



## EMPLOYMENT APPLICATION

THE EMPLOYMENT RELATIONSHIP BETWEEN KAM OF FLORIDA, INC. AND ITS EMPLOYEES IS AT-WILL AND VOLUNTARY. THIS APPLICATION IS NOT A CONTRACT. KAM OF FLORIDA, INC. WILL KEEP THIS APPLICATION ON FILE FOR 30 DAYS.

Full Name: \_\_\_\_\_  
Last First Initial

Address: \_\_\_\_\_  
Number and Street Name Apartment / Unit #

City State ZIP Code  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Today's date: \_\_\_\_\_

Days available for Work: (Select) M T W Thr Fr Sat Sun Salary desired: \_\_\_\_\_

Are you over 18 years old? Yes No

Have you worked for any KAM of Florida companies before? Yes No

If Yes, where? \_\_\_\_\_ When (give dates)? \_\_\_\_\_ Job Title: \_\_\_\_\_

Are you legally eligible to work in the United States? Yes No  
(If offered employment, you are required to provide documents that verify eligibility.)

Do you have a valid Driver's License? Yes No Do you have a CDL? Yes No

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## WORK HISTORY

Starting with your most recent employer, provide the following information

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_ Dates employed: Mo. \_\_\_\_ Yr. \_\_\_\_ to Mo. \_\_\_\_ Yr. \_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Starting Wage: \_\_\_\_\_ ( hourly / salary)  
Starting job title \_\_\_\_\_ Final job title \_\_\_\_\_ Final Wage : \_\_\_\_\_ ( hourly / salary)  
Immediate supervisor and title \_\_\_\_\_ May we contact for reference? \_\_\_yes \_\_\_no \_\_\_later  
Why did you leave? \_\_\_\_\_

Summarize the type of work performed and job responsibilities: \_\_\_\_\_

What did you like most about your position? \_\_\_\_\_

What were the things you liked least about the position? \_\_\_\_\_

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_ Dates employed: Mo. \_\_\_\_ Yr. \_\_\_\_ to Mo. \_\_\_\_ Yr. \_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Starting Wage: \_\_\_\_\_ ( hourly / salary)  
Starting job title \_\_\_\_\_ Final job title \_\_\_\_\_ Final Wage : \_\_\_\_\_ ( hourly / salary)  
Immediate supervisor and title \_\_\_\_\_ May we contact for reference? \_\_\_yes \_\_\_no \_\_\_later  
Why did you leave? \_\_\_\_\_

Summarize the type of work performed and job responsibilities: \_\_\_\_\_



What did you like most about your position? \_\_\_\_\_

What were the things you liked least about the position? \_\_\_\_\_

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_ Dates employed: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ to Mo. \_\_\_\_\_ Yr. \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Starting Wage: \_\_\_\_\_ (  hourly /  salary )  
Starting job title \_\_\_\_\_ Final job title \_\_\_\_\_ Final Wage : \_\_\_\_\_ (  hourly /  salary )  
Immediate supervisor and title \_\_\_\_\_ May we contact for reference?  yes  no  later  
Why did you leave? \_\_\_\_\_

Summarize the type of work performed and job responsibilities: \_\_\_\_\_

What did you like most about your position? \_\_\_\_\_

What were the things you liked least about the position? \_\_\_\_\_

## EDUCATION / BACKGROUND

Starting with your most recent school attended, provide the following information

School (include City/State)	Yrs. Attended	Completed	GPA/Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

List any special skills, qualifications, certifications, applicable course work or training:

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 \_\_\_\_\_

Have you ever been arrested?  Yes  No  
(Arrest will not necessarily disqualify applicant from consideration.)

If Yes, explain: \_\_\_\_\_



Have you ever been convicted?      Yes                      No  
(Conviction will not necessarily disqualify applicant from consideration.)

If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three schools or personal references who are **not** related to you.

<i>Name</i>	<i>Title</i>	<i>Relationship to You</i>	<i>Telephone No.</i>	<i>Years Known</i>

PLEASE READ AND SIGN THE ACKNOWLEDGEMENT ON PAGE 3 (BACK PAGE)  
APPLICATION CANNOT BE CONSIDERED IF NOT SIGNED BY APPLICANT

By my signature below, I authorize KAM OF FLORIDA, INC. or its agent to obtain information -- written, oral, or other -- from a consumer reporting agency bearing on my creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living, criminal background, employment history and driving background (motor vehicle report/MVR). I understand that this investigation may include interviews with friends, acquaintances, or others who may have relevant information and that this report will be used for employment purposes, including evaluating me for employment, promotion, reassignment, or retention as an employee of KAM OF FLORIDA, INC. I understand that I have a right to request disclosure of the nature and scope of the report, including the name, address, and phone number of the consumer reporting agency as well as a summary of my rights under the federal Fair Credit Reporting Act, if the report involves personal interviews with sources such as my friends, acquaintances, or others who may have relevant information. Finally, notwithstanding anything else in this document, I understand KAM OF FLORIDA, INC. reserves the ability to avail itself of any rights set forth in any applicable federal, state, or local law, including the Fair Credit Reporting Act, as amended by the Fair and Accurate Credit Transactions Act (the "FACT Act").

I understand that if offered a position with KAM OF FLORIDA, INC., I will be required to submit to a pre-employment medical examination and drug screening. I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of these tests will result in withdrawal of any employment offer or termination of employment if already employed. I also authorize medical providers to release the results of my pre-employment physical and drug test and all future employment related physicals and drug tests to KAM OF FLORIDA, INC.

I certify that the answers given in this Employment Application are true and complete to the best of my knowledge and authorize KAM OF FLORIDA, INC. to verify the accuracy of my statements and to obtain reference information regarding my work performance. I understand that the falsification, misrepresentation or omission of any facts in this document may result in denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I hereby authorize any and all schools, former employers, references, background-checking agencies, and courts to provide information to KAM OF FLORIDA, INC. and I release all parties involved from any and all liability for any and all damage that may result from providing such information.



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I UNDERSTAND THAT NOTHING SAID OR NO ACTIONS TAKEN DURING THE RECRUITMENT, APPLICATION OR INTERVIEW PROCESS SHALL BE DEEMED TO CONSTITUTE THE TERMS OF AN EXPRESS OR IMPLIED EMPLOYMENT CONTRACT. I UNDERSTAND THAT ANY EMPLOYMENT OFFERED IS FOR AN INDEFINATE DURATION AND AT WILL, AND THAT EITHER REEVES CONSTRUCTION COMPANY, INC. OR I MAY TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE. BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Equal Employment Opportunity Statement

*KAM OF FLORIDA, INC. is proud to be an equal opportunity employer.  
All qualified applicants will receive consideration without regard to race, color, religion,  
gender, national origin, age, disability, veteran status or any other status or classification protected by law.*