APPLICATION FOR EMPLOYMENT

/ /		/	/	
Date of Application		Date Available to Hire		
Drivers License Number		Social Security Number		
About You				
F				
First Name	Middle Name	Last Name		
Alias or Past Names: (Please include i	maiden names, if applicable.)			
First Name	Middle Name	Last Nar	ne	
First Name Middle Name Current Residence		Last Name		
Address		Phone		
City		Daytime Phone Is it ok to call you at work? Yes No		
State Z Past Residence(s)	Zip Code			
Start Date		End Date		
Address/City/State/Zip Code				
		<i></i>		
Start Date		End Date		
Address/City/State/Zip Code				
Are You:				
		Yes	No	
Over 18 Years Old?				
A previous applicant? A previous employee?				
Legally able to work in the US?				
Able to make it work using a reliat	nle mans of transportation?			
How Did You Find Us?				
Advertisement	Name of Publication			
Referral from Employee	Name of Employee			
Employment Agency	Name of Agency			
Other	<i>,</i> –			

Your Education & Training Name & Location of Dates of Name & Date of Fields of Study (Major School/Training Degree Earned & Minor) Attendance Type of School High School/ **Trade School** Business or **Tech School** College(s) Other Training (Explain) **Academic or Other Awards or Achievements** (Academic honors, award, scholarships/fellowships, memberships in academic societies or other awards obtained related to your education or qualification for the position*) Description Date Date Description Date Description Description Date **Additional Qualifications** (Special technical computer or individual skills that would qualify you for the position*)

^{*}Exclude those that would indicate race, color, religion, national origin, disability or age.

Your Work Experience	се		
		/ /	1 1
Present/Last Employer	Type of Organization	Start Date	End Date
Address		Phone	
Job Title		Supervisor	
Reason for Leaving			Yes: No: May we contact?
Past Employer	Type of Organization	/ / Start Date	/ / End Date
Address		Phone	
 Job Title		Supervisor	
			Yes: No:
Reason for Leaving			May we contact?
Present/Last Employer	Type of Organization	/ / Start Date	/ /End Date
Address		Phone	
Job Title		Supervisor	
Reason for Leaving			Yes: No: May we contact?
		/ /	/ /
Present/Last Employer	Type of Organization	Start Date	End Date
Address		Phone	
Job Title		Supervisor	
Reason for Leaving			Yes: No: May we contact?
Professional Informa	ation (if applicable):		
License Description	Effective Date	License Number	Expiration
Registry or Certification	Effective Date	License Number	Expiration

Other

Please Read Carefully

If you have a question regarding the application, this statement or have need of special assistance in regard to applying for this position, please see the person of Kirk Corporation who is assisting you with this application.

Kirk Corporation does not discriminate in hiring on base of race, color, religion, sex, national origin, disability, veteran status or your membership in any protected class protected under law of this jurisdiction. This application does not intend to ask questions that would provide information that could be used for discrimination.

Your application will be given the consideration it deserves; however, completing an application does not imply that you will be offered employment. By signing your name below, you understand that nothing contained in this application or any information gained or discussed during the interview process creates an employment contract between you and Kirk Corporation. Should this application and the process surrounding this application result in your employment, you have the right to terminate your employment at any time and for any reason. Likewise, Kirk Corporation reserves the right to terminate your employment at any time for any reason.

Moreover, you understand that no person of Kirk Corporation, with the exception of an authorized employee of Human Resources Department, has any authority to enter into an agreement with you for any specified period of time or to guarantee any other personnel benefit. This includes statements or guarantees made prior to your application or after you are employed.

When processing this application, Kirk Corporation may request a criminal, police or credit background check about you. In addition to background checks, Kirk Corporation may contact past employers, supervisors and/or any other person listed in this application regarding the statements made herein and your suitability for employment. This inquiry may include information as to your general character, reputation and work-related characteristics. You have the right to make a written request to human resources department of corporation to disclose to use the content of these reports.

Also, note that should you become employed by Kirk Corporation, Kirk Corporation may use outside agents or representatives to perform investigations surrounding any claim of wrongdoing including sexual harassment, theft or fraud.

By signing your name, you clarify that all statements made by you in this application are true and complete to the best of your knowledge and that any misrepresentation or omissions by you may be cause for rejection of your application, or maybe cause for subsequent dismissal if you are hired.

Signature of Applicant			Date	
Internal Office	Use			
References				
	/			
Date		Organization	Contact	
Information Obtained	d or Verified			
/	/			
Date		Organization	Contact	
Information Obtained	d or Verified			
	/			
Date		Organization	Contact	
Information Obtained	d or Verified			
Criminal Background	Check Performe	ed? Yes: No:		
	/			
Date Performed	T	ype of Check		
Eligible for Hire?	Yes: N	0:	,	/ /
3 ,		Position Title	Starting	Date
Hiring Rate	Level	Step		