



Employment Application

The Kewpee, Inc.

Kewpee is an equal opportunity employer and will not discriminate against any applicant on the basis of age, disability, race, color, genetic information, religion, sex, national origin, veteran/military status, or any other status protected by applicable law.

Applicant Data	Date of Interview (Month/Day/Year): / /
How were you referred to us:	

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Wage:\$ _____

Position Applied for: _____ Location Preference : _____

If you are under 18 years of age, can you provide a work permit? YES NO If no, please explain:

Have you ever worked for this company? YES NO If yes, when?

Are you legally allowed to work in the United States? YES NO

Type of employment desired: FULL-TIME PART-TIME TEMPORARY SEASONAL

Have you ever pleaded guilty or no contest to or been convicted of a crime? YES NO If yes, give dates and details:

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Education

Name & Location of High School:

Did you graduate? _____ Number of years attended: _____ Overall GPA: _____

Name & Location of College:

Did you graduate? _____ Number of years attended: _____ Overall GPA: _____

Degrees completed: _____ Other Subjects Studied: _____

Trade, Business or Correspondence School:

Did you graduate? _____ Number of years attended: _____ Overall GPA: _____

Subjects Studied: _____

Summarize your Special Skills or Qualifications

References

Please list three references. References from prior employment are preferred. If unable to provide three references from prior employment, please provide references from others who are familiar with your work habits and/or character (teachers, etc.). Please do not use relatives as references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment (begin with most recent position)

Company Name: _____ Phone: _____

Address: _____ Supervisor: _____

Starting Wage & Title: _____ Ending Wage & Title: _____

Responsibilities: _____

Dates of Employment: From: / / To: / /

Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company Name: _____ Phone: _____

Address: _____ Supervisor: _____

Starting Wage & Title: _____ Ending Wage & Title: _____

Responsibilities: _____

Dates of Employment: From: / / To: / /

Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company Name: _____ Phone: _____

Address: _____ Supervisor: _____

Starting Wage & Title: _____ Ending Wage & Title: _____

Responsibilities: _____

Dates of Employment: From: / / To: / /

Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

"I affirm that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give the company any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by the Company President, Vice President or Company Operations Manager. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature of Applicant: _____ Date: _____