

Employment Application

Our policy is to provide **equal opportunity** to all **qualified applicants** and employees without regard to race, color, religion, national origin, sex, age, disability or other factors which are not job-related as well as to disable veterans and veterans of the Vietnam Era. We offer smoke-free work environments and, in keeping with our commitment to maintain a drug-free workplace, applicants may be required to submit to a urinalysis as part of our pre-employment screening process.

(PLEASE PRINT)

POSITION APPLIED FOR:	DATE OF APPLICATION:
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How did you learn about us?

- Advertisement
 Friend
 Walk In
 Relative
 Employment Agency
 Other _____

Personal Information:

SOCIAL SECURITY NUMBER:	YOUR AGE <u>ONLY</u> IF UNDER 18 YRS. OLD:
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LAST NAME:	FIRST NAME:	MIDDLE:
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PRESENT ADDRESS:	STREET	CITY	STATE	ZIP CODE
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HOME PHONE #:	ALTERNATE PHONE #:	BEST TIME TO CONTACT YOU AT HOME:
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Type of Employment Desired:

- Full-Time:
 1st shift (7 a.m. - 3 p.m.)
 2nd shift (3 - 11 p.m.)
 3rd shift (11 p.m. - 7 a.m.)
 Part-Time:
 Mornings
 Afternoons
 Evenings
 Temporary:
 Indicate dates available ____/____/____ - ____/____/____

Have you ever filed an application with us before?
 No
 Yes (date) _____

Have you ever been employed at KOPCO ?
 No
 Yes (date) _____

Do any of your friends or relatives work here?
 No
 Yes (List names) _____

Are you currently employed?
 No
 Yes

Are you currently on "lay-off" status and subject to recall?
 No
 Yes

On what date would you be available to start work? _____

What is your desired salary range? _____

Do you require any accommodations in our pre-employment process (including completing an application, any required testing, or interviewing)?

- No
 Yes

Do you require any accommodations to perform the primary duties of the job for which you're applying?

- No
 Yes

EMPLOYMENT EXPERIENCE:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude any organizations which indicate race, color, religion, gender, national origin, disabilities or other information of a protected status.

1	PERMISSION TO CONTACT EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates Employed		Work Performed:
	EMPLOYER:		From	To	
	Address		<u>Rate of Pay</u>		
	Telephone Number		Starting	Final	
	Job Title	Supervisor			
Reason For Leaving:					

1	PERMISSION TO CONTACT EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates Employed		Work Performed:
	EMPLOYER:		From	To	
	Address		<u>Rate of Pay</u>		
	Telephone Number		Starting	Final	
	Job Title	Supervisor			
Reason For Leaving:					

1	PERMISSION TO CONTACT EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates Employed		Work Performed:
	EMPLOYER:		From	To	
	Address		<u>Rate of Pay</u>		
	Telephone Number		Starting	Final	
	Job Title	Supervisor			
Reason For Leaving:					

1	PERMISSION TO CONTACT EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates Employed		Work Performed:
	EMPLOYER:		From	To	
	Address		<u>Rate of Pay</u>		
	Telephone Number		Starting	Final	
	Job Title	Supervisor			
Reason For Leaving:					

EDUCATIONAL BACKGROUND:

	Name & Location	Graduated	Course of Study	Years Completed	Diploma/Degree
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No			
GED		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Business Vo-Tech		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other (Specify)		<input type="checkbox"/> Yes <input type="checkbox"/> No			

SPECIALIZED SKILLS: Indicate or list the equipment and skills you have experience with:

PRODUCTION/MACHINERY SKILLS:

- Forklift
- Other warehouse equipment

COMPUTER & CLERICAL SKILLS:

- PC/MAC Computer
- Typewriter: WPM_____
- Word Processing Software
- Spreadsheet Software
- Publishing Software
- Other Software:_____
- Other clerical skills:_____

Describe any specialized training, apprenticeship, and extra-curricular, including any job-related training received in the United States military:

REFERENCES:

1. Name: _____
Address: _____
Phone #: _____
2. Name: _____
Address: _____
Phone #: _____
3. Name: _____
Address: _____
Phone #: _____

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 other information of protected status)*

APPLICANT'S CERTIFICATION AND AGREEMENT

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. If employed, I agree to conform to the organization's policies, practices, and procedures. Furthermore, I understand that any employment with KOPCO is of an "at will" nature and, just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release the employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

I understand that my application shall be considered active for a period of time not to exceed 45 days. If I have not heard from KOPCO and still wish to be considered for employment, it will be necessary for me to complete a new application.

APPLICANT'S SIGNATURE _____ **DATE:** _____

Applicant Information

PLEASE PRINT

NAME: Last:	First:	M.I.:	Date:
Social Security Number:	Date of Birth:		

JOB(S) APPLIED FOR: (Required)

Qualified applicants are considered for employment, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status, disability, veteran status or other non-job related factors. To help us comply with Federal and State equal employment opportunity record keeping, reporting and other legal requirements, please answer the questions below. **Your submission of this information is strictly voluntary.** This Application Information form will be kept in a **confidential** file separate from your Employment Application. The information you supply here will in no way be used in the employment process.

1. Are you a disabled veteran?

2. Are you a veteran who served on active duty for more than 180 days during the Vietnam Era?

3. How would you describe yourself?

<input type="checkbox"/> Male	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Female	<input type="checkbox"/> African American	<input type="checkbox"/> American Indian or Alaskan Native
	<input type="checkbox"/> Hispanic	

4. How were you referred to KOPCO?

<input type="checkbox"/> Self	<input type="checkbox"/> Employment Agency (specify below)
<input type="checkbox"/> KOPCO Employee (specify below)	<input type="checkbox"/> Job Service
<input type="checkbox"/> Newspaper Ad (specify below)	<input type="checkbox"/> School (specify below)
<input type="checkbox"/> Former KOPCO Employee (specify below)	<input type="checkbox"/> Other (specify below)

Specific Name of Source:
