

# KR Application

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE



## APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4.

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Birth Date

Present address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_  
and salary desired (2) \_\_\_\_\_  
(Be specific)

Days/hours available to work

No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
Mon \_\_\_\_\_ Fri \_\_\_\_\_  
Tue \_\_\_\_\_ Sat \_\_\_\_\_  
Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired \_\_\_ FULL-TIME ONLY \_\_\_ PART-TIME ONLY \_\_\_ FULL- OR PART-TIME

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	PHONE NUMBER	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_ No \_\_\_ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE



APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? ☐ Yes ☐ No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_ Commercial (CDL) \_\_\_\_\_ Endorsements \_\_\_\_\_  
Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

Tech Proficiency

GPS ☐ Yes  
☐ No

Smart ☐ Yes  
Phone ☐ No

Computer ☐ Yes ☐ PC  
☐ No ☐ Mac

Other \_\_\_\_\_  
Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any Driving Information necessary to describe your full qualifications for the specific position for which you are applying. Accidents, Violations, Citations etc.

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE



APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ☐ Yes ☐ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ☐ Yes ☐ No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience** Please list your work experience for the **past five years** beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Phone number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Phone number	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

**Work experience** Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Phone number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Phone number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? ☐ Yes ☐ No

Did you complete this application yourself ☐ Yes ☐ No

If not, who did? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_