

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.
- 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 Employ		yee:		
			'					
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 at the U.S.? (check one)	Yes:			No:			
Have you been convicted of or plead guilty felony or misdemeanor (do not include min the past 10 years? (check one)	Yes:			No:	:		
If yes, please provide the name of the crir conviction:							
Have you ever been discharged or asked to r (check one)	esign by an employer?	Yes:			No:	:	
If yes, please explain:							
Do you have an appropriate and valid Driver	s' License? (check one)	Yes:			No:	:	
Drivers' License State and Number:	State:			DL	Number:		
We have a variety of clients and some cal nature. Please indicate your willingness to of calls we may receive, ie religious affiliati undergarments, political calls, calls pertain race, color or sexual orientation	Willing to take calls of all natures.				willing to take calls of this ure. (please list)		
race, color of sexual orientation				l			
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:		stions must be included.	
If yes, may we contact your current employer? (check one)	Yes:	No:					
Current or Most Recent Employer							
Employer Name:	Employers Full Address:	Telephone I		Telephone Nu			
				Tux Ivamber.			
Your Position Title(s):	Name of Immediate Supervisor:						
Dates Employed	From: (Mo/Yr)	To: (Mo/Yr)					
Brief Description of Duties:							
Decision to Leave: (check Termination: one)	Resignation:		Layoff:			Mutual Agreement:	
Reason for Leaving:	1						



Second Most Pocont Employer								
Second Most Recent Employer								
Employer Name:		Employe	ers Full Address:		Teleph		elephone Number:	
					Fax Number:			
				T		- un ruanioeri		
Your Position Title(s):				Name of Immediate Commission				
rour rosition ritic(s).				Name of Immediate Supervisor:				
Dates Employed		From: (Mo/Yr)		To:		To: (Mo/Yr)		
Brief Description of Duties:								
Decision to Leave: (check	Decision to Leave: (check Termination:		Resignation:		Layoff:		Mutual	
one)				: Layoff:			Agreement:	
Reason for Leaving:								
		Thir	d Most Re	cent Empl	oyer	T		
Employer Name:		Employers Full Address:				Telephone Number:		
						Fax Number:		
Version Tille (a)				No Class				
Your Position Title(s):				Name of Immediate Supervisor:				
						1		
Dates Employed		From: (Mo/Yr)		To: (Mo/Yr)				
Brief Description of Duties:								
	Tormination	Posignation			Lavoff		Mutual	
Decision to Leave: (check one)	Termination:	Resignation:		Layoff:			Mutual Agreement:	
Reason for Leaving:	Reason for Leaving:							
Fourth Most Recent Employer								
Employer Name:		Employers Full Address:				Telephone Number:		
Employer Name.								
						Fax Number:		
		1				l		
Your Position Title(s):		N		Name of Immediate Supervisor:				
		•						
Dates Employed		From: (Mo/Yr)			To: (Mo/Yr)			
Brief Description of Duties:								
Decision to Legyer (sheek	Tormination		Designations		Loveff		Mutual	
Decision to Leave: (check one)	Termination:		Resignation:		Layoff:		Agreement:	
Reason for Leaving:	Reason for Leaving:							



Educational Information						
	Print Name and Full Add School Listed		Years Completed	Degree/Graduation And Date		
High School						
College						
Graduate or Professional School						
Trade, Night or Online School						
Other						
	Linemans Q Comb	:fications				
Licenses, Certifications	Licenses & Cert	State	Date	Actions Against		
Electises, ecrimentoris	Турс	State	Date	Licenses		
	Referenc	es	<u> </u>			
Name	Business or Personal	Years Known	Full Contact Information			
		<u> </u>				
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.						

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

D<u>ate</u>

Signature