

APPLICATION FOR EMPLOYMENT

(Please Print) Date of Application _____

Position(s) Applied For: _____

Name _____

Address _____

Telephone (____) _____ - _____ E-Mail Address: _____

Social Security Number ____/____/____

If employed and are you under 18, can you furnish a work permit? ____ Yes ____ No

Have you filed an application here before? _____ If Yes, give date ____/____/____

Have you ever been employed here before? _____ If Yes, give date ____/____/____

Are you employed now? _____ If yes, may we contact your employer? _____

Are you on a lay-off and subject to recall? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ____ Yes ____ No (Proof of eligibility for employment in the U.S. will be required upon employment.)

On what date would you be available for work? _____

Are you seeking to work: ____ -Full-Time ____ -Part-Time ____ -Temporary

Are you willing to work: ____ -First Shift ____ -Second Shift ____ -Third Shift

Can you travel if a job requires it? ____ -Yes ____ -No

Have you been convicted of a felony? ____ -Yes ____ -No
(Conviction will not necessarily disqualify applicant from employment.)

If Yes, please explain _____

**AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H
DRUG FREE WORKPLACE**

This application is active for 90 days from the date on the application. If you want to be considered again, you need to reapply.

APPLICATION FOR EMPLOYMENT

EMPLOYMENT EXPERIENCE:

Start with your present or last job. Include military service assignments and volunteer activities. If more space is required, continue entries on a separate sheet arranged as below and attach to application. **Resumes are welcome, but may not be substituted for completion of the information requested below.**

Employer Name	Telephone
_____ (____) _____	
Address _____	
Job Title _____	
Supervisor _____	
Dates of Employment: FROM _____ TO _____	
Salary/Hourly Rate: Starting _____ Final _____	
Reason for leaving: _____	
Work Performed: _____	

Employer Name	Telephone
_____ (____) _____	
Address _____	
Job Title _____	
Supervisor _____	
Dates of Employment: FROM _____ TO _____	
Salary/Hourly Rate: Starting _____ Final _____	
Reason for leaving: _____	
Work Performed: _____	

APPLICATION FOR EMPLOYMENT

Employer Name	Telephone
_____	(____) _____
Address _____	
Job Title _____	
Supervisor _____	
Dates of Employment: FROM _____ TO _____	
Salary/Hourly Rate: Starting _____ Final _____	
Reason for leaving: _____	
Work Performed: _____	

Employer Name	Telephone
_____	(____) _____
Address _____	
Job Title _____	
Supervisor _____	
Dates of Employment: FROM _____ TO _____	
Salary/Hourly Rate: Starting _____ Final _____	
Reason for leaving: _____	
Work Performed: _____	

APPLICATION FOR EMPLOYMENT

EDUCATION:

Circle the highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 12+

High School Name _____

City and State _____

Did you graduate? _____ - Yes? _____ - No? _____ -GED

Please list Technical School(s), College, etc (include major, years completed and if degree was received):

SPECIAL SKILLS/ QUALIFICATIONS:

Please list any specialized training, apprenticeship or other skills that may be helpful to us in considering your application.

REFERENCES:

Please list names, addresses and telephone numbers or three references who are NOT RELATED TO YOU.

1. _____

2. _____

3. _____

APPLICATION FOR EMPLOYMENT

NOTICE OF DRUG SCREEN (Pre-Employment):

Komponents Laminated Products, Inc. is concerned with the health and safety of all of its employees. Consistent with this philosophy, we strive to create a “drug/alcohol” free work environment. In order to be qualified for employment at Komponents Laminated Products, Inc., each person offered employment with Komponents Laminated Products, Inc. will be required to pass a drug screen. This drug screen will require prospective employees to provide a urine sample. A confirmed positive test result, or refusal to submit to a drug screen, will disqualify that person from further consideration for employment with Komponents Laminated Products, Inc.

APPLICANT’S STATEMENT, AUTHORIZATION AND RELEASE:

Applicant’s Name (please print): _____

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize Komponents Laminated Products, Inc. to contact previous employers to verify my past employment record and authorize prior employers to release such information to Komponents Laminated Products, Inc. representatives. I recognize that a copy of this authorization and release is as valid as the original and should be considered as such. I understand that this application is not and is not intended to be a contract of employment. In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal laws and state laws.

Signature of Applicant

Date

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

APPLICATION FOR EMPLOYMENT

Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Date: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Position(s) Applied For: _____

Referral Source: _____ -Advertisement (source) _____ - Walk-In _____ -Employee
(friend/relative)
_____ - Other

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicant. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one: _____ -Male _____ -Female

Check one of the following race/ethnic group:

_____ -White _____ -Black/African American _____ -Hispanic

_____ - Asian/Other Pacific Islander _____ -American Indian or Alaskan Native