

EMPLOYMENT APPLICATION FORM

Application for Employment

Contact Info	ormation					
Name:						
Addross	Last		First		Middle	
Address:		Street	City		State	Zip
Telephone:	() Home		() her		
Email:			Ot.	ilei		
Emergency:				()	
	Name			Phon	e	
Position Ap	plied For					
Job Title(s):						
Type of Empl	ovment:	r 1	(List a	all that apply)		[]
Type or Empi	oymene.	Full-Ti	me	Part-Time		Temporary
Desired Shift	:	[Day		[] Evening		[] Night
Available Sta	rt Date:	•		_		Nigric
Desired Salaı	v:					
Work Exper	ience (lis	t employers sta	irting with the i	most recent)		
Employer: _						
Address:						
Telephone:	()	Street	City ()	State	Zip

I	Main Phone	Fax		
Supervisor:			()	
 - -	Name & Title		Phone	
Employed Fr		to	/ - / /	
Position Held	(mm/dd/yy)		n/dd/yy) Rate of Pay:	
FUSICION NEW	ı. <u> </u>		Rate of Lay.	
Primary Duti	es:			
Reason for L	eaving:			
West Evno	in an (list appleyors star	ting with the most red		
WOLK EXPE	rience (list employers star	ting with the most rec	entj	
Employer: _				
Address:	Street	City	State	Zip
Telephone:	()	()	State	ک ال
Тогоритоно.	Main Phone	Fax		
Supervisor:		_	()	
	Name & Title		Phone	
Employed Fr			/ /	
Position Held	(mm/dd/yy)		n/dd/yy) Rate o <u>f Pay:</u>	
FUSICION 1.5.5	ı		Nace of Fay.	
Primary Duti	es:			
5				
Reason for L	eaving:			
Work Expe	rience (list employers star	ting with the most red	ent)	
WOIN EXPE	Hence (115t employers stat.	tilly with the most let	ent)	
Employer: _				
Address:	Street	City	State	Zip
Telephone:	()	()	State	Διμ
	Main Phone	Fax		
Supervisor:			()	
	Name & Title		Phone	
Employed Fr		to		

Position Held:	(mm/dd/yy)		(mm/dd/yy) Rate o <u>f Pay:</u>	
Primary Duties: _				
Reason for Leaving:	:			
	(list employers starting		-	
Employer:				
Address:	Street	City	State	Zip
)	()	<u></u>
Supervisor:	Phone	Fax	()	
Name Employed From:	e & Title	to	Phone	
_	(mm/dd/yy)		(mm/dd/yy)	
Position Held:			Rate o <u>f Pay:</u>	
Primary Duties: _				
Reason for Leaving:	:			
Work Experience	(list employers starting	g with the mo	est recent)	
Employer:				
Address:				
Telephone: (Street	City	State	Zip
Main	Phone	Fax)	
Supervisor: Name	e & Title		(<u>)</u> Phone	_
Employed From:		to		
Position Held:	(mm/dd/yy)		(mm/dd/yy) Rate o <u>f</u> Pay:	
Primary Duties:				

Reason for I	_eaving <u>:</u>				
Education					
<u>Type of</u> <u>School</u>	Name of School	Mailing Add	<u>ress</u>	Years Completed	<u>Diploma,</u> <u>Degree, and</u> <u>Major</u>
High School					
College					
Grad School					
Other					
Office Skill	s (office staff only)				
Typing	Yes [] No [] WPM:	10-Key	Yes [No []	
Personal Computer	Yes [] No [] Model:	Software Applications (please list)	Word F Spread Other:		
		"	_		

Yes [] No []

Military

Have you ever been in the armed forces?

Are you a me	ember of the National Guard?	Yes [] No []			
Military Spec	ialty:	Current Status:			
<u> </u>					
Other Skills	Or Experience (not included a	above)			
Personal Re	eferences (do not include relati	ives or previous emplo	yers)		
Name:	Last	First	Middle		
Address:	Street		State	7in	
Telephone:	()	City ()	State	Zip	
Occupation:	Home	Other	()		
	Company Name & Job Title		Phone		
Personal Re	eferences (do not include relati	ives or previous emplo	yers)		
Name:	Last	First	Middle		
Address:	Street	City	State	Zip	
Telephone:	() Home	() Other			
Occupation:		Other	()		
	Company Name & Job Title		Phone		
Have you eve	er been convicted of a felony?	Yes [] No []			
If yes, explai					

KEU Form-KApplication

May we contact your current employer? Yes [] No [] Agreement
Agreement
I authorize the investigation of all statements contained in this employment application form. I understand that, if I am hired, any misrepresentation or omission of facts by me is cause for immediate dismissal at any time. I hereby give Kairos Employment Unlimited, Inc. permission to contact any or all schools, previous employers (unless otherwise indicated), and references, and hereby release the Kairos Employment Unlimited, Inc. from any liability as a result of such contract.
I understand that Kairos Employment Unlimited, Inc. has a pre-employment drug and alcohol testing policy. Consent to and compliance with this policy is a pre-condition of my employment. I further understand that employment may be based on the successful passing of a job-related pre-employment physical examination.
I authorize Kairos Employment Unlimited, Inc. to request from a consumer reporting agency an investigative consumer report including information about my credit records. Upon written request from me, Kairos Employment Unlimited, Inc. will provide me with information concerning the nature and scope of any such report, as required by the Fair Credit Reporting Act.
I further understand that my employment with Kairos Employment Unlimited, Inc. is "at will," meaning it can be terminated at will for any reason and at any time by myself or by Kairos Employment Unlimited, Inc.
Signature of applicant: Date:
Kairos Employment Unlimited, Inc. is an equal employment opportunity employer.