

EMPLOYMENT APPLICATION

(Please Print)



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Date

Last Name

First Name

Middle Name

Address

City

State

Zip Code

Preferred Contact Telephone Number land phone cell phone

Secondary Contact Telephone Number land phone cell phone

Position(s) Applied For

Pay Range Expected

Driver's License Number (If driving required on position description)

Are you eligible for employment in the United States? Yes No
(If yes, verification will be required of all new employees)

When would you be available to begin work?

Have you ever been employed with us before? Yes No

If yes, in what capacity and when? _____

See Position Description Attached.

I have reviewed and understood the employment description(s) for the position(s) for which I am currently applying and believe that I can comply with the stated requirements, perform the essential functions, with or without reasonable accommodations.

Signature of Applicant

Date

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

AN EQUAL OPPORTUNITY EMPLOYER

RECORD OF EDUCATION

(Please Print)



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School	Name and Location of School	Check Last Year Completed	Course of Study	Did You Graduate?	List Diploma or Degree
High		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No	

References

Attach Past Employment and Personal References with contact information including telephone numbers.

RECORD OF TRAINING AND CERTIFICATIONS

Have you been convicted of a felony within the last seven years? Yes No (If yes, please explain below)
(Conviction will not necessarily disqualify an applicant).

Explanation

RECORD OF EMPLOYMENT EXPERIENCE

Include experience for a minimum of past five years.



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Employer	Length of Service	Work Performed
Address	Telephone Number(s)	
Job Title	Supervisor	Salary: Starting/Final
Reason for Leaving		

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Address	Telephone Number(s)	
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Address	Telephone Number(s)	
Job Title	Supervisor	Salary: Starting/Final
Reason for Leaving		

I hereby give permission to contact the employers listed above and references provided.

Signed

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s).

Please read and sign the Applicant's Statement on the back of this form.

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements obtained in this application for employment as may be necessary in arriving at an employment decision.

I understand that neither this document nor any offer of employment from KDV constitute an employment contract unless a specific document to that effect is executed by the CEO/Managing Partner or delegate of KDV and myself in writing.

I understand that any offer of employment is contingent upon my signing a KDV employment agreement.

I understand that false or misleading information given in my application, resume (if any), or interview(s) may result in discharge. I understand also, that I am required to abide by all rules, regulations and policies of KDV.

I understand and acknowledge that if hired, my employment is at-will and may be terminated at any time by KDV or myself.

Signature of Applicant

Date

FOR INTERVIEWER'S USE ONLY

Interviewer	Date	1st Interview
		2nd Interview
		Follow-up Action

APPLICANT DATA RECORD

KDV

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Applicants are considered for all positions without regard to race, color, sex, age, national origin, marital or veteran status, medical condition or handicap, or any other legally protected status.

KDV complies with government regulations including affirmative action responsibilities where they apply. In order to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the applicant data record.

This data is for periodic government reporting and will be kept in a confidential file separate from the application for employment.

YOUR COOPERATION IS VOLUNTARY.

Date

Position(s) Applied For

Referral Source:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Walk-In | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Education Placement Office | |

Government agencies at times require periodic reports on sex, ethnic origin, handicap, veteran status and other protected status of applicants. This data is for analysis and possible affirmative action only.

SUBMISSION OF INFORMATION IS VOLUNTARY.

Check One:

- Male Female

Check One of the Following Race/Ethnic Groups:

- | | | |
|--------------------------------|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic | |

Check if Any of the Following are Applicable:

- Vietnam Era Veteran Disabled Veteran Handicapped