT RELATIONSHIP ARE MADE WITHOUT REGARD TO AN EMPLOYEE'S RACE, COLOR, CREED, RELIGION, SEX, AGE, NATIONAL ORIGIN, MARITAL STATUS, VETERAN STATUS, OR ANY OTHER STATUS OR CHARACTERISTIC PROTECTED UNDER APPLICABLE STATE OR FEDERAL LAW, UNLESS IT IS A BONA FIDE OCCUPATIONAL REQUIREMENT NECESSARY TO THE NORMAL OPERATION OF THE BUSINESS.**

**NOTIFICATION AND AGREEMENT**

**PLEASE READ BEFORE SIGNING, AND CHECK EACH BOX 'YES' OR 'NO' AS APPROPRIATE**

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. YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY YOU WILL BE EMPLOYED.

Certain positions at this company may not be held by persons convicted of certain crimes. If you are applying for such a position and have been convicted of a crime, please note so below. If more room is needed, please give details on a separate sheet of paper.

Signature of this application gives the employer authority to run a Motor Vehicle Record report. Our insurance company may also run a report. If the position you are applying for constitutes driving a motor vehicle, it is imperative that a good driving record exists.

Signature of this application gives the employer authority to engage an investigative consumer reporting agency to report on my credit and personal history. A copy of the report may be made available to me upon request.

I certify that all answers and statements I have made on this application (and any other accompanying or required documents) are true and complete without omissions. I understand that any falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

YES  NO

I understand that my employment may be subject to the satisfactory results of any examination required by KAPCO UNITED INC or KNECHTS, including a urine test to detect drug or alcohol usage and hereby submit to said testing. I agree to conform to all rules and regulations of the company as they presently exist or are later modified. I RECOGNIZE THAT MY EMPLOYMENT CAN BE TERMINATED AT THE DISCRETION OF KAPCO UNITED INC OR KNECHTS OR AT MY OPTION, WITHOUT NOTICE, AT ANY TIME, EXCEPT AS SPECIFICALLY SET FORTH IN WRITING IN A CURRENT WRITTEN AGREEMENT SIGNED BY THE PRESIDENT.

YES  NO

I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between KAPCO UNITED INC or KNECHTS or myself for employment 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 the President.

YES  NO

I acknowledge that I have read, understand, and agree with the above. In addition, I hereby authorize any of the persons or organizations named in the application (or other accompanying or required documents) to give you complete information and records regarding my employment, education, character and qualifications. **This application is valid for only sixty (60) days from the date signed. If I want to be considered for job openings more than sixty (60) days from date signed, I will submit a new application.**

YES  NO

\_\_\_\_\_ DATE

\_\_\_\_\_ SIGNATURE OF APPLICANT

# SUPPLEMENTAL INFORMATION

1. Kapco and Knechts are people businesses with customer service and satisfaction as one of their primary goals. How do you feel you can contribute to our goals? \_\_\_\_\_  
\_\_\_\_\_
2. Why do you want this job and how does it fit in with your future plans? \_\_\_\_\_  
\_\_\_\_\_
3. What did you like best about your last job? \_\_\_\_\_  
\_\_\_\_\_
4. What did you like least about your last job? \_\_\_\_\_  
\_\_\_\_\_
5. Think back to the supervisors that you have had in the past. Which one did you like the best and why? \_\_\_\_\_  
\_\_\_\_\_
6. Which supervisor did you dislike, and why? \_\_\_\_\_  
\_\_\_\_\_
7. What makes you angry? \_\_\_\_\_  
\_\_\_\_\_
8. Who is primarily responsible for your safety? \_\_\_\_\_  
\_\_\_\_\_
9. What area of your skills/professional development needs improvement and how will this be accomplished? \_\_\_\_\_  
\_\_\_\_\_
10. What do you think should be done about an employee who is not doing a fair share of the work? \_\_\_\_\_  
\_\_\_\_\_
11. How would you define a productive work atmosphere? \_\_\_\_\_  
\_\_\_\_\_

Please include any additional information you feel to be relevant to the job for which you are applying:

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