KS Industries, LP

Employment Application

An Equal Opportunity Employer

Today's Date: _____

Position:_____ Location:_____

Name:_____

Street Address:_____

City/State/Zip:_____

Phone :(_____)_____ Secondary Phone :(_____)_____

E-mail address:_____

Please provide all names used in the past: _____

_____

State the name of any relative(s) working for KS Industries, LP:

Name: _____ Relationship: _____

How did you learn of this position opening?

Select One

EMPLOYMENT DESIRED:

Type of work desired?

Select One

Salary desired (specify hourly/salary rate): _____

Date available to start: _____

Are you available to work overtime, if necessary: ☐ Yes ☐ No

Days available for work: ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Select the times of day you can work on these days: ☐ Days ☐ Evenings ☐ Overnights

Are you available for rotating schedules: ☐ Yes ☐ No

PERSONAL INFORMATION:

Have you ever worked for us before? ☐ Yes ☐ No

If yes, when:

Start Date:_____

End Date:_____

Position held:_____

Why are you applying to work at KS Industries, LP: _____

_____

Are you over 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

Are you able to perform the essential functions of the job for which you are applying?

☐ Yes ☐ No

If no:

Describe the functions you cannot perform: _____

_____
(Please note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions)

Are you able to perform all other duties of the job for which you are applying?

☐ Yes ☐ No

If no:

Describe the functions you cannot perform: _____

_____
(Please note: Hire may be subject to passing a medical examination and/or skill-agility tests)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? ***California only: convictions for marijuana offenses that are more than two years old need not be listed***

☐ Yes ☐ No

If yes, state nature of the crime(s), when and where convicted and disposition of the case: _____

_____
(Note: Applicants will not be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

MILITARY SERVICE:
Please list any Military Service you may have served:

Branch: Select One

Date Entered: _____

Date Discharged: _____

Was this reserve duty? ☐ Yes ☐ No

Presently in service? ☐ Yes ☐ No

Rank and position at discharge: _____

Did you receive an HONORABLE discharge: ☐ Yes ☐ No

List service schools or special relevant experience: _____

_____

EDUCATION AND TRAINING:
Please list all formal education you have received REGARDLESS of its completion

School Type: Select One

School Name:_____

City: _____

State: _____

Currently attending: ☐ Yes ☐ No

Graduated: ☐ Yes ☐ No

Degree Type: Select One

School Type: Select One

School Name:_____

City: _____

State: _____

Currently attending: ☐ Yes ☐ No

Graduated: ☐ Yes ☐ No

Degree Type: Select One

Please list any language outside of English that you have proficiency in:

Language	Speaking	Reading	Writing
_____	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Please list any Professional Certifications you have obtained:

Course Name: _____

Institution: _____

Region: _____

County: _____

Certification(s) Earned: _____

Certification Date: _____

Expiration Date: _____

Renewal Date: _____

Status: Select One

***

Course Name: _____

Institution: _____

Region: _____

County: _____

Certification(s) Earned: _____

Certification Date: _____

Expiration Date: _____

Renewal Date: _____

Status: Select One

Are you licensed/Certified for the job you are applying for? ☐ Yes ☐ No

If yes:

Please list all licenses you have that may be applicable to this position:

License Name: _____

Description: _____

Organization Name: _____

License Number: _____

State: _____

Country: _____

Effective Date: _____

Expiration Date: _____

Renewal Date: _____

License Status: Select One

Do you have a driver's license: ☐ Yes ☐ No

Driver's License Number: _____

State: _____

Expires on: _____

License Status:
Select One

Driver's License Class:
Select One

Driver's License Endorsement (Select up to 5 endorsements):
Select One Select One Select One Select One Select One

Driver's License Restrictions:
Select One

DOT APPLICANTS ONLY:
Please list all residence addresses during the past 10 years

Address start date: _____

Street Address: _____

City/State/Zip: _____

***
Address start date: _____

Street Address: _____

City/State/Zip: _____

***
Address start date: _____

Street Address: _____

City/State/Zip: _____

Please list all motor vehicle accidents in which you have been involved in the past 3 years

Accident Date: _____

Accident Type: Select One

Injuries: ☐ Yes ☐ No

Fatalities: ☐ Yes ☐ No

Accident Date: _____

Accident Type: Select One

Injuries: ☐ Yes ☐ No

Fatalities: ☐ Yes ☐ No

Accident Date: _____

Accident Type: Select One

Injuries: ☐ Yes ☐ No

Fatalities: ☐ Yes ☐ No

WORK HISTORY: ***Starting with your current employer, list all present and past employment for the past 10 years. Please account for all periods of employment. YOU MUST COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME.***

Title:_____

Company: _____

City/State: _____

Supervisor Name: _____

Supervisor Phone: _____

Is this your current employer? ☐ Yes ☐ No

Start Date: _____

End Date: _____

Starting Salary: _____

End Salary: _____

Reason for leaving: _____

Are you eligible for rehire: ☐ Yes ☐ No

Starting position title: _____

***

Title:_____

Company: _____

City/State: _____

Supervisor Name: _____

Supervisor Phone: _____

Is this your current employer? ☐ Yes ☐ No

Start Date: _____

End Date: _____

Starting Salary: _____

End Salary: _____

Reason for leaving: _____

Are you eligible for rehire: ☐ Yes ☐ No

Starting position title: _____

***

Title:_____

Company: _____

City/State: _____

Supervisor Name: _____

Supervisor Phone: _____

Is this your current employer? ☐ Yes ☐ No

Start Date: _____

End Date: _____

Starting Salary: _____

End Salary: _____

Reason for leaving: _____

Are you eligible for rehire: ☐ Yes ☐ No

Starting position title: _____

REFERENCES:

Please list a maximum of three persons not related to you who have knowledge of your work performance within the last three years:

Name:_____

Street Address:_____

City/State/Zip:_____

Phone :(_____)_____ Secondary Phone :(_____)_____

Company: _____

Title:_____

Years Known: _____

Reference Type: Select One

***

Name:_____

Street Address:_____

City/State/Zip:_____

Phone :(_____)_____ Secondary Phone :(_____)_____

Company: _____

Title:_____

Years Known: _____

Reference Type: Select One

***

Name:_____

Street Address:_____

City/State/Zip:_____

Phone :(_____)_____ Secondary Phone :(_____)_____

Company: _____

Title:_____

Years Known: _____

Reference Type: Select One

Please read carefully, initial each paragraph and sign at the bottom

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ Initials

I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further authorize the references that I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associates form any and all claims, demands for liabilities arising out of or in any way related to such investigation or disclosure.

_____ Initials

I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

_____ Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite for determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representatives.

_____ Initials

I certify under penalty of perjury that all of the statements made in this application are true, correct and complete, to the best of my knowledge, and are made in good faith. I understand that misinformation or omission of information would result in disqualification from the application process and/or termination.

I have agreed to submit this application by electronic means. I also certify that I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

☐ **By checking this box and typing my name below, I am electronically signing my application.**

_____ _____

Signature Date

This application will not automatically save your information. Please save your application to your desktop and email the saved copy to KSIJobs@ksilp.com

Thank you!