



Kolberg-Pioneer, Inc.

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

(HRF-002-03 08/11)

This application is valid for 60 days, or until the position is filled, whichever occurs sooner.

KPI Participates in E-Verify.

KPI will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, disability, or any other prohibited basis of discrimination, as provided under applicable local, state, or federal law. Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation.

PERSONAL INFORMATION

Date: _____

NAME _____ Last Name First Name Middle Initial
ADDRESS _____ Street City State Zip
ARE YOU OVER THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO PHONE NO.
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT DESIRED

POSITION	SHIFT PREFERENCE: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> ANY
CHECK TYPE OF EMPLOYMENT DESIRED: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY	
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, MAY WE INQUIRE OF YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN?	
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN?	
IF YES, REASON FOR LEAVING KOLBERG-PIONEER:	
CHECK SOURCE OF REFERRAL: <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> NEWSPAPER ADVERTISEMENT <input type="checkbox"/> RELATIVE or FRIEND <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> WALKED IN	

EDUCATION

Please list education or specialized experience which relates to the position(s) for which you are applying. Exclude names or terms which indicate, for example, race, color, religion, sex, disability, or national origin.

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED or SPECIAL ACHIEVEMENTS
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS or CORRESPONDENCE SCHOOL				

SERVICE RECORD

BRANCH OF SERVICE	RANK AT DISCHARGE	DATES OF SERVICE
LIST DUTIES, INCLUDING SCHOOLS & TRAINING		
REASON FOR LEAVING		

GENERAL

PLEASE LIST ANY OTHER INFORMATION WHICH WILL HELP US EVALUATE YOUR QUALIFICATIONS FOR THIS JOB.
HAVE YOU EVER BEEN FIRED FROM A JOB, OR ASKED TO RESIGN IN LIEU OF BEING FIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF A CRIME (INCLUDING BOTH FELONIES AND MISDEMEANORS, BUT EXCLUDING MINOR TRAFFIC VIOLATIONS)? <input type="checkbox"/> YES (GIVE DETAILS) <input type="checkbox"/> NO Conviction will not be an absolute bar to employment, since the date and nature of the offense, and job for which you are applying are also considered.
CHECK HERE IF YOU HAVE ATTACHED A RESUME AS A SUPPLEMENT TO THIS INFORMATION <input type="checkbox"/>

FORMER EMPLOYERS: List below your last 3 employers, last one first. Furnish dates and an explanation for each period of unemployment greater than 1 month. Exclude organization names which indicate, for example, race, color, religion, sex, disability, or national origin.

NAME & ADDRESS OF EMPLOYER:		
TYPE OF BUSINESS:		
STARTING DATE:	LEAVING DATE:	REASON FOR LEAVING:
JOB TITLE:	SALARY:	
DESCRIPTION OF JOB & RESPONSIBILITIES:		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME & TITLE OF SUPERVISOR:		PHONE NO.:
NAME & ADDRESS OF EMPLOYER:		
TYPE OF BUSINESS:		
STARTING DATE:	LEAVING DATE:	REASON FOR LEAVING:
JOB TITLE:	SALARY:	
DESCRIPTION OF JOB & RESPONSIBILITIES:		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME & TITLE OF SUPERVISOR:		PHONE NO.:
NAME & ADDRESS OF EMPLOYER:		
TYPE OF BUSINESS:		
STARTING DATE:	LEAVING DATE:	REASON FOR LEAVING:
JOB TITLE:	SALARY:	
DESCRIPTION OF JOB & RESPONSIBILITIES:		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME & TITLE OF SUPERVISOR:		PHONE NO.:

CHARACTER REFERENCES: Give the names of 3 persons not related to you, whom you have known at least 1 year.

NAME / BUSINESS	ADDRESS	TELEPHONE	YEARS KNOWN
1.			
2.			
3.			

AUTHORIZATION: I promise that all information I have supplied in this application and any other form, oral or written, is true and accurate, and I agree that any misstated, misleading, incomplete, or false information will result in rejection of this application form, refusal to hire, withdrawal of an offer of employment, or immediate discharge without recourse, whenever and however discovered. I understand and agree with the fact that the Company maintains a drug-free workplace and I will be required to undergo a post-offer medical examination, including but not limited to drug and/or alcohol screening and testing, designed to ascertain my suitability for employment. I also understand and agree that I will be subject to such testing during the course of my employment, and I agree not to oppose such testing. I understand that, subject to applicable law, the Company shall be the sole judge of the acceptability of any test results. If hired, I agree to abide by the terms and conditions of all Company rules and regulations. I understand and agree that my employment will be at will and that I or the Company can terminate this employment relationship at any time, with or without notice, for any lawful reason or no reason. I also understand that oral representations to the contrary do not change the fact that both the Company and I remain free to end the work relationship for any lawful reason or no reason. I further understand that any changes in this employment relationship must be made in writing. I acknowledge that I have been advised that Kolberg-Pioneer, Inc. is an Equal Opportunity Employer and the Company administers its employment policies in a nondiscriminatory manner. I specifically authorize Kolberg-Pioneer, Inc. to investigate my background, including any and all references, consistent with the position for which I am applying, and release and hold Kolberg-Pioneer, Inc. harmless for any and all liabilities arising out of its investigation of my application for employment. I release from all liability all persons, companies, and corporations providing such information, either in writing or orally. I authorize the Company, in its sole discretion, to supply my employment record to any prospective employer, government agency, or other party with an interest that the Company deems appropriate. I understand that this application is not a contract of employment.

Applicant's Signature _____ Date _____