

APPLICATION FOR EMPLOYMENT

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Position Applied For Date

Name

Address, City, State, Zip

Telephone Number Social Security Number

An Equal Opportunity Employer

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 any other legally protected status.

Pre-Employment Drug Test - K & S Millwrights, Inc. is proud to maintain a drug free work environment for the health and safety of all our employees. An offer of employment with our company is contingent upon a negative result for alcohol and controlled substances. You will be required to pay for your pre-employment test at the time of testing.

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| If you are under 18 years of age, can you provide required proof of your eligibility to work? | ❑ Yes | ❑ No |
| Have you ever been employed with us before? | ❑ Yes | ❑ No |
| If Yes, give date | | |
| Are you currently employed? | ❑ Yes | ❑ No |
| May we contact your present employer? | ❑ Yes | ❑ No |
| On what date would you be available for work? | | |
| Are you available to work: ❑ Full Time ❑ Part Time ❑ Shift Work ❑ Temporary | | |
| Are you currently on "lay-off" status and subject to recall? | ❑ Yes | ❑ No |
| Can you travel if a job requires it? | ❑ Yes | ❑ No |

**EDUCATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Elementary School | | | | | High School | | | | Undergraduate College/ University | | | | Graduate/ Professional | | | |
| School Name and Location |  | | | | |  | | | |  | | | |  | | | |
| Years Completed | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Diploma/Degree |  | | | | |  | | | |  | | | |  | | | |
| Describe Course of Study |  | | | | |  | | | |  | | | |  | | | |
| Describe any specialized training, apprenticeship, skills and extra-curricular activities |  | | | | |  | | | |  | | | |  | | | |
| Describe any honors you have received |  | | | | |  | | | |  | | | |  | | | |
| State any additional information you feel may be helpful to us in considering your application |  | | | | |  | | | |  | | | |  | | | |

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| 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**

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| --- |
| Give name, address and telephone number of three references who are not related to you and are not previous employers.  1.  2.  3. |

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| Have you ever had any job-related training in the United States military? | ❑ Yes | ❑ No |
| If Yes, please describe | | |
| Are you physically or otherwise unable to perform the duties of the job for which you are applying | ❑ Yes | ❑ No |

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

***List most current job first.***

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| **1.** | Employer | | Dates Employed | | ❑ Full Time | ❑Part Time |
| From | To | Work Performed | |
| Address | |  |  |  | |
| Telephone Number(s) | | Hourly Rate/Salary | |  | |
| Starting | Final |
| Job Title | Supervisor |  |  |  | |
|  | |
| Reason for Leaving | |  | |
| **2.** | Employer | | Dates Employed | | ❑ Full Time | ❑Part Time |
| From | To | Work Performed | |
| Address | |  |  |  | |
| Telephone Number(s) | | Hourly Rate/Salary | |  | |
| Starting | Final |
| Job Title | Supervisor |  |  |  | |
|  | |
| Reason for Leaving | |  | |
| **3.** | Employer | | Dates Employed | | ❑ Full Time | ❑Part Time |
| From | To | Work Performed | |
| Address | |  |  |  | |
| Telephone Number(s) | | Hourly Rate/Salary | |  | |
| Starting | Final |
| Job Title | Supervisor |  |  |  | |
|  | |
| Reason for Leaving | |  | |
| **4.** | Employer | | Dates Employed | | ❑ Full Time | ❑Part Time |
| From | To | Work Performed | |
| Address | |  |  |  | |
| Telephone Number(s) | | Hourly Rate/Salary | |  | |
| Starting | Final |
| Job Title | Supervisor |  |  |  | |
|  | |
| Reason for Leaving | |  | |

**SPECIAL SKILLS AND QUALIFICATIONS**Summarize special job-related skills and qualifications acquired from employment or other experience.

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APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge,

1 authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature Of Applicant Date

Pre-Employment Drug Testing and DOT Medical Cards

It is my understanding that if I am offered a job position with K & S Millwrights, Inc. I will be responsible for the payment of my pre-employment drug screening upon taking the test. Payment will be made directly to Total Compliance Solutions and only cash will be accepted.

If I have a valid driver's license to drive a K & S vehicle, a Driver's Qualification packet and DOT Medical Card physical must be completed. K & S will pay for these two items; however, if employment is terminated within two months, these two charges will be deducted from my last paycheck for reimbursement to the company for the expense of both (DQ packet and DOT physical).

I understand the above and agree to this policy and these charges to be payroll deducted if necessary. If I have any questions, I will direct them to management.

Signature Of Applicant Date

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