

# KSN EMPLOYMENT APPLICATION



## PERSONAL INFORMATION

NAME (FIRST NAME)		(LAST NAME)		SOCIAL SECURITY NO.	
				- - -	
PRESENT ADDRESS			CITY	STATE	ZIP CODE
PERMANENT ADDRESS (IF DIFFERENT)			CITY	STATE	ZIP CODE
PHONE NUMBERS ( ) ( )				E-MAIL ADDRESS	

## EMPLOYMENT DESIRED

POSITION		DATE YOU CAN START		WAGE DESIRED	
ARE YOU EMPLOYED YES <input type="checkbox"/> NO <input type="checkbox"/>		MAY WE CONTACT YOUR PRESENT EMPLOYER YES <input type="checkbox"/> NO <input type="checkbox"/>		EMPLOYERS PHONE ( )	
CURRENT SCHOOL / UNIVERSITY		SCHEDULED SEMESTER HOURS		EXPECTED COMPLETION DATE	

## SPORTS EXPERIENCE / SPECIAL SKILLS

--

## REFERENCES GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	PHONE	RELATIONSHIP	YEARS KNOWN

Education and Employment information requested below and contained in an accompanying resume may be omitted.

## EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	GRADUATE	YEARS ATTENDED	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
OTHER			

## FORMER EMPLOYERS

(LIST THE LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT ONE FIRST)

DATE	NAME & ADDRESS OF EMPLOYER	WAGE	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

## AUTHORIZATION

I certify that the facts contained in this application and any accompanying resume are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application and any resume submitted shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I understand this does not constitute an offer of employment and that any offer of employment will be separate from this form. All employment at KSN is "At Will" meaning that employment may be terminated at any time with or without notice by either the employer or employee.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

