

K.A.P.

(KIDS ACHIEVEMENT PROGRAM)

Employment Application

APPLICANT INFORMATION												
Last Name			First			M.I.		Date				
Street Address						Apt. #						
City			State			ZIP						
Phone			E-mail Address									
Date Available												
Position Applied for												
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a crime?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
Being convicted of a crime does not necessarily bar you from employment. You may add a statement if necessary.												
EDUCATION												
High School			Address									
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College			Address									
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other			Address									
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
REFERENCES												
<i>Please list two professional references.</i>												
Full Name			Relationship									
Company			Phone									
Address												
Full Name			Relationship									
Company			Phone									
Address												
Full Name			Relationship									
Company			Phone									
Address												

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
DESIRED HOURLY RATE	\$ _____	PER HOUR	LOWEST HOURLY RATE YOU WILLING TO START OFF AT
			\$ _____ PER HOUR

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date