

APPLICATION FOR EMPLOYMENT

Kidron Town and Country

All portions of this application pertaining to you must be completed. We appreciate the time you will spend in completing this application. It is the policy and practice of this Company to provide all qualified employees and applicants for employment with equal opportunities without regard to age, race, religion, color, sex, pregnancy, ancestry, national origin, disability or any status or condition protected by applicable law. We provide, upon request, reasonable accommodations to assist applicants with disabilities in applying for employment.

PLEASE PRINT

Name (Last)	(First)	(Middle)	Telephone No.
Current Address	(Street)		Alternate Telephone No.
(City)	(State)	(Zip)	Social Security No.

Are you legally entitled to work in the United States? Yes No

Have you ever applied for a job with this company? Yes No
If yes, where and when? _____

The position you are applying for is _____ Salary expected: \$ _____ per _____

Type of employment: Full-time Part-time Temporary

Will you accept part-time employment? Yes No
If yes, specify the days and hours you are available to work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

If your application is considered favorable, on what date can you start to work? _____

Is your current age 16 years or older? Yes No 18 years or older? Yes No

Can you work shifts? Yes No If "Yes", what shifts can you work?
 First (Early Mornings) Second (Afternoon-Evenings)
 Third (Nights)

Can you work overtime? Yes No

List any special skills or abilities related to the job applied for. _____

Describe your greatest accomplishment from any previous position that you have held. _____

EDUCATION

(Circle highest grade completed)

Elementary 1 2 3 4 5 6 7 8 High School 9 10 11 12 GED College 1 2 3 4

	School Name	Address	No. Years Attended	Degree	Major
High School					
College					
Graduate					
Other					

Courses now studying _____

EMPLOYMENT RECORD (Please List Most Recent Position First)

I.

DATES	NAME AND ADDRESS OF EMPLOYER	DESCRIBE THE TYPE OF WORK YOU DID	SALARY	EXACT REASON FOR LEAVING
FROM:			FROM:	
TO:			TO:	May we contact them?
Telephone:	Supervisor:			

II.

DATES	NAME AND ADDRESS OF EMPLOYER	DESCRIBE THE TYPE OF WORK YOU DID	SALARY	EXACT REASON FOR LEAVING
FROM:			FROM:	
TO:			TO:	May we contact them?
Telephone:	Supervisor:			

III.

DATES	NAME AND ADDRESS OF EMPLOYER	DESCRIBE THE TYPE OF WORK YOU DID	SALARY	EXACT REASON FOR LEAVING
FROM:			FROM:	
TO:			TO:	May we contact them?
Telephone:	Supervisor:			

IV.

DATES	NAME AND ADDRESS OF EMPLOYER	DESCRIBE THE TYPE OF WORK YOU DID	SALARY	EXACT REASON FOR LEAVING
FROM:			FROM:	
TO:			TO:	May we contact them?
Telephone:	Supervisor:			

FOR OFFICE USE ONLY (Not to be completed by Applicant)

Position Hired For:	Department:
Date Employed:	Pay Rate: Hourly _____ Weekly _____
Work Permit:	Status:
Moonlighter: Regular _____ Student _____	Date Interviewed:

Interviewed By: _____

Reference Check:

Position Number:	Results of Reference Check:
I.	
II.	
III.	
IV.	

Referred By: _____

Check If Completed:

<input type="checkbox"/> I-9 Form <input type="checkbox"/> W-4 Tax Form <input type="checkbox"/> Work Permit Submitted (If Required) <input type="checkbox"/> Rules/Regulations Provided <input type="checkbox"/> Authorization Card (If Required) <input type="checkbox"/> Orientation Scheduled <input type="checkbox"/> Work Schedule Provided

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Telephone Number

MILITARY INFORMATION

Have you served in the U.S. Armed Forces? Yes No Branch of Service _____
 Total months of active duty _____ Rank of Induction _____ Highest Rank attained _____
 Specialized military experience _____

SECURITY INFORMATION

Have you ever been convicted of a felony or misdemeanor other than a minor traffic offense which has not been pardoned or expunged from your record? Yes No
 If yes, list date, city, charge and disposition: _____

(Conviction of a felony or misdemeanor will not automatically disqualify you from consideration for employment.)

READ BEFORE SIGNING

This application will become inactive after 60 days. If you wish to be considered for employment after that time, you must complete a new application for employment. All applications will, however, be retained in our files for a period of twelve months.

This company does not discriminate against qualified applicants or employees on the basis of race, creed, national origin, sex, ancestry, pregnancy, color, age or other status or condition protected by applicable law. However, we insist that all of our employees can perform the essential functions of their employment and have the character, integrity, and general reputation of honest of a person we would be willing to have to represent our company in its dealings with our clients, affiliates, suppliers, and/or other employees. Accordingly, we insist on complete honesty. ANY LATER DISCOVERY THAT AN APPLICANT WAS NOT HONEST IN COMPLETING THIS APPLICATION WILL BE GROUNDS FOR DISCHARGE.

AFFIDAVIT:

I authorize or instruct this company to make whatever inquiries it deems necessary (of any former employer, personal reference, or school official named in this application or referred by a person named in this application) in order to verify any information in my application and/or determine my qualifications and abilities and I agree to release and hold harmless those entities from any and all liability arising from the release of such information. I understand that such inquiries may include information as to my character, general reputation or personal characteristics. Statements I made on the application are true and complete. I understand that if, in the judgement of the Company I have made any false statements, omissions, concealments, any misrepresentations or I have failed to answer any questions fully and accurately, or results of such investigation are not satisfactory, any offer made by the Company may be withdrawn or my employment with the Company be terminated immediately, without any obligation to me other than for payment at the rate agreed upon for services rendered after I have been employed. I agree to conform to the rules and regulation of the Company, and understand that if I am hired, my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at the option of either the Company or myself. I further understand that no personal recruiter or interviewer or other representative of the Company has any authority to enter into any agreement for employment for any specified period of time unless such an agreement is in writing and signed by the Company's designated representative.

Authorization Signature of Applicant: _____
 Date: _____