

FOR OFFICE USE ONLY		FOR OFFICE USE ONLY	
Work Location _____	Rate _____	Position _____	Start Date _____

Application for Employment

TO APPLICANT: This application is current for 60 days. At the conclusion of this time, if you have not heard from the Company and still wish to be considered for employment, it may be necessary to fill out a new application.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to information obtained from a consumer reporting agency, including but not limited to information regarding credit data, personal character, general reputation and mode of living. **This list, however, is not exhaustive of the grounds on which discrimination is prohibited.**

(PLEASE PRINT PLAINLY)

PERSONAL

Today's Date: _____ Position(s) applied for: _____

Name: _____
Last
First
Middle

Social Security No.: _____ Telephone No. - Home: _____
 Telephone No. - Cell: _____

Address: _____
No.
Street
City
State
Zip

Are you legally eligible for employment in the U.S.A.? Yes _____ No _____ If hired, you are required to submit proof of your eligibility to work in the U.S.A.

Are you over the age of eighteen? Yes _____ No _____ If no, hire is subject to verification that you are of minimum legal age.

Were you previously employed by us? Yes _____ No _____ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Have you been convicted of a felony including theft or assault? YES NO
 (Such conviction may be relevant if job related, but does not bar you from employment.)

If YES, please explain: _____

Driver's license number _____ State _____

CDL Yes _____ No _____

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone () -	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From	To	
Address (Include County)				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Employer	Telephone () -	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From	To	
Address (Include County)				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

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Job Title		Hourly Rate/Salary		
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Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Comments (including explanation of any gaps in employment)

Skills and Qualifications Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed				Did You Graduate?	List Diploma or Degree
Elementary		X	5	6	7	8	<input type="checkbox"/> Yes <input type="checkbox"/> No	X
High			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

PLEASE READ AND SIGN BELOW

These answers are true and complete to the best of my knowledge. The Company may investigate all statements contained in this application, and I understand that any false or misleading information provided during the application or interview process will result in withdrawal from consideration for employment or my immediate discharge if I am hired, regardless of when discovered. I agree to immediately notify the Company if I should be convicted of a felony, or any crime involving dishonesty, breach of trust, controlled substances, sexual misconduct, abuse or violence, while my application is pending, or during my period of employment, if hired. If my job duties include driving on Company business I agree to notify the company if I am convicted of reckless driving or driving under the influence of drugs or alcohol.

I understand that is application is not a contract of employment. I also understand that if hired, regardless of any oral representations to the contrary, the employment relationship between myself and the company is terminable-at-will so that both the company and I remain free to choose to end our work relationship at any time for any or no reason.

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company, to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required depending upon Company policy. I authorize the Company to make a thorough investigation of my past employment, education and job-related activities and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this Company against any liability which might result from making such investigation.

Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that the Company deems appropriate.

Signature of Applicant _____ Date ____/____/____

EQUAL EMPLOYMENT OPPORTUNITY (EEO) APPLICANT INFORMATION

Classification/job for which you are applying: _____

Date: _____ Social Security No. _____ / _____ / _____

Please submit this card with your application form. The information will be used solely for EEO purposes in Compliance with State and Federal laws and guidelines, completion of this card is voluntary.

Name: _____
Last First Middle

PLEASE CHECK:

A. _____ WHITE

_____ MALE _____ FEMALE

Person having origins in any of the original people of Europe, North Africa, or the Middle East.

B. _____ BLACK

Persons having origins in any of the black racial groups.

C. _____ HISPANIC

Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

D. _____ AMERICAN INDIAN
ALASKAN NATIVE

Persons having origins in any of the original peoples North America, and who maintains cultural identification through tribal affiliation or community recognition.

E. _____ ASIAN/PACIFIC
ISLANDERS

Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islanders.

F. _____ HANDICAP

Individual with a physical condition that limits his/her ability to attain employment.

KENMORE CONSTRUCTION CO., INC.

700 HOME AVENUE
AKRON, OHIO 44310
TEL. 330-762-9373
FAX. 330-762-2135



ESTABLISHED 1956

APPLICANT WAIVER

By signing this application waiver document the applicant is authorizing the procurement of a consumer report by this company as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an outgoing authorization to procure consumer reports at any time during my employment period. Additionally, by signing this document this company is disclosing to you, that a consumer report, including an investigative consumer report containing information as to your character, general reputation, personal characteristics, public record information, previous employer reviews, education records, criminal history, personal references, driving records, credit, workers compensation reports, and mode of living may be obtained from Federal, State, and other agencies, companies, and other organizations for employment purposes as part of the pre-employment background investigation and at any time during your employment-related decision that directly and adversely affects you, you will be provided a written summary of your rights under the Fair Credit Reporting Act.

I authorize, without reservation, any party or agency contacted by this company, employees, agents and assigns to furnish the above-mentioned information.

I hereby release and discharge this company, and the (CRA) Consumer Reporting Agency(s) requesting, investigating, and/or providing information and/or consumer report(s) and their employees, agents, successors and assigns, from any and all liability that may arise out of the investigative and/or consumer report of my background as set forth herein.

I certify that the facts contained in this application are true to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. Further I understand and agree that I may be required to take and pass a drug test as a condition of hiring and/or continued employment. (Drug testing includes pre-employment, random, for cause and post accident). I agree to consent to take such test(s) at such times as designated by this company and to release to this company, it's agents, officers or employees from any claim arising in connection with the use of such test(s).

I understand and agree that if hired, my employment is for no definite period and may regardless of the date of payment or may wages and/or salary, be terminated with or without cause, at the option of either this company or myself at will.

NOTE: ALL APPLICANTS REMAIN ACTIVE FOR SIX MONTHS. AFTER THIS PERIOD OF TIME, APPLICANT MUST SUBMIT A NEW APPLICATION. PLEASE SIGN BELOW TO SIGNIFY RECEIPT OF THE FOREGOING DISCLOSURE.

Print Name

SSN#: _____

Signature

Date

Driver's License #: _____