



Engineers • Architects • Surveyors

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EMPLOYMENT APPLICATION

Klingner & Associates, P.C. is an Equal Opportunity Employer and does not discriminate in its hiring practices with regard to Race, Religion, Color, National Origin, Sex or Age.

Please feel free to add an extra sheet or resume if you need space for additional information.

PERSONAL:

Name _____
First Middle Last

Current Address _____
City State Zip

Permanent Address _____
City State Zip

Phone # & E-Mail _____
Home Business Cell E-Mail

If referred to by one of our employees, indicate his/her name _____

GOALS:

Position Desired _____
1st Choice 2nd Choice

What are your salary requirements per hour? _____ **Or per Month?** _____

What is your ultimate career goal? _____

EDUCATION:

High School Name/Location	Diploma	GPA	Rank in Class	Your Name If Different While in School
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

College, University, Graduate, Technical/Business Schools, Job Related Training, etc

Name of School	Location	Number of Years Attended	Rank in Grad Class	GPA	Major/Minor Course of Study	Type of Degree Earned

WORK EXPERIENCE:

List in order with last employer first. Account for the last 10 years, or years worked if less than 10 years.
Please feel free to add an extra sheet or resume if you need space for additional information.

1.

<i>Present or Last Employer</i>				<i>Address</i>	<i>Phone</i>
	<i>Month</i>	<i>Day</i>	<i>Year</i>	<i>Supervisors Name</i>	<i>Salary</i>
<i>From</i>				<i>May We Contact This Person?</i>	
<i>To:</i>				<i>Reason for Leaving</i>	
<i>Description of Duties (include significant responsibilities, accomplishments and contributions):</i>					

2.

<i>Present or Last Employer</i>				<i>Address</i>	<i>Phone</i>
	<i>Month</i>	<i>Day</i>	<i>Year</i>	<i>Supervisors Name</i>	<i>Salary</i>
<i>From</i>				<i>May We Contact This Person?</i>	
<i>To:</i>				<i>Reason for Leaving</i>	
<i>Description of Duties (include significant responsibilities, accomplishments and contributions):</i>					

3.

<i>Present or Last Employer</i>				<i>Address</i>	<i>Phone</i>
	<i>Month</i>	<i>Day</i>	<i>Year</i>	<i>Supervisors Name</i>	<i>Salary</i>
<i>From</i>				<i>May We Contact This Person?</i>	
<i>To:</i>				<i>Reason for Leaving</i>	
<i>Description of Duties (include significant responsibilities, accomplishments and contributions):</i>					

US ARMED FORCES:

<i>Branch of Service</i>	<i>Service Schools Attended</i>
<i>Number of Years Served:</i>	<i>Responsibilities</i>
<i>Honorable Discharge? Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>	

LICENSURE, REGISTRATION, CERTIFICATION:

Type and State Licensing Agency (Examples: PE, CPA, ASLA, AIA)	Number	Date Received

HONORS & AWARDS, SCHOLARSHIPS AND MEMBERSHIPS:

Type	Date Received

PUBLICATIONS:

List What or Where Published	Date Published

KNOWLEDGE, SKILLS/ABILITIES, OR STRENGTHS:

Computer Skills:

List specific skills/abilities, strengths and/or languages you possess and believe relevant to the position you seek:	Computer Programs	Proficiency		
		Very	Moderately	Beginner
	Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Revit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	AutoCad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MicroStation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REFERENCES:

List three professional references	Name	Address	Phone #	Occupation	Years Known

Please Note: Illinois Law states that you are not obligated to disclose sealed or expunged records of conviction or arrest, nor if they exist.

Do you have a valid driver's license? Yes No Have you ever had a professional license endorsed, suspended or cancelled? Yes No

Issuing State: _____ If yes, give details: _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? Yes No If yes, please explain circumstances: _____

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

I certify that the answers given by me to all of the questions on this application are, to the best of my knowledge and belief, true and correct without reservations of any kind. I further affirm that I have not knowingly withheld any facts or circumstances that would materially affect this application. I authorize Klingner & Associates, P.C. to verify any and all information contained in this application from former employers and others, unless specified otherwise above, and I release all concerned from any liability in connection with any information they give. I have read and signed the "Drug Abuse Policy Statement" included on Page 4.

Applicant Signature

Date

Interviewer Signature

Date

DRUG ABUSE POLICY STATEMENT

Klingner & Associates, P.C. has an obligation to its employees, customers, shareholders, and the public at large to take reasonable and appropriate steps to prevent drug abuse by its employees in or affecting the workplace. This policy is based in substantial part on the company's concern regarding the safety, health, and welfare of its employees, their families, its customers, and the community.

Consistent with this commitment, the company strictly prohibits:

1. The presence of employees on the job while under the influence of intoxicants, drugs, or any other controlled substances;
2. The illegal use, possession, transfer, or trafficking of intoxicants, illegal drugs, or controlled substances in any amount, in any manner, or at any time, either on company premises or while conducting company business;
3. The use of company property, including company vehicles and telephones, or an employee's position within the company to make, transfer, or traffic illegal intoxicants, illegal drugs, or controlled substances; and
4. Any other illegal use, possession, or trafficking of intoxicants, illegal drugs, or controlled substances in a manner, which has an adverse impact on the company.

Any employee who is under medication or taking any drug, which may affect the employee's ability to perform his or her job in a safe and productive manner, must report such use to his or her supervisor. Supervisors, in conjunction with personnel staff, will determine if the employee should remain at work, be restricted in his or her duties, or be sent home.

The company has the right to:

1. Discipline employees, including dismissal, for felony convictions regarding illegal use, possession, or trafficking of drugs;
2. Search, based on reason to believe this policy is being violated, an employee's person, locker, desk, vehicle, workstation, briefcase, tool box, wallet, purse, lunch box, pockets, and personal belongings. Entry on company premises constitutes consent to searches and inspections;
3. Test employees, including blood or urine tests, and perform medical examinations for the purpose of determining if the employee has engaged in illegal drug use; and
4. Take disciplinary action against employees who violate this company policy, including refusal to submit to testing, inspection, or searches. Employees also may be suspended pending outcome of an investigation regarding compliance with this policy.

By signing this application, job applicants may be required to undergo drug testing and medical examination, will be required to read and sign this copy of the company's drug abuse policy statement, and agree to permit such tests and examinations and company use of their results. Those job applicants who fail such tests and examinations will not be offered employment.

Notification to law enforcement agencies will be made, at the discretion of the company, regarding violations of this policy as appropriate and/or necessary.

I have read the above company policy statement, understand it's meaning, and have received a copy.

Signature

Date