

KMVT
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

No action will be taken on this application until all questions have been answered completely and accurately. Use blank paper if you do not have enough room on this application form. PLEASE PRINT, except for signature of Applicant. All information given will be held in strict confidence. This Company will make reasonable accommodation in the application process, if needed.

This application is current for only thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

					Today's Date:			
Name Last			First		M.I.		Telephone	
Street Address				City		State	Zip Code	
Position Desired:				Date Available:			Are you at least 18?	
Type of Employment Seeking: Full Time _____ Part Time _____ Temporary _____							Yes _____	
Are you legally eligible for employment in the United States? Yes _____ No _____							No _____	
Have you ever been convicted of a felony? Yes _____ No _____ If yes, please explain: (NOTE: A "yes" answer will not necessarily bar an applicant from employment.)								
Would you take a physical examination (including but not limited to urine, blood, or other examination) for evidence of drug or other illegal chemical use? Yes _____ No _____								
For Driving Job Only: License Number _____ State Issued _____ Expiration Date _____								
Referral Source _____								
EDUCATION	YEARS		NAME & LOCATION		COURSE OF STUDY		DEGREE/DIPLOMA	
	COMPLETED							
HIGH SCHOOL	1 2 3 4							
COLLEGE	1 2 3 4							
TECHNICAL, BUSINESS								
OR OTHER	1 2 3 4							

EQUIPMENT OPERATOR SKILLS	COMPUTER/OFFICE SKILLS
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EMPLOYMENT RECORD

Name of Current/Most Recent Employer			Address			Telephone		
Reason for Leaving:					Supervisor:			
Position:		Dates Employed From		Mo	Yr	Pay Rate		Start
		To		Mo	Yr			End
Describe your work:					May we contact? Yes _____ No _____			

Name of Employer		Address		Telephone
Reason for Leaving:			Supervisor:	
Position:	Dates Employed	From Mo	Yr	Pay Rate
	To Mo	Yr		Start End
Describe your work:			May we contact? Yes _____ No _____	

Name of Employer		Address		Telephone
Reason for Leaving:			Supervisor:	
Position:	Dates Employed	From Mo	Yr	Pay Rate
	To Mo	Yr		Start End
Describe your work:			May we contact? Yes _____ No _____	

Name of Employer		Address		Telephone
Reason for Leaving:			Supervisor:	
Position:	Dates Employed	From Mo	Yr	Pay Rate
	To Mo	Yr		Start End
Describe your work:			May we contact? Yes _____ No _____	

The Company reserves the right to require applicants or employees to take drug tests of our choice to determine fitness for duty, including, but not limited to urine, blood or other examinations for evidence of alcohol or illegal substances, to be performed by an independent medical testing laboratory. Positive results of these examinations will dictate action in accordance with Company policy. As a condition of my being employed, I agree to take such drug tests as required, but not limited to urine, blood or other examinations for evidence of drug or other illegal substance use at a medical or testing facility selected by the Company. I am not guaranteed a position of employment, and should I begin working for the Company before the test results are returned to the Company by the medical testing laboratory, then my employment will only be temporary and is conditioned upon the test result being acceptable to the Company. I waive all provisions of law prohibiting any physician, person, hospital or other institution that has, or may hereafter, attend or furnish me with treatment from disclosing the Employer any knowledge or information thereby acquired.

I understand and agree that any misrepresentation by me in this application and during any interviews will be sufficient cause for cancellation of the application and/or dismissal from the Company service if I have been employed. I authorize the Company to investigate information concerning my employment, character and qualifications. I further authorize those persons and companies referenced above or on a submitted resume to provide information to you, and I hereby release such parties from all liability for any damage that may result from furnishing such information.

I understand and agree that, if hired, my employment is on an "at will" basis and either the Employer or I may terminate our relationship for any reason at any time, and that this employment application does not constitute an employment contract. I have had an opportunity to have my questions about these statement's content and intent answered and understand its terms.

Signature of Applicant _____ Date _____