

Application for Employment

The following information is requested to help us make the best possible placement within KAMS LLC. All portions of this application pertaining to you must be completed. We appreciate the time and effort you spend filling out this application. KAMS LLC provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws governing nondiscrimination in employment.

Application Information

First Name: _____ Middle: _____ Last Name: _____

Mailing Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Social Security No: _____ Home Phone: _____ Cell Phone: _____

Position(s) for which you are applying: _____

Full Time: _____ Part Time: _____

How did you hear about us? (if you were referred by an employee, please fill in their entire name):

Have you ever applied for employment with us before? Yes _____ No _____

If offered a position, when would you be available to start? _____

Please list the hours you are available to work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Have you ever been convicted of a crime? Yes _____ No _____

Gender/Classification: _____ Race/Ethnic Origin: _____

Education: Proof of a diploma or transcript is required for certain positions

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College / Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Please list any professional licenses you have that may be relevant to this position:

- 1) _____ 4) _____
- 2) _____ 3) _____

Please list any certifications you have that may be relevant to this position:

- 1) _____ 3) _____
- 2) _____ 4) _____

Please list any professional/service affiliation or memberships you have:

- 1) _____ 3) _____
- 2) _____ 4) _____

Please list any other accomplishments, experiences, or skills not otherwise covered in this application that you believe will assist you in meeting the responsibilities of the position(s) applied for:

In 2-3 sentences please describe why you would like to work for KAMS LLC:

Employment History: Please list your most recent employer's first

Please include relevant volunteer experience

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Professional References

Please list a minimum of two work-related references

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Email Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Email Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Email Address: _____

As an applicant for a position that requires me to drive for KAMS LLC. I am aware that my driving record may be checked prior to an offer of hire. For this reason, I authorize KAMS LLC to run a thirty-six (36) month check of my driving record. Driving record results should only be released to KAMS LLC.

This authorization will expire two (2) years from the date of my signature.

Applicant's Signature: _____ Date: _____

Printed Name: _____ Date of Birth: _____

Full Address: _____

Driver's License Number: _____ Issuing State: _____

I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I also understand that falsification of this application, in any detail, is grounds for disqualification from further consideration or for dismissal from employment. I agree to conform to the rules and regulations of Kams llc. Further, I certify that I have read, understand and accept the following:

Employment at KAMS LLC is on an at-will basis. Employees are free to leave their position at any time and KAMS LLC is free to terminate any employee at any time and for any reason. Being offered a position at KAMS LLC will not be considered receiving a contract for a specified period of time of employment. No commitment for employment, including commitments for the term of any employment, shall be valid or binding of KAMS LLC or myself unless expressly set forth in a written document signed by the Chief Executive Officer. I understand that no other representative of KAMS LLC has any authority to enter into any agreement for employment for any specified period of time, either prior to commencement of employment or after I have become employed, or to promise any benefits or terms and conditions of employment that are inconsistent with the written policies and procedure of Kams llc. All new employees of KAMS LLC shall submit application for a criminal background investigation prior to the first day of employment. All new employees of KAMS LLC shall produce specified documents which authorize employment within the United States.

UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMIAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND IS SUBJECT TO A FINE NOT TO EXCEED \$100

Applicant's Signature: _____ Date: _____

Authorization for Release of Driving Record Certification

KAMS LLC is concerned with the safety, health, and well-being of all its employees and clients, as well as the quality of the services we provide. Misusing alcohol, drugs, and controlled substances jeopardizes our ability to serve our clients. Therefore, we require applicants to undergo a pre-employment test for the presence of drugs and illegal substances to the extent allowable under applicable state and federal law. Positive results will cause the disqualification of the individual to the extent permissible under the law. We require that you complete this consent and release form in accordance with the policy.

I, _____, do hereby consent to undergo a pre-employment drug test as part of my application with Kams llc. I understand that further consideration for employment may depend upon the results of this test as well as other factors to the extent permitted under applicable state and federal law. Further, I authorize the clinic, laboratory, hospital, or testing facility to release to KAMS LLcthe results of this test, and I release Kams llc, its agents, doctors, staff and medical personnel from any and all liability arising from the release or use of this information.

Applicant's Signature: _____ Date: _____

Pre-Employment Drug Testing

KAMS LLC has the right to verify information provided in the application. False information may be grounds for rejecting this application or for dismissal following employment.

In connection with this application for employment, I authorize KAMS LLC and any agent acting on its behalf to conduct an inquiry into any information contained in this application, including, but not limited to, employment records.

Moreover, I hereby release KAMS LLC and any agent acting on its behalf from any and all liability whatsoever by reason or requesting such information from any person.

I declare that any statement in this application or information provided, is true and complete and hereby acknowledge that I have read and understand that application and its contents.

Applicant's Signature: _____ **Date:** _____

I, _____, do hereby authorize KAMS LLC or any representative acting on its behalf, to review any record of the State and Federal Criminal Justice Systems or a comparable agency in another state or country relating to me, and to abstract and to obtain and have photocopied any and all such records.

If you are denied employment based on information received as part of this investigation you have a right under the Fair Credit Reporting Act to know the information contained in your file at the agency. You also have the right to obtain a copy of the agency's report. You must submit a written request to the agency no later than 60 days after you receive notification of the denial of your employment. Under the Fair Credit Reporting Act, if you find that any information contained in the agency's report is inaccurate or incomplete, you also have the right to dispute the information with the agency.

This authorization shall continue until revoked by me in writing.

Applicant's Signature: _____ **Date:** _____