



## EMPLOYMENT APPLICATION

COMPLETE AND SEND TO

EMAIL: [CAREERS@KYMANOX.COM](mailto:CAREERS@KYMANOX.COM)

OR

FAX: +1-610-471-5101

OR

MAIL: **KYMANOX | 1800 NATIONS DRIVE, SUITE 221 | GURNEE, IL 60031**

*Kymanox (the "Company") is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.*

**CONFIDENTIAL**

## PERSONAL

Last Name		First	Middle	Social Security # - -
Other Name(s) Used				Home Telephone # ( )
Address (Unit, Street, City, State, Zip)				Business or Mobile # ( )
Position Applied For		Referred By		Desired Compensation
Have you ever interviewed with the Company or its affiliates before?			If yes, list date(s), job title(s) & location(s)	
Are you at least 18 years old?			Email Address	

## EDUCATION

Circle Highest Grade Completed:					High School	9	10	11	12
					College, Trade or Business	1	2	3	4
					Graduate Studies	_____			
School	Address	Major Studies			Degree, Diploma, License or Certificate				
High School									
College/University									
Vocational, Business, Other									
List Any Professional Designations									
Other Special Knowledge, Skills or Qualifications									



## EMPLOYMENT HISTORY

List all employments for the past 10 years, starting with the most recent position. All information **must** be provided on the application and/or on an attached and referenced resume.

Employed From	Employer Name	Supervisor Name	Starting Salary
Employed Until	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

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Employed Until	Employer Address	Supervisor Phone #	Ending Salary
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### EMPLOYMENT HISTORY, CONTINUED

Employed From	Employer Name	Supervisor Name	Starting Salary
Employed Until	Employer Address	Supervisor Phone #	Ending Salary
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Duties & Responsibilities			

## GENERAL

Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation? (Yes/No) \_\_\_\_\_

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? (A yes response does not automatically disqualify your application.) (Yes/No) \_\_\_\_\_

Have you ever been on the FDA's ([www.fda.gov](http://www.fda.gov)) debarment list? (Yes/No) \_\_\_\_\_

## CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Company to obtain any credit and consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Printed Name	Signature	Date