



Employment Application

We sincerely appreciate your interest in employment with **K.G. STEVENS (KGS)** and assure you that we are interested in your qualifications. To give us a clear understanding of your background and work history, we ask that you fill in **all** information requested. This greatly helps us in our screening process and enables us to place candidates in positions that best meet their qualifications and our needs. ***(A résumé does not replace the requirement to have this form completed. However, it may be included). Incomplete applications will not be considered. Applications are considered active for 90 days.*** If you need any assistance in the completion of this form or in our application process, please ask and we will be glad to help you.

PLEASE PRINT

Name (first, middle, last)		Date	
Address (street, city, state, zip code)		Mobile Telephone () -	
Email Address:		Home Telephone () -	
Are there other names under which you have worked or attended school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list for reference checking purposes.			
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, you will be required to provide proof of work authorization.)			
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.			
Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted. (Convictions are not an automatic bar to employment.)			
Have you ever applied at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:		Have you ever worked at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:	
Position Applying For	Part-Time or Full-Time Desired	Salary Preference	Shift Preference
When can you start?			
How were you referred to the company? <input type="checkbox"/> Agency <input type="checkbox"/> Website <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Social Media <input type="checkbox"/> School <input type="checkbox"/> Other			
Do you have any relatives working for us? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is their relationship to you?	
Do you have reliable transportation to work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you on lay-off and/or subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any work hours and/or overtime considerations that may limit your availability for work or overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe: (We will make reasonable accommodations regarding such conditions as required by law)			
Have you ever been terminated, discharged or asked to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe:			

(Please continue on next page)

Employment History (start with most recent; use separate sheet if necessary)

Name of Employer:	Telephone () -
Address:	
Job Title:	Employment Dates (month and year)
Name of Immediate Supervisor:	From: _____ To: _____
Description of Duties:	
Salary (start): _____ Salary (end): _____	Reason for Leaving:
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Address:	
Job Title:	Employment Dates (month and year)
Name of Immediate Supervisor:	From: _____ To: _____
Description of Duties:	
Salary (start): _____ Salary (end): _____	Reason for Leaving:

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Job Title:	Employment Dates (month and year)
Name of Immediate Supervisor:	From: _____ To: _____
Description of Duties:	
Salary (start): _____ Salary (end): _____	Reason for Leaving:

EDUCATION

School	Name & Location (city, state)	Number of Years Attended	Major subjects	Diploma or Degree Received
High				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Type:

General Position Specific: Qualifications / Skills / Certifications, etc.

Please list those that you feel especially qualify you for this position.

Employment References

List individuals familiar with your job qualifications (no relatives or personal friends).

Name:	Telephone () -
Email Address:	
Address:	
Relationship:	How long known:
Name:	Telephone () -
Email Address:	
Address:	
Relationship:	How long known:
Name:	Telephone () -
Email Address:	
Address:	
Relationship:	How long known:

Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information about my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening and MVR may be required. (Note: If this is a job requirement, you will be notified.)
4. Regardless of whether or not I become employed by the company, I recognize this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signed by _____ Date _____

**Thank you for your time and interest in pursuing employment with
K. G. STEVENS**

An Equal Opportunity Employer