



APPLICATION FOR EMPLOYMENT

BACKGROUND CHECKS

Kern Machinery is concerned about violence in the workplace, falsified employment applications, and employee theft. All offers of employment are contingent upon successful completion of a complete background check.

DRUG SCREENING

Kern Machinery is committed to maintaining a DRUG-FREE workplace. All offers of employment are contingent upon successful completion of a pre-employment physical and drug screen.

Thank you for applying for a position with our Company. We appreciate the time you are giving to complete this application form. It is important that you fully and accurately complete this form yourself and indicate the position(s) for which you wish to be considered. Please be very careful completing this application. We use a detailed background and employment screening process which will disclose inaccurate, false, and/or incomplete or omitted information.

The following must be filled out completely for your application to be considered

[Please Print]

PERSONAL INFORMATION:

Name _____
Last First Middle

Business Telephone _____ Home Telephone _____ Cellular Phone _____

Present Address: _____
No. Street City State Zip

Mailing Address: _____
(if different) No. Street City State Zip

Do you have a valid driver's license? Yes No

Please list the cities and corresponding state you have lived in during the past 7 years: _____

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? Yes No

(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

(Note: Proof of age and eligibility for employment will be required if you are hired.)

Have you ever been asked to resign from a job? Yes No If yes please explain: _____

EMPLOYMENT DESIRED: Position applying for: _____

Are you applying for:

Regular full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Regular part-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Temporary work, e.g., summer or holiday work? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	---

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available?..... From _____ To _____

Are you available for work on weekends? Yes No

Would you be available to work overtime, if necessary? Yes No

If hired, on what date can you start work? _____ Minimum salary accepted? _____

EMPLOYMENT DESIRED CONT.

Have you ever applied to or worked for our Company before? Yes No If yes, when? _____

Do you have any friends or relatives working for our Company? Yes No If yes, state name(s) and relationship(s):

Why are you applying for work at our Company? _____

Do you have any commitment to another entity or person that might affect your employment with our Company? Yes No

If yes, describe fully: _____

REFERENCES: Who Referred You To Our Company? _____

List below three persons not related to you who have knowledge of your work performance within the last three years. If this does not apply to you, then provide three school or personal references who are not related to you.

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Years Known</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

EDUCATION, TRAINING AND EXPERIENCE:

School:	<u>Name and Address</u>	<u>No. of Years Completed</u>	<u>Degree or Diploma</u>	<u>Did you Graduate?</u>
High School	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational/Business	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Some of our customers/clients may not speak English. Do you speak, write or understand any foreign languages? Yes No

If yes, which language(s): _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at our Company? Yes No Explain: _____

Managerial Skills: Yes No - Typing Speed: ___ WPM - Spread Sheet: Yes No - Word Processing: Yes No - Data Base Programs: Yes No

List any Computer Programs with which you are familiar: _____

Please describe your skills in detail: _____

EMPLOYMENT HISTORY: List below your last three employers. (You may include your resume with your application)

Are You Employed Now? Yes No If Yes, may we inquire with your present employer?.. Yes No

1. Name of Employer: _____

Address: _____

No. Street City State Zip

Telephone No. (_____) Your Supervisor's Name: _____

Type of Business: _____ Was Termination Voluntary or Involuntary? Vol Invol

Your Position and Duties: _____

Date of Employment: From _____ To _____

Exact Reason for Leaving: _____

2. Name of Employer: _____

Address: _____

No. Street City State Zip

Telephone No. (_____) Your Supervisor's Name: _____

Type of Business: _____ Was Termination Voluntary or Involuntary? Vol Invol

Your Position and Duties: _____

Date of Employment: From _____ To _____

Exact Reason for Leaving: _____

3. Name of Employer: _____

Address: _____

No. Street City State Zip

Telephone No. (_____) Your Supervisor's Name: _____

Type of Business: _____ Was Termination Voluntary or Involuntary? Vol Invol

Your Position and Duties: _____

Date of Employment: From _____ To _____

Exact Reason for Leaving: _____

Please describe in your own words why you wish a position with our company: _____

MILITARY SERVICE: U.S. Military or Naval Service: _____

Rank: _____

Present Membership in National Guard or Reserves: _____ Date Obligation Ends: _____

Have you obtained any special skills or abilities as the result of service in the military? Yes No

If so, describe: _____

LICENSE INFORMATION: Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applying for? Yes No Name of license/certification _____

Issuing state: _____ License/certification number: _____ Has your license/certification ever lapsed or been revoked or suspended? Yes No If yes, state reason(s), date of lapse, revocation or suspension and date of reinstatement: _____

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation?

Yes No If no, describe the functions that cannot be performed: _____

Is there any reason why you would not be able to fully conform to all attendance requirements? Yes No

If yes describe fully: _____

(Note: We comply with the ADA and provide reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire will be subject to passing a medical examination, and to skill and agility tests.)

NOTICE: Thank you for completing this application form. If the information in your application suggests you meet minimum qualifications and are among the best qualified candidates for the position, you may be contacted for an interview. Thank you for your interest in our Company.

BY MY SIGNATURE, I PROMISE THAT I HAVE PERSONALLY COMPLETED THIS APPLICATION. I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THIS EMPLOYMENT APPLICATION (AND ACCOMPANYING RESUME) IS TRUE AND COMPLETE, AND I UNDERSTAND THAT ANY FALSE INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT, AND MAY BE JUSTIFICATION FOR MY DISMISSAL FROM EMPLOYMENT IF DISCOVERED AT A LATER DATE.

Date: _____

Signature: _____

Print Name: _____

OUR COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS THE POLICY OF THIS COMPANY TO CONSIDER ALL JOB APPLICATIONS ON THE BASIS OF MERIT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, PREGNANCY, AGE, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, VETERAN STATUS, DISABILITY, MEDICAL CONDITION, SEXUAL ORIENTATION, OR ANY OTHER PROTECTED CHARACTERISTIC. I UNDERSTAND AND AGREE THAT IF YOU EMPLOY ME, MY EMPLOYMENT WILL BE AT-WILL FOR NO DEFINITE OR DETERMINABLE PERIOD OF TIME, AND MAY REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES, BE TERMINATED AT ANY TIME, FOR ANY REASONS OR FOR NO REASON AT ALL, WITH OR WITHOUT PRIOR NOTICE, AT THE OPTION OF THE COMPANY OR ME. I UNDERSTAND AND AGREE THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON THE COMPANY UNLESS MADE IN WRITING AND SIGNED BY ME AND AN AUTHORIZED OFFICER OF THE COMPANY.