

**EMPLOYMENT APPLICATION**

**PERSONAL DATA**

(PLEASE PRINT)

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Complete Current Address \_\_\_\_\_ How long? \_\_\_\_\_  
 Years Months  
 City & State, Zip \_\_\_\_\_  
 Previous Address \_\_\_\_\_ How long did you live there? \_\_\_\_\_  
 Years Months  
 Telephone number \_\_\_\_\_ Are you 18 years of age or older?  yes  no

**Do you smoke?**  yes  no

Have you ever worked for this Company before?  yes  no  
 If yes, please give dates and position: \_\_\_\_\_

Do you have any friends or relatives working here?  yes  no  
 If yes, Name: \_\_\_\_\_

Do you have a reliable means of transportation to travel to and from work which will allow you to consistently arrive at work on time?  yes  no If a driver's license is required for the position for which you are applying, do you have a valid driver's license?  yes  no

License No. State Expiration Date

Have you been cited for a traffic violation of any kind within the last FIVE YEARS?  yes  no If yes, please give dates and details: \_\_\_\_\_

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime?  yes  no If yes, please give dates and details of each: \_\_\_\_\_

**EDUCATION**

	Elementary Jr. High	High School	College/ University	Graduate/ Professional
School Name				
Years completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree	XXXXXXXXXX			
Describe Course of Study or Major				
Describe Specialized Training, Military Experience, Skills and Extra-Curricular Activities:				

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**RECORD OF PREVIOUS EMPLOYMENT**

Please list the names of your previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Name of Present or Last Employer:	Employed from: mo/yr	Starting Pay:	Your Title or Position:	Reason for Leaving:
Address:		\$		
City, State, Zip:	Employed to: mo/yr	Final Pay:	Name of Last Supervisor:	
Telephone:		\$		
Previous Employer:	Employed from: mo/yr	Starting Pay:	Your Title or Position:	Reason for Leaving:
Address:		\$		
City, State, Zip:	Employed to: mo/yr	Final Pay:	Name of Last Supervisor:	
Telephone:		\$		
Previous Employer:	Employed from: mo/yr	Starting pay:	Your Title or Position:	Reason for Leaving:
Address:		\$		
City, State, Zip:	Employed to: mo/yr	Final Pay:	Name of Last Supervisor:	
Telephone:		\$		
Previous Employer:	Employed from: mo/yr	Starting pay:	Your Title or Position:	Reason for Leaving:
Address:		\$		
City, State, Zip:	Employed to: mo/yr	Final Pay:	Name of Last Supervisor:	
Telephone:		\$		

Have you ever been terminated or asked to resign from any job?  
\_\_\_ yes \_\_\_ no. If yes, please explain circumstances: \_\_\_\_\_

Please explain fully any gaps in your employment history: \_\_\_\_\_  
\_\_\_\_\_

May we contact your current employer? \_\_\_ yes \_\_\_ no If no, please explain: \_\_\_\_\_

**CHARACTER REFERENCES**

Name	Occupation	Address Street, City & State	Telephone #	No. of Years Known

**ADDITIONAL INFORMATION** - Please indicate any actual experience you have in any of the following positions:

**OFFICE**

- \_\_\_ Office Manager
- \_\_\_ Bookkeeper
- \_\_\_ Accounts Receivable
- \_\_\_ Accounts Payable
- \_\_\_ Payroll Clerk
- \_\_\_ Data Entry
- \_\_\_ Cashier
- \_\_\_ Sales Order Entry and Follow-through

**SALES**

- \_\_\_ Sales Manager
- \_\_\_ Sales Person on the Road
- \_\_\_ Telephone Sales and Follow-up
- \_\_\_ Trade Show Sales at a Booth

**PRODUCTION LINE/  
ASSEMBLY WORK**

- \_\_\_ Boxing/Packaging Parts
- \_\_\_ Shipping and Receiving
- \_\_\_ Printed Circuit Board Soldering
- \_\_\_ Shop Foreman/Lead Person
- \_\_\_ Assembly/Technician
- \_\_\_ Small Parts Assembly
- \_\_\_ Helper (assist on misc. jobs as needed.)
- \_\_\_ Wire Harness Crimping/Termination
- \_\_\_ Quality Control Responsibility
- \_\_\_ Inventory Control

Were you referred to KZCO, Inc. by someone you know?  
If so, who: \_\_\_\_\_

## WE ARE A DRUG FREE WORKFORCE

Our Company strives to provide a drug free environment. All job applicants will be required to submit to, and pass a drug screen before hiring is final.

**POLICY:** KZCO, Inc. desires to provide a drug free work environment for all its employees. Therefore, it will be against company policy to illegally manufacture, distribute, solicit, sell, dispense, possess, or use a controlled substance in any of our facilities or by any employee when on company business or when driving company automobiles or when operating company equipment.

Action will be taken against any employee that has violated this policy. Action may include a verbal reprimand, counseling, written reprimand, "for-cause" substance abuse testing, requirement for employee to enter a drug treatment program, or termination of employment.

Post-accident substance abuse testing will be required of any Employee that:

A.) Is injured in an accident on the job if medical treatment is necessary and this treatment costs more than \$250.00.

B.) Is involved in an accident that results in damage to company property if that damage results in repairs that cost more than \$500.00.

"For-cause" substance abuse testing may be ordered on any employee that is observed using alcohol or an illegal substance in the workplace or on any employee that exhibits impaired behavior during job performance.

It is the desire of the owners of KZCO, Inc. to assist any employee that admits to drug abuse and seeks assistance in overcoming a drug abuse problem. However, because of the nature of manufacturing, and the importance of employee's ability to function in an unimpaired manner, Management will insist on adherence to a strict non-use policy in order to continue employment with this company.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF NINETY (90) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED AND REFERENCES LISTED.

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Signature of Applicant

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Date