



Please read carefully before you sign this application. Application must be completed in full even if attaching a résumé. Applications will be kept in active status for 60 days.

ALL APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, MARITAL STATUS, NATIONAL ORIGIN, VETERAN STATUS, PHYSICAL OR MENTAL HANDICAP, CIVIL UNION STATUS, GENDER IDENTITY OR EXPRESSION OR OTHER PROTECTED CLASS UNDER STATE OR FEDERAL LAW.

DATE OF APPLICATION: _____

TYPE OF WORK / POSITION DESIRED: _____

PERSONAL INFORMATION

PLEASE PRINT USING BALLPOINT PEN		
FULL NAME	LAST, FIRST, MIDDLE	
PRESENT ADDRESS	STREET, CITY, STATE, ZIP	
TELEPHONE #1	() -	WHAT IS THE BEST WAY TO CONTACT YOU?
TELEPHONE #2	() -	EMAIL
HOW WERE YOU REFERRED TO THIS COMPANY?		
HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN? (LIST DATES) _____		
IS THERE ANY INFORMATION WE WOULD NEED ABOUT YOUR NAME, OR USE OF ANOTHER NAME, FOR US TO BE ABLE TO CHECK YOUR WORK RECORD? <input type="checkbox"/> YES <input type="checkbox"/> NO PLEASE SPECIFY: _____		

GENERAL INFORMATION

ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YOU ARE UNDER AGE 18, CAN YOU SUPPLY WORKING PAPERS? <input type="checkbox"/> YES <input type="checkbox"/> NO
CAN YOU, UPON EMPLOYMENT PROVIDE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN CONVICTED OF A CRIME? (A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT.) <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:	
HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:	
FILL OUT ONLY IF APPLYING FOR A POSITION WHICH REQUIRES A DRIVER'S LICENSE.	
DRIVER'S LICENSE NUMBER:	STATE:

SCHEDULE AVAILABILITY & DESIRED SALARY

- I AM AVAILABLE AND DESIRE TO WORK FULL-TIME (40 HOURS) AND DO NOT HAVE RESTRICTIONS ON MY HOURS AND DAYS
- I AM AVAILABLE AND DESIRE TO WORK PART-TIME (LESS THAN 40 HOURS)

HOURS AVAILABLE

NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.

WAGE / SALARY EXPECTED

DATE AVAILABLE FOR WORK?

EDUCATION

TYPE	NAME / ADDRESS	COURSE OF STUDY	GRADUATED?	DEGREE / DIPLOMA
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TECHNICAL OR OTHER			<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT HISTORY

BEGIN WITH MOST RECENT EMPLOYER [1] AND CONTINUE WITH ALL PAST EMPLOYERS (ATTACH ADDITIONAL SHEETS IF NECESSARY)

1	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (PLEASE EXPLAIN)
		MO.	YR.			
	NAME OF COMPANY			\$	LIST YOUR DUTIES	
	ADDRESS	TO		ENDING SALARY		
		MO.	YR.			
	CITY, STATE, ZIP			\$		NAME & TITLE OF IMMEDIATE SUPERVISOR
	TELEPHONE #:	TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

2	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (PLEASE EXPLAIN)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR DUTIES	NAME & TITLE OF IMMEDIATE SUPERVISOR
ADDRESS		TO		ENDING SALARY		
		MO.	YR.			
CITY, STATE, ZIP				\$		
TELEPHONE #:		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

3	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (PLEASE EXPLAIN)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR DUTIES	NAME & TITLE OF IMMEDIATE SUPERVISOR
ADDRESS		TO		ENDING SALARY		
		MO.	YR.			
CITY, STATE, ZIP				\$		
TELEPHONE #:		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL EXPERIENCE OR QUALIFICATIONS	PLEASE EXCLUDE ORGANIZATION WHICH INDICATES RACE, COLOR, RELIGION, NATIONAL ORGIN, GENDER, HANDICAP OR OTHER PROTECTED STATUS.
PLEASE LIST ANY OTHER EXPERIENCE, SKILLS, OR OTHER QUALIFICATIONS, WHICH ARE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING.	

PERSONAL OR BUSINESS REFERENCES

DO NOT INCLUDE RELATIVES		
1	NAME	PHONE NUMBER () -
ADDRESS		CITY, STATE, ZIP
YRS. KNOWN		RELATIONSHIP
2	NAME	PHONE NUMBER () -
ADDRESS		CITY, STATE, ZIP
YRS. KNOWN		RELATIONSHIP
3	NAME	PHONE NUMBER () -
ADDRESS		CITY, STATE, ZIP
YRS. KNOWN		RELATIONSHIP

NOTIFICATION & AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

THE APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED.

IF EMPLOYMENT IS OFFERED, I AGREE TO VOLUNTARILY SUBMIT TO PRE-EMPLOYMENT DRUG SCREENING FOR ILLEGAL SUBSTANCES. I UNDERSTAND THAT MY EMPLOYMENT OFFER IS CONDITIONAL ON PASSING THIS DRUG TEST. A POSITIVE RESULT OF THE DRUG SCREENING MAY RESULT IN THE DENIAL OF EMPLOYMENT.

IF HIRED, I AGREE TO ABIDE BY ALL OF THE COMPANY RULES AND REGULATIONS, AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR ME, I FURTHER UNDERSTAND THAT NO REPRESENTATION, WHETHER ORAL OR WRITTEN BY ANY REPRESENTATION OR AGENT OF THE COMPANY, AT ANY TIME, CAN CONSTITUTE A CONTRACT OF EMPLOYMENT.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND HEREBY GRANT PERMISSION TO CONFIRM THE INFORMATION SUPPLIED ON THIS APPLICATION BY ME.

APPLICANT SIGNATURE

DATE



VOLUNTARY EEO SELF-IDENTIFICATION FORM

The following information is used to evaluate the Kullman* affirmative action program and is not used in considering you for employment. Our company is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite applicants to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Completion of information below is voluntary.

APPLICANT INFORMATION:

NAME: _____ **DATE:** _____

POSITION APPLYING FOR: _____

1. Are you Hispanic or Latino?

- Yes (If Yes, go to Questions #3)
- No (If No, go to question #2)

2. What is your race?

- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or more races (Not Hispanic or Latino)

3. What is your gender?

- Male
- Female

Thank you for your cooperation!

*Kullman Buildings Corp. is an Equal Opportunity Employer.