

Kress Corporation Application for Employment



Kress Corporation considers applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

Please print legibly, and complete in full to the best of your ability.

INTRODUCTORY INFORMATION:

Date of Application: _____		Position Applied For: _____		
Last Name: _____		First Name: _____		MI: _____
Address: _____				
Number	Street	City	State	Zip
Home Phone: _____			Cell Number: _____	
Social Security # (Voluntary): _____/_____/_____			Birth date (Voluntary): _____	

APPLICANT QUESTIONS:

Are you available to work?

Full-Time: 1st 2nd 3rd

Part-Time: Mornings Afternoon Evenings

Temporary: (Please indicate dates available) ___/___/___ - ___/___/___

Are you currently on "lay-off" status and subject to recall? __Yes __No

Can you travel if a job requires it? __Yes __No

If hired, can you provide documents required to establish your eligibility to work in the U.S.? __Yes __No

Proof of citizenship or immigration status will be required upon employment.

Are you 18 years of age or older? __Yes __No

Have you ever worked for Kress Corporation through a temporary help agency __Yes __No

If so, when? _____

Have you ever worked for Kress Corporation as a Kress employee? __Yes __No

If so, when? _____

Do any of your friends or relatives, other than spouse, work here? __Yes __No

Are you currently employed? __Yes __No

May we contact your present employer? __Yes __No

How did you learn of Kress Corporation? _____

Do you currently have a valid drivers license? __Yes __No

Are you currently on parole, conditional discharge, or court supervision for a felony offense, or have you been convicted, pled guilty or no context to, a felony offense within the last seven (7) years? Yes No

If yes, please explain in the space below and include the date, final disposition of the case(s), and the nature of the offense(s). This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

EDUCATION:

High School or last grade completed:

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

College or Technical School:

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

Other Schooling or Training:

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

Please refer to page 5 of this application for more space to provide additional education.

List professional, trade, business or civic activities and offices held. *(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)*

MILITARY EXPERIENCE:

Branch of Service: _____ From: _____ To: _____

Rank/Type of Service: _____

Special Training/Experience: _____

Type of Discharge: _____

Employment Experience:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Please include history for at least the last 10 years of employment.

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

May we contact this employer? _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

May we contact this employer? _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

May we contact this employer? _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

May we contact this employer? _____

Please refer to page 5 of this application for more space to provide additional employment experience.

WORK-RELATED REFERENCES: (Do not include relatives.)

<u>Name:</u>	<u>Occupation:</u>	<u>Years Known:</u>	<u>Contact Information:</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

APPLICANT'S STATEMENT:

(Please read this statement carefully before signing this application):

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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 Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application 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 of Applicant _____
Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: Yes No

Remarks: _____

Interviewer _____
Date

Job Offer: Yes No Date of Offer: _____

Job Title: _____ Hourly Rate/Salary: _____ Department: _____

By: _____
Name & Title _____
Date