



KAW SERVICES APPLICATION FOR EMPLOYMENT

KAW Services is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, age, religion, sex, sexual orientation or effectual preference, genetic characteristics or information, marital status, citizenship, national origin or ancestry, disability and/or veteran status as covered under the Vietnam Era Veteran Readjustment Assistance Act (VEVRAA), the Uniformed Services Employment and Re-employment Rights Act (USERRA), or any other characteristic protected by applicable federal, state, or local law.

This application shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should complete another application at the end of that period.

Personal Information	
Name (Last, First, Middle):	Date of Application
Have you ever worked under another name? If so, enter below:	
Present Address (Street, City, State, Zip):	Telephone Number with Area Code
Previous Address(es) if less than three years at above:	Telephone Number with Area Code
Permanent Address (If same as above, enter "same"):	Telephone Number with Area Code
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Overtime <input type="checkbox"/> Temporary	Date Available
Shift Applied for: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Any <input type="checkbox"/> Not Applicable	
Position Applying for:	
Salary Requirements:	

General Information		
<i>Please check yes or no:</i>	Yes	No
Have you ever filed out an application with us before? If yes, give date: _____	<input type="checkbox"/>	<input type="checkbox"/>
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been employed with us before? If yes, give date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
May we contact your present employer?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/>	<input type="checkbox"/>
Can you travel if a job requires it?	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, are you willing to relocate?	<input type="checkbox"/>	<input type="checkbox"/>
Are any relatives employed with us? If yes, list: _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been Convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain number of convictions(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation: _____		

Training and Skills

Training skills, experience, or special training related to the position applied for (such as special machinery, typing, word processing, U.S. Military etc.):

EDUCATION AND HISTORY*

Name	Location and Telephone	Course	Graduate	Degree
Elementary			Yes or No	
High School/GED				
College				
Post Graduate				

* To be completed only if the position applied for requires a particular education level.

WORK EXPERIENCE (MOST RECENT)

Name of Employer	Address of Employer	Date Employed
		From: To:
Telephone of Employer	Supervisor's Name and Title	Rate of Pay
		Start: Finish:
Position or Title	Reason for Leaving	
Description of Duties		

NEXT PREVIOUS EMPLOYER

Name of Employer	Address of Employer	Date Employed
		From: To:
Telephone of Employer	Supervisor's Name and Title	Rate of Pay
		Start: Finish:
Position or Title	Reason for Leaving	
Description of Duties		

NEXT PREVIOUS EMPLOYER		
Name of Employer	Address of Employer	Date Employed From: To:
Telephone of Employer	Supervisor's Name and Title	Rate of Pay Start: Finish:
Position or Title	Reason for Leaving	
Description of Duties		

BUSINESS REFERENCES			
Name	Company	Address	Telephone Number
Name	Company	Address	Telephone Number

READ CAREFULLY BEFORE SIGNING BELOW
(Signature is required in order to be considered for employment.)

- I certify that the information provided by me in this application (and accompanying resume, if any) is true and complete. I understand that any misstatement, falsification, omission or misrepresentation on this application or in any interview is grounds for refusal to hire, or if I am hired and the same is discovered thereafter, I will be separated. I understand that all information provided by me on this application or in any interview is subject to verification.
- I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for KAW Services to hire me. I recognize that this application is not and should not be considered a contract of employment.
- I understand that KAW Services will consider any requests for accommodations of physical or mental disabilities by an otherwise qualified person at any time before or after employment begins. I understand that the company would appreciate as much advance notice as possible regarding request for accommodation, and that documentation of the need for accommodation might be required.
- Depending on the position I am applying for, I understand that I may be required to submit to skills assessment(s) as a condition of my employment. Satisfactory completion of these assessments is required.
- I understand that a background check and employment history verification may be performed as a condition of employment. I authorize KAW Services and/or its agents to thoroughly request, receive and verify all statements and information contained in my application or resume. I release KAW Services from all liability for any damages that may result from doing so. I authorize any persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I release all such parties from all liability for any damages that may result from furnishing such information to KAW Services.
- If employed, I also agree to submit to a drug and/or alcohol test and/or physical at any time deemed appropriate by KAW Services and as permitted by applicable law. I consent to such tests, and I request that the results of such tests be disclosed to the company, which the company shall keep confidential. I understand that my employment or continued employment, to the extent permitted by applicable law, is contingent upon a negative drug and/or alcohol test and/or physical examination depending on the job I'm applying for.
- I understand KAW Services complies with the requirements of the Immigration Reform and Control Act. If an employment offer is extended, I will be required to provide sufficient documentation necessary to establish my identity and employment-eligibility. I understand the employment relationship must be compliant with the verification requirements of the IRCA.
- I acknowledge that if I am employed by the company, my employment will be at-will, that I will be required to follow all rules and regulations of the company and that my employment may be terminated with or without cause, with or without notice, at the option of myself or the company. No one other than the President has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, either before commencement of employment or after I have become employed.
- I certify that I have read or have had read to me, items 1, 2, 3, 4, 5, 6, 7 and 8 above. I understand the contents and hereby acknowledge receipt of this information.

Signature of Applicant

Date