



Application for Employment

Instructions	
a)	If you require assistance in filling out this application form please notify the person that gave you this application form and every effort will be made to accommodate your request.
b)	If more space is needed to complete any question, use the comment section at the end of this application.
c)	Answer the questions fully and to the best of your ability without answering "refer to resume". Please print legibly in ink only; answer all questions; carefully read Certification, then sign and date.
d)	You will also be asked to complete an affirmative action voluntary disclosure – completion is at your sole discretion, and no adverse action or treatment will occur if you choose not to complete the voluntary disclosure form.

Personal Information			
Name (First, Middle, Last):			
Have you ever been employed under a different name? (check one)	Yes:	No:	
If Yes, please state name(s) and dates for each previous name used:	Name(s): _____ _____	Dates Used: _____ _____	
Current Home Address, including Street, City, State and Zip Code:			
Home Phone Number:			
Cell Phone Number:			
How were you referred to us? (Check all that apply)	Website:		School:
	Agency:		Print Ad:
	On My Own:		Other:
	Current Employee:		Name of Current Employee: _____

Work Preference			
Indicate the position(s) for which you are applying:			
Do you wish to work (check one):	Full-Time:	Part-Time:	Temporarily:
Date available for work:			
Do you have any commitments to another employer that might affect your employment with us? (check one)		Yes:	No:
If Yes, please explain: _____ _____			



General		
Have you previously applied with us? (check one)	Yes:	No:
If Yes, please give date:		
Are you a U.S. Citizen or do you have valid authorization to work in the U.S.? (check one)	Yes:	No:
Have you been convicted of or plead guilty or "no contest" to any felony or misdemeanor (do not include minor traffic violations) in the past 10 years? (check one)	Yes:	No:
If yes, please provide the name of the crime, date and place of conviction:		
Have you ever been discharged or asked to resign by an employer? (check one)	Yes:	No:
If yes, please explain:		
Do you have an appropriate and valid Drivers' License? (check one)	Yes:	No:
Drivers' License State and Number:	State:	DL Number:
We have a variety of clients and some calls may be of differing nature. Please indicate your willingness to participate in any type of calls we may receive, ie religious affiliations and actions, adult undergarments, political calls, calls pertaining to national origin, race, color or sexual orientation	Willing to take calls of all natures.	Unwilling to take calls of this nature. (please list)

Employment Experience				
List your complete employment record including full-time, part-time, and temporary positions in date order, with current or most recent employment first. List military service, if applicable, as part of this employment record. Use a continuation sheet if needed. All positions must be included.				
Are you currently Employed? (check one)	Yes:	No:		
If yes, may we contact your current employer? (check one)	Yes:	No:		
Current or Most Recent Employer				
Employer Name:	Employers Full Address:		Telephone Number:	
			Fax Number:	
Your Position Title(s):		Name of Immediate Supervisor:		
Dates Employed	From: (Mo/Yr)		To: (Mo/Yr)	
Brief Description of Duties:				
Decision to Leave: (check one)	Termination:	Resignation:	Layoff:	Mutual Agreement:
Reason for Leaving:				

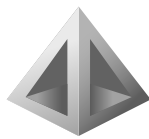


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Second Most Recent Employer				
Employer Name:	Employers Full Address:		Telephone Number:	
			Fax Number:	
Your Position Title(s):			Name of Immediate Supervisor:	
Dates Employed	From: (Mo/Yr)		To: (Mo/Yr)	
Brief Description of Duties:				
Decision to Leave: (check one)	Termination:	Resignation:	Layoff:	Mutual Agreement:
Reason for Leaving:				

Third Most Recent Employer				
Employer Name:	Employers Full Address:		Telephone Number:	
			Fax Number:	
Your Position Title(s):			Name of Immediate Supervisor:	
Dates Employed	From: (Mo/Yr)		To: (Mo/Yr)	
Brief Description of Duties:				
Decision to Leave: (check one)	Termination:	Resignation:	Layoff:	Mutual Agreement:
Reason for Leaving:				

Fourth Most Recent Employer				
Employer Name:	Employers Full Address:		Telephone Number:	
			Fax Number:	
Your Position Title(s):			Name of Immediate Supervisor:	
Dates Employed	From: (Mo/Yr)		To: (Mo/Yr)	
Brief Description of Duties:				
Decision to Leave: (check one)	Termination:	Resignation:	Layoff:	Mutual Agreement:
Reason for Leaving:				



Educational Information			
	Print Name and Full Address for Each School Listed	Years Completed	Degree/Graduation And Date
High School			
College			
Graduate or Professional School			
Trade, Night or Online School			
Other			

Licenses & Certifications				
Licenses, Certifications	Type	State	Date	Actions Against Licenses

References			
Name	Business or Personal	Years Known	Full Contact Information

Certification	
Please read the following statements carefully before signing:	
I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge and information. I also acknowledge that any falsified information or omission may disqualify me from further consideration for employment and may be justification for dismissal if discovered at a later date. Any omission from the complete employment record would constitute a falsehood.	
I understand that should I become employed by KC Pro LLC, I would be an employee at will. Thus, my employment could be terminated, with or without cause, at any time at the discretion of either the firm or myself. I understand that no management official other than the president of KC Pro LLC has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.	
Unless specifically noted on this application, I authorize KC Pro LLC to contact persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information concerning my employment or other relationship with the organization to KC Pro LLC.	
Signature	Date

KC Pro LLC is an Equal Opportunity Employer in all employment decisions, including hiring, terminations, promotions, and the administration of personnel policies. KC Pro LLC does not discriminate on the basis of race, color, religion, sex, nationality or ethnic origin, veteran status, age, disability, genetics, or any other legally protected characteristics. Any person believing that he/she has been subjected to such discrimination should contact the owner of KC Pro LLC