

Kilwins®

EMPLOYMENT APPLICATION

It is our policy to provide equal employment opportunities to all qualified persons without regard to race, age, color, sex (including sexual orientation and gender identity), religion, national origin, marital status, height, weight, veteran status, genetic information, disability, or any other category protected by law. Please advise the interviewer if you have a need for an accommodation in order to complete the application process.

Please be advised that your application will go into our active file 6 months from the date of application if you are not hired. If you desire to keep your application active after 6 months, please notify the Director of Human Resources in writing, prior to the expiration of the 6-month period that you would like to remain on Kilwins active applicant list. If you do not do so before expiration of the 6-month period, you will be taken off the active applicant list and you will not be considered for employment when a vacancy occurs unless you submit an entirely new application.

Date: _____ Daytime Phone: _____ Evening Phone: _____
(Include Area Code) (Include Area Code)

Full Name: _____ Are you 18 years or older? Yes: No:
(Please Print Clearly) (First) (Middle) (Last)

Present Address: _____
(Number) (Street) (City) (State) (Zip Code)

Previous Address: _____
(Number) (Street) (City) (State) (Zip Code)

Email Address (if applicable): _____

Position Desired: _____ Wage Desired: _____
(Please be specific)

Do you have current and unrestricted authorization to work in the United States? Yes: No:

When can you begin work? _____ How many hours per week can you work? _____

List any dates/times you are not available to work: _____

Dates of special occasions (vacations, etc.) you will be unable to work? _____

Have you ever been convicted of a crime or arrested for a felony? Yes: No:

If yes, please provide date, nature of incident, and disposition. *(Please note this will not automatically disqualify you for a particular job. The type of conviction, seriousness, frequency of violations, age at the time of conviction, date of conviction, and your entire work and education history will be considered.)*

EDUCATION:

School	Name of School	City, State	Course	Graduate?
High School				
College				
Other				

PREVIOUS EMPLOYMENT:

- Please identify all employers (include complete mailing address: street number, name, city, state, zip code, etc.) for the past 10 years or since leaving school, whichever period is longer. Attach additional sheet(s) if necessary.
- Please indicate either: (F) Full-time, (P) Part-time, (V) Volunteer
- Please account for all periods of unemployment for two weeks or longer.

LAST Employer: _____ Phone: _____
 (Name) (Include Area Code)

Address: _____
 (Number) (Street) (City) (State) (Zip Code)

Position Held: _____ From: _____ To: _____ Salary: _____

Reason(s) for leaving: _____

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason(s).

SECOND to the LAST Employer: _____ Phone: _____
 (Name)

Address: _____
 (Number) (Street) (City) (State) (Zip Code)

Position Held: _____ From: _____ To: _____ Salary: _____

Reason(s) for leaving: _____

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason(s).

THIRD to the LAST Employer: _____ Phone: _____
 (Name) (Include Area Code)

Address: _____
 (Number) (Street) (City) (State) (Zip Code)

Position Held: _____ From: _____ To: _____ Salary: _____

Reason(s) for leaving: _____

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason(s).

[FOR PREVIOUS EMPLOYERS WITHIN THE PAST TEN YEARS, ATTACH ADDITIONAL SHEETS IF NECESSARY]

For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations you have listed? Yes: No:

If yes, please provide name(s) used: _____

Have you ever been terminated or asked to resign from a job, regardless of how long ago? Yes: No:

If yes, please provide name of employer(s): _____

Reason(s) for termination: _____

REFERENCES:

Name	Address	Phone	Years Acquainted	Occupation
(1)				
(2)				
(3)				

I understand that nothing in this application or Kilwins policies or procedures, or my communications with any Kilwins representative is intended to create a contract of employment between Kilwins and me. I understand that if an employment relationship is established, my employment and compensation is for no definite period, and can be terminated with or without cause and with or without notice, at any time, at the option of either Kilwins or me. I also understand and agree that Kilwins may change the terms and conditions of my employment at any time, with or without cause, with or without notice.

I authorize Kilwins to verify all the information I have provided on my application. I also agree to execute, as a condition of employment or continued employment, any additional written authorizations necessary for Kilwins to obtain access to and copies of records pertaining to this information. I certify that I can and will, upon request, substantiate all statements made by me on this application and that such statements are true, complete, and correct to the best of my knowledge. I understand that a false statement, false answer, misrepresentation, or omission to any question will be sufficient grounds for rejection of my application or my immediate discharge in the event of employment.

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 of Applicant: _____

Date: _____