



Employment Application

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. Title I of the Americans with Disabilities Act of 1990 requires an employer to provide reasonable accommodation to qualified individuals with disabilities who are employees or applicants for employment, unless to do so would cause undue hardship.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

In compliance with federal law, all persons hired will be required to verify their identity and eligibility to work in the United States, and to complete the required employment eligibility verification document form upon hire.

Have you ever worked for this company? YES NO
 If yes, when? _____

If applying for a position where driving is required, do you have a valid driver's license in this state?
License # _____

Can you perform the essential functions of the job(s) for which you are applying? YES NO

Are you available to work Full-Time Part-Time Over-Time

Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Special Skills, Qualifications, and Considerations

Summarize special skills and qualifications, volunteer activities, military experiences, employment, or other activities related to the job you are seeking: _____



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References

Please list three non-relatives who are familiar with your qualifications, work history, and ability.

Name	Occupation/Relationship	Years Known	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____



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Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. Further, I understand that my employment with Calema LLC dba KMS. is at will, not governed by any oral or written contract, and terminable by either Calema LLC dba KMS or myself at any time, with or without cause or notice. By signing below, I authorize Calema LLC dba KMS. to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I authorize any of the persons or organizations name in this application to give you complete information and records regarding my employment, education, character, and qualifications.

If hired, I will be responsible for familiarizing myself with all rules and regulations of Calema LLC dba KMS as they presently exist or are later modified. If hired, I understand my employment can be terminated, at the discretion of Calema LLC dba KMS or at my option, without notice, at any time, and for any reason.

I also understand that no representative of Calema LLC dba KMS has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the president of Calema LLC dba KMS.

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

I have read, understand, and agree with the above. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____

This application is valid for only (30) days from the date I signed. If I want to be considered for job openings more than (30) days from date signed, I will submit a new application.