



Employment Application

An Equal Opportunity Employer

GENERAL INFORMATION

					Date _____	
Name	Last	First	Middle	Social Security Number: _____		
Present Address				How Long?	Phone No. (Home)	
Street	City	State	Zip Code			
Prior Address				How Long?	Phone No. (Cell)	
Street	City	State	Zip Code			
Are You 18 Years or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are You Either a U.S. Citizen or an Alien Authorized to Work in the U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Position Desired		Date You Can Start		Salary Desired		
Are you Employed Now?			If so, May We Contact Your Present Employer?			
Ever Applied To This Company?			Where?		When?	
Who Referred You To This Company?		<input type="checkbox"/> Newspaper Advertisement		<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Walked In
<input type="checkbox"/> State Employment Office		<input type="checkbox"/> College Placement Service		<input type="checkbox"/> Friend		<input type="checkbox"/> Other
Have you Ever Been Convicted Of A Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please Specify _____ (A Conviction Record Will Not Necessarily Bar You From Employment)						
Are you required to register as a sex offender under state law? <input type="checkbox"/> Yes <input type="checkbox"/> No						

EDUCATION

Name Of School and Location	Circle Last Year Completed				Did You Graduate?	Subjects Studied and Degree(s) Earned
	5	6	7	8		
Grammar School					<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School					<input type="checkbox"/> Yes <input type="checkbox"/> No	
College					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate, Trade, Business, or Correspondence School					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Special Training or Skills _____

Job Related Skills (Typing, Driver's Licenses, etc.) _____

MILITARY INFORMATION

Have You Served In The Armed Forces? Yes No Branch of Service _____

Highest Rank Attained _____ Honorable Discharge __ Yes __ No

FRIENDS AND RELATIVES

Do you have any friends or relatives currently working for Kurz-Kasch? Yes No If yes, please state their name and relationship to you: _____

FORMER EMPLOYERS List below your last four employers, starting with the last one first.

Date Month and Year	Name, Address, and Phone Number of Employer	Salary (upon leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES List below three persons not related to you, whom you have known at least one year.

Name	Address and Phone Number	Position	Years Acquainted
1.			
2.			
3.			

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge, I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure. If the Company desires to use a third party to conduct the background check I will sign any necessary authorization required under the terms of the Fair Credit Reporting Act or similar law.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing and signed by the President of the company.

If I am offered employment I agree, if requested, to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests, and if I am hired a condition of my employment will be that I abide by the Company's Drug Free Workplace Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire me. This application will only be valid for 30 days. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies and procedures, in whole or in part, at any time.

Date _____ Signature _____

For Company Use Only – Do Not Write Below This Line

Interviewed By _____ Date _____
Remarks _____

Reference Checks _____

Hired _____ Position _____ Company _____ Dept. _____

Salary/Wages _____ Exempt/Non-Exempt _____ Date Reporting _____

Approved 1. _____

Approved 2. _____ Date _____