



Name: _____
Last First Full Middle SSN

Present Address: _____
Street City State Zip Code

Perm Address: _____
Street City State Zip Code

Phone Number(s): _____

E-mail Address: _____

Are you related to anyone in the company? Yes No

Name of Employee: _____ Referred By: _____

EMPLOYMENT DESIRED

Position:	Date you can start:	Salary Desired:
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever Applied with KMS?	Where?	When?

EDUCATION

	School (Name) City/State	Number of Years Attended	Date Graduated	Degree/ Diploma Obtained	Subjects Studied
High School			Did you graduate?		
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
College					
Graduate School					
Other					



GENERAL

Subjects of Special Study/Research: _____

Foreign Languages Spoken: _____ Written: _____

U.S. Military Service: _____ Guard or Reserve Duty: _____

From: _____ To: _____ Rank: _____

SPECIAL QUESTIONS

Are you eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Certain positions may require Security Clearances. Have you ever been granted a Security Clearance by an Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Date: _____	
Agency: _____	Level of Clearance: _____
Military Occupational Skills: _____	
Special Skills: _____	

FORMER EMPLOYERS

List last four employers (most recent first) – This section must be completed:				
Month & Year	Name/Address of Employer	Salary	Position	Reason for Leaving
From: _____	_____	Starting: _____		_____
To: _____	Supervisor: _____ Phone #: _____	Ending: _____		
From: _____	_____	Starting: _____		_____
To: _____	Supervisor: _____ Phone #: _____	Ending: _____		
From: _____	_____	Starting: _____		_____
To: _____	Supervisor: _____ Phone #: _____	Ending: _____		
From: _____	_____	Starting: _____		_____
To: _____	Supervisor: _____ Phone #: _____	Ending: _____		



BUSINESS REFERENCES

Provide the names of three (3) persons that you have known for at least two (2) years. (Should be supervisors or co-workers.):

Name	Address	Phone #	Business	Years Known

ADDITIONAL QUESTIONS

- Are you available to work? Full-Time Yes No Part-Time Yes No
- Can you travel if a job requires it? Yes No
- Have you been convicted of a felony or serious criminal offense? (Conviction will not necessarily disqualify an applicant from employment.) If yes, please provide date, place and nature of the crime:

I authorize investigation of all statements contained in this application, and understand that misrepresentation or omission of facts called for is cause for dismissal. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge an Employee at any time with or without cause. Further, I understand and agree that if employed, the employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

In the event of employment, I understand that false or misleading information given in my application, resume or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature

Date



AFFIRMATIVE ACTION INFORMATION

Applicant Name: _____ Date: _____

The name of the position(s) you are applying for: _____

Voluntary Affirmative Action Information (completion of information below is voluntary).

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this data survey. Your cooperation is appreciated.

Please be advised that your survey is not part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Check One: Male Female

Check One: American Indian/Alaskan Native Asian/Pacific Islander

Black Hispanic White

SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

If you wish to be identified, please check if any of the following are applicable:

Vietnam Era Veteran

Disabled Veteran

Individuals with Disabilities

To be completed by the applicant
NOT FOR INTERVIEW PURPOSES

This information is used to satisfy the Affirmative Action requirements of section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.

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