# KMA Remarketing Corporation Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

#### APPLICATION FOR EMPLOYMENT



# APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLE	TE PAGES 1-5.		D	ATE	
Name					
	Last	First	Mi	iddle	Maiden
Present address					
	Number	Street	City	State Zip	
How long			Social Secu	rity No	
Telephone ()		Email Ad	dress		
If under 18, please	list age				
			Days/h	ours available to	o work
	(1)			f Thu	
and salary desired	(2)		Mon _	Fri	
(Be specific)			lue	Sat Sur	
			weu _	Sui	I
Can you work night	s? Can you travel on	short notice? C	an you leave h	nome for extende	ed periods of time?
Employment desire	d DFULL-TIME ONI	_Y □PART-T	IME ONLY	GFULL- OR	PART-TIME
When available for work? How many hours can you work weekly?					

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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	APPLIC	ATION F	OR EMPLO	(MENT		
DO YOU HAVE A DRIVER'S LICE	NSE? DYes	🗆 No				
What is your means of transportati	on to work?					
Driver's license number Expiration date		f issue _		Operator D	Commercial (CDL	) DChauffeur
Have you had any accidents during Have you had any moving violation			·s?		w many? w Many?	
		OFFI	CE ONLY			
□ Yes Typing □ No Personal □ Yes PC	_WPM	10-key		Word Processing		WPM
Computer I No Mac						
Please list two references other the Name Position Company Address Telephone () An application form sometimes ma			Name Position _ Company Address _ Telephone	e ()		
space below to summarize any ad which you are applying.	ditional information	necessa	ry to describ	e your full qualifica	ations for the spec	sific position for

#### PLEASE PRINT ALL INFORMATION REQUESTED **EXCEPT SIGNATURE APPLICATION FOR EMPLOYMENT** MILITARY HAVE YOU EVER BEEN IN THE ARMED FORCES? □ Yes □ No ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? □ Yes □ No Date Entered \_\_\_\_\_ Discharge Date \_ Specialty \_\_\_ Work Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary. Experience Name of employer Employment dates Name of last Pay or salary Address supervisor City, State, Zip Code From Start Phone number То Final Your last job title Reason for leaving (be specific) List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Code Phone number		From To	Start Final		
		10	Filldi		
	Your Last Job Title				
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					

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## APPLICATION FOR EMPLOYMENT

WorkPlease list your work experience for the past five years beginning with your most recent job held.experienceIf you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Code Phone number		From	Start		
		То	Final		
	Your last job title				
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary			
City, State, Zip Code Phone number		From	Start			
		То	Final			
	Your last job title					
Reason for leaving (be specific)	Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.						

May we contact your present employer?	Yes	🛛 No
Did you complete this application yourself	🛛 Yes	🗆 No
If not, who did?		

### PLEASE READ CAREFULLY

## **APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by KMA Remarketing Corporation (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and the company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that may require pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant	Date:
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This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.