



## APPLICATION FOR EMPLOYMENT

### BACKGROUND CHECKS

**Kern Machinery is concerned about violence in the workplace, falsified employment applications, and employee theft. All offers of employment are contingent upon successful completion of a complete background check.**

### DRUG SCREENING

**Kern Machinery is committed to maintaining a DRUG-FREE workplace. All offers of employment are contingent upon successful completion of a pre-employment physical and drug screen.**

Thank you for applying for a position with our Company. We appreciate the time you are giving to complete this application form. It is important that you fully and accurately complete this form yourself and indicate the position(s) for which you wish to be considered. Please be very careful completing this application. We use a detailed background and employment screening process which will disclose inaccurate, false, and/or incomplete or omitted information.

### The following must be filled out completely for your application to be considered

*[Please Print]*

#### PERSONAL INFORMATION:

Name \_\_\_\_\_  
Last First Middle

Business Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Present Address: \_\_\_\_\_  
No. Street City State Zip

Mailing Address: \_\_\_\_\_  
(if different) No. Street City State Zip

Do you have a valid driver's license? Yes No

Please list the cities and corresponding state you have lived in during the past 7 years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work?  Yes  No

Are you at least 18 years old?  Yes  No

(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?  Yes  No

(Note: Proof of age and eligibility for employment will be required if you are hired.)

Have you ever been asked to resign from a job?  Yes  No If yes please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT DESIRED:** Position applying for: \_\_\_\_\_

*Are you applying for:*

Regular full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Regular part-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Temporary work, e.g., summer or holiday work? <input type="checkbox"/> Yes <input type="checkbox"/> No
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What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available?..... From \_\_\_\_\_ To \_\_\_\_\_

Are you available for work on weekends?  Yes  No

Would you be available to work overtime, if necessary? .....  Yes  No

If hired, on what date can you start work? \_\_\_\_\_ Minimum salary accepted? \_\_\_\_\_

**EMPLOYMENT DESIRED CONT.**

Have you ever applied to or worked for our Company before?  Yes  No If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for our Company?  Yes  No If yes, state name(s) and relationship(s):

Why are you applying for work at our Company? \_\_\_\_\_

Do you have any commitment to another entity or person that might affect your employment with our Company? .....  Yes  No

If yes, describe fully: \_\_\_\_\_

**REFERENCES:** Who Referred You To Our Company? \_\_\_\_\_

List below three persons not related to you who have knowledge of your work performance within the last three years. If this does not apply to you, then provide three school or personal references who are not related to you.

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Years Known</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

**EDUCATION, TRAINING AND EXPERIENCE:**

<b>School:</b>	<b><u>Name and Address</u></b>	<b><u>No. of Years Completed</u></b>	<b><u>Degree or Diploma</u></b>	<b><u>Did you Graduate?</u></b>
High School	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational/Business	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Some of our customers/clients may not speak English. Do you speak, write or understand any foreign languages?  Yes  No

If yes, which language(s): \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at our Company?  Yes  No Explain: \_\_\_\_\_

Managerial Skills:  Yes  No - Typing Speed: \_\_\_ WPM - Spread Sheet:  Yes  No - Word Processing:  Yes  No - Data Base Programs:  Yes  No

List any Computer Programs with which you are familiar: \_\_\_\_\_

Please describe your skills in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY:** List below your last three employers. (You may include your resume with your application)

Are You Employed Now? .....  Yes  No If Yes, may we inquire with your present employer?..  Yes  No

**1. Name of Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

No. Street City State Zip

Telephone No. ( \_\_\_\_\_ ) Your Supervisor's Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Was Termination Voluntary or Involuntary?  Vol  Invol

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Exact Reason for Leaving: \_\_\_\_\_

**2. Name of Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

No. Street City State Zip

Telephone No. ( \_\_\_\_\_ ) Your Supervisor's Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Was Termination Voluntary or Involuntary?  Vol  Invol

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Exact Reason for Leaving: \_\_\_\_\_

**3. Name of Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

No. Street City State Zip

Telephone No. ( \_\_\_\_\_ ) Your Supervisor's Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Was Termination Voluntary or Involuntary?  Vol  Invol

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Exact Reason for Leaving: \_\_\_\_\_

Please describe in your own words why you wish a position with our company: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MILITARY SERVICE:** U.S. Military or Naval Service: \_\_\_\_\_

Rank: \_\_\_\_\_

Present Membership in National Guard or Reserves: \_\_\_\_\_ Date Obligation Ends: \_\_\_\_\_

Have you obtained any special skills or abilities as the result of service in the military? .....  Yes  No

If so, describe: \_\_\_\_\_

**LICENSE INFORMATION: Answer the following questions if you are applying for a professional position:**

Are you licensed/certified for the job applying for?  Yes  No Name of license/certification \_\_\_\_\_

Issuing state: \_\_\_\_\_ License/certification number: \_\_\_\_\_ Has your license/certification ever lapsed or been revoked or suspended?  Yes  No If yes, state reason(s), date of lapse, revocation or suspension and date of reinstatement: \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation?

Yes  No If no, describe the functions that cannot be performed: \_\_\_\_\_

Is there any reason why you would not be able to fully conform to all attendance requirements? .....  Yes  No

If yes describe fully: \_\_\_\_\_

(Note: We comply with the ADA and provide reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire will be subject to passing a medical examination, and to skill and agility tests.)

**NOTICE:** Thank you for completing this application form. If the information in your application suggests you meet minimum qualifications and are among the best qualified candidates for the position, you may be contacted for an interview. Thank you for your interest in our Company.

BY MY SIGNATURE, I PROMISE THAT I HAVE PERSONALLY COMPLETED THIS APPLICATION. I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THIS EMPLOYMENT APPLICATION (AND ACCOMPANYING RESUME) IS TRUE AND COMPLETE, AND I UNDERSTAND THAT ANY FALSE INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT, AND MAY BE JUSTIFICATION FOR MY DISMISSAL FROM EMPLOYMENT IF DISCOVERED AT A LATER DATE.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

***OUR COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS THE POLICY OF THIS COMPANY TO CONSIDER ALL JOB APPLICATIONS ON THE BASIS OF MERIT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, PREGNANCY, AGE, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, VETERAN STATUS, DISABILITY, MEDICAL CONDITION, SEXUAL ORIENTATION, OR ANY OTHER PROTECTED CHARACTERISTIC. I UNDERSTAND AND AGREE THAT IF YOU EMPLOY ME, MY EMPLOYMENT WILL BE AT-WILL FOR NO DEFINITE OR DETERMINABLE PERIOD OF TIME, AND MAY REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES, BE TERMINATED AT ANY TIME, FOR ANY REASONS OR FOR NO REASON AT ALL, WITH OR WITHOUT PRIOR NOTICE, AT THE OPTION OF THE COMPANY OR ME. I UNDERSTAND AND AGREE THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON THE COMPANY UNLESS MADE IN WRITING AND SIGNED BY ME AND AN AUTHORIZED OFFICER OF THE COMPANY.***