



APPLICATION FOR EMPLOYMENT

Kencoil, Inc./Scott Armature considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status or veteran status, sexual orientation, or any other legally protected status. **Kencoil, Inc./Scott Armature** is an equal opportunity employer. All applicants may be subject to pre-employment drug testing.

◆PLEASE READ CAREFULLY – PRINT CLEARLY – ANSWER ALL QUESTIONS◆

THE QUESTIONS ON THIS FORM ARE ASKED TO ALLOW US TO THOROUGHLY EVALUATE YOUR ABILITY AND CHANCE FOR SUCCESS IN THE POSITION FOR WHICH YOU ARE APPLYING. EVERY EFFORT HAS BEEN MADE TO COMPLY WITH APPLICABLE FEDERAL AND STATE LAWS.

Position(s) Applying For _____ Date of Application _____

Referral Source: Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other

Name of Source (if applicable) _____

PERSONAL DATA

Social Security Number _____

Name _____
(last) (first) (middle)

Indicate any other name by which you have been known _____

Please provide 5 year residence history beginning with your present address:

_____ (# And street)	_____ (City)	_____ (State)	_____ (Zip code)
_____ (# And street)	_____ (City)	_____ (State)	_____ (Zip code)
_____ (# And street)	_____ (City)	_____ (State)	_____ (Zip code)

Home Phone #: (_____) _____ - _____ Alternate Phone #: (_____) _____ - _____

E-mail Address: _____

Have you ever been employed by **Kencoil, Inc./Scott Armature**? Yes No If yes, when? _____
Reason for leaving? _____

Do you have any relatives currently employed by **Kencoil, Inc./Scott Armature**? Yes No
If yes, who? _____

Are you below the age of 18? Yes No

Have you, since the age of 18, ever pled "guilty" or "no contest", or been convicted of a felony? Yes No
If yes, explain _____

(Note: Answering, "yes" to the above question does not constitute an automatic bar to employment. Factors, such as date of the offense, circumstances, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.)

Are you authorized to work in the United States? Yes No

◆◆Proof of citizenship or immigration status will be required upon employment.◆◆

WORK PREFERENCE

Are you currently employed? Yes No May we contact your current employer? Yes No

Will you accept Full-time work Part-time work Temporary work?

Will you work any day of the week, **including Saturdays, Sundays, and Holidays?** Yes No

If No, days you are available to work _____

Will you work overtime? (An excess of 40 hours/week) Yes No

Will you accept 1st Shift 2nd Shift 3rd Shift 4th Shift 5th Shift 6th Shift

On what date would you be available to begin work? _____

EMPLOYMENT HISTORY

List your last (3) employers, assignments of volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section located on the last page of this application. Indicate your activities during that time as well as the name, addresses, and telephone number of a reference (not a relative) who can verify your activities.

Employer	Telephone	Dates Employed From To	Summarize the nature of the work performed and the job responsibilities.
Address		--	
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor & Title		\$ per	
Reason for Leaving		Hourly Rate/Salary Ending	
May we contact for references?		\$ per	

Employer	Telephone	Dates Employed From To	Summarize the nature of the work performed and the job responsibilities.
Address		--	
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor & Title		\$ per	
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Immediate Supervisor & Title		\$ per	
Reason for Leaving		Hourly Rate/Salary Ending	
May we contact for references?		\$ per	

EDUCATION & TRAINING

	Name & Address of School	Major/ Minor	Did you graduate?	# Of Credits Earned	Diploma/ Degree
High School					
Undergraduate College					
Graduate/Professional					
Other (please specify)					
Additional Training	Description	Degree/ Certificate/ License	Date Completed		

MILITARY SERVICE

Have you ever served in the United States Armed Services or in a State Militia? Yes No
 If yes, complete the following:

Service Branch _____ Reserve Organization _____

Final Rank or Rate _____

Describe any training in your military experience that is relevant to the position for which you are applying:

SPECIFIC SKILLS

Indicate experience you may have in any of the following skills areas pertinent to the position for which you are applying.

- | | | | |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> Shorthand | <input type="checkbox"/> Typing | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Fax Machine | <input type="checkbox"/> PBX/Switchboard | <input type="checkbox"/> Lotus, Excel, Word | <input type="checkbox"/> Forklift Operation |
| <input type="checkbox"/> Ruler | <input type="checkbox"/> Hand tools | <input type="checkbox"/> Power Tools | <input type="checkbox"/> Heavy Machinery |
| <input type="checkbox"/> CDL | <input type="checkbox"/> Welding | <input type="checkbox"/> Other | |

Other: Other skills or qualifications relevant to the position being applied for.

Driver's License Number, if driving may be required in position for which you are applying:

State _____ License Number _____

ACTIVITIES

List any hobbies or interests that you have, or any clubs, organizations, or professional groups to which you belong that have a direct bearing on your qualification for the position for which you are applying.

REFERENCES

List names of persons not related to you whom we may contact to verify your qualifications for the job for which you are applying:

Name & Nature of Affiliation	Address	Occupation & Company	Telephone #

COMMENTS

Provide any additional information you feel may be helpful to us in considering your application.

CERTIFICATION OF ACCURACY AND AUTHORIZATION FOR THE RELEASE OF INFORMATION

I hereby authorize any and all investigations deemed necessary by this facility to verify the information contained herein and the necessary qualifications for the position(s) for which I am applying.

Furthermore, I hereby authorize any and all employees to release all employment records requested by this facility and do hereby release and hold harmless, said former employer from any liability resulting from the release of this information.

Furthermore, I hereby authorize this facility to obtain, and I authorize all persons and entities holding such information to release, reports and information regarding my background, including criminal convictions, if any and credit records. I do hereby release and hold harmless, ***Kencoil, Inc./Scott Armature***, and any affiliated facilities and any persons or entities obtaining or releasing such information from any liability resulting from obtaining and releasing such information.

If hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and that ***Kencoil, Inc./Scott Armature*** and any affiliated facilities, reserve the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's Chief Operating Officer.

I agree to submit to a post-offer health screen, including a drug screen, which will be used in determining my ability to perform the job for which I have applied. I further understand that applicants testing positive on the drug screen will not be eligible for employment. I authorize the designated Occupational Health Center to release to the employment department those portions of any health screening applicable to my employment.

I also understand that if I am hired and in compliance with the Immigration Reform Act of 1986, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment or may result in my immediate discharge from the employer's service, whenever it is discovered. Furthermore, I certify that all information on this application is true and correct to the best of my knowledge and belief and I have read, fully understand and accept the terms of the foregoing statements.

SIGNATURE _____ **DATE** _____