APPLICATION FOR EMPLOYMENT
KRIER & BLAIN, INC.

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Name: _____ **Date:** _____
LAST FIRST M.I.

Position(s) applied for or type of work desired: _____ **Full time** ____ **Part time** ____ **Temp** ____

Address: _____ **Telephone #:** _____
STREET/NUMBER

_____ **Date available to start work:** _____
CITY STATE/ZIP

Do you have any objection to working overtime, if necessary? Yes ____ No ____

Can you travel, if required by this position? Yes ____ No ____

Have you ever been previously employed by our organization? Yes ____ No ____

Can you submit proof of legal employment authorization & identity? Yes ____ No ____

If you are under 18, can you furnish a work permit if required? Yes ____ No ____

Have you been convicted of a crime in the last 7 years? Yes ____ No ____

If yes, please explain (a conviction will not automatically bar employment): _____

Drivers license number: _____

How were you referred to us? _____

EMPLOYMENT HISTORY

Please provide all employment information for your past four employers starting with the most recent:

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor & title: _____

Dates employed: from _____ to _____ Wage/salary: _____ ☐ hourly/annual ☐
MO/YR MO/YR

Description of duties: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor & title: _____

Dates employed: from _____ to _____ Wage/salary: _____ ☐ hourly/annual ☐
MO/YR MO/YR

Description of duties: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor & title: _____

Dates employed: from _____ to _____ Wage/salary: _____ ☐ hourly/annual ☐
MO/YR MO/YR

Description of duties: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor & title: _____

Dates employed: from _____ (MO/YR) to _____ (MO/YR) Wage/salary: _____ ☐ hourly/annual ☐

Description of duties: _____

Reason for leaving: _____

EDUCATIONAL HISTORY

last year of education completed: 1. Elementary

Was diploma obtained by passing H.S. Equivalency (GED) test? Yes ____ When _____ No ____

List schools attended, starting with most recent (college, high school, vocational school, etc.):

Name/location of school _____

Degree _____ Major/courses _____ Did you graduate? _____

Name/location of school _____

Degree _____ Major/courses _____ Did you graduate? _____

Name/location of school _____

Degree _____ Major/courses _____ Did you graduate? _____

OTHER SKILLS AND QUALIFICATIONS

Summarize any job-related training skills, licenses, certificates and/or other qualifications:

_____

_____

REFERENCES

List 3 reference names, telephone numbers & years known: (Do not include relatives or employers.)

_____

_____

_____

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application, whenever it may be discovered, will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that is it the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature: _____ **Date:** _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

_____

_____

HIRED: _____ POSITION: _____ DEPT: _____

WAGE: _____ STARTING DATE: _____ APPROVED: _____