Kress Corporation Application for Employment



Kress Corporation is an affirmative action/equal opportunity employer and considers applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

To insure the safety and security of Kress Corporation and all its employees a thorough criminal background and education investigation is done on all employment candidates offered a position with the company. Falsifications on the Kress employment application, felony convictions for violent or sexual crimes, drugs, dishonesty, or weapons charges may disqualify the candidate from employment with us. The type and number of convictions as well as the amount of time since the last conviction will all be taken into consideration when making a final employment decision.

Please print legibly, and complete in full to the best of your ability.

INTRODUCTORY INFORMATION:

Pate of Application: Position Applied For:					_
Last Name:	First Name:			_MI:	_
Address:					
Number Street		City	State	Zip	
Home Phone:		email Address:			
Cell Number:					
Social Security # (Voluntary): _	/	_/ Birt	h date (Voluntary):		
APPLICANT QUESTIONS	<u>S:</u>				
Are you available to work? Full-Time: Part-Time: Temporary:	•	☐ Afternoon ☐ Eve	nings '///		
Are you currently on "lay-of	f" status and subje	ect to recall?		Yes	No
Can you travel if a job requir	es it?			Yes	No
If hired, can you provide doc Proof of citizenship or immi	-	•		Yes	No
Are you 18 years of age or ol	lder?			Yes	No
Do you currently have a valid	d driver's license	?		Yes	No
Have you ever worked for Ki If so, when?	-	•	1 0 0	Yes	No
Do any of your friends or rela		•		Yes	No
		D 4 6 =			

Have you ever worked for Kress Corporation as a K If so, when?	- ·	Yes	No
Are you currently employed?		Yes	No
If so, may we contact your present employer?		Yes	No
How did you learn of Kress Corporation?			
EDUCATION:			
High School or last grade completed: Name & Address of School:			
Course of Study:	Number of years completed:		
Degree/Diploma:			
College or Technical School: Name & Address of School:			
Course of Study:	Number of years completed:		
Degree/Diploma:			
Other Schooling or Training: Name & Address of School:			
Course of Study:	Number of years completed:		
Degree/Diploma:			
LIST BELOW ADDITIONAL	INFORMATION FOR EDUCATION	ON:	

Employment Experience:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Please include history for at least the last 10 years of employment.

Employer:		Τ	Celephone:
Position Title:		Supervisor:	
	Date Left:		
Duties:			
Reason for Leaving: _			
May we contact this er	nployer?		
Employer:		Т	Celephone:
			erephone:
Position Title:		Supervisor:	
	Date Left:		
Reason for Leaving:			
May we contact this er	mployer?		
Employer:		Т	Telephone:
			-
Position Title:		Supervisor:	
	Date Left:		
Reason for Leaving:			
May we contact this er	nployer?		
Employer:		Т	Celephone:
Position Title:		Supervisor:	
	Date Left:		
Duties:			
Reason for Leaving: _			
May we contact this er	nployer?		
Please refer to name	4 of this application fo	or more snace to nr	ovide additional employment experience.
Trease refer to page	4 of this application is	n more space to pro	ovide additional employment experience.
WORK-RELATED I	REFERENCES: (Do no	t include relatives.)	
Name:	Occupation:	Years Known:	Contact Information:
·			Comact information.
1			
3			
J			

MILITARY EXPERIENCE: Branch of Service: _____ From: ____ To: ____ Rank/Type of Service: Special Training/Experience: Type of Discharge: List professional, trade, business or civic activities and offices held. (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

LIST BELOW ADDITIONAL EMPLOYMENT EXPERIENCE:

APPLICANT'S STATEMENT:

(Please read this statement carefully before signing this application):

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applica	ınt			Date	
	FOR	R PERSONNEL	L DEPARTMENT US	SE ONLY	
Arrange Interview:	☐ Yes	□ No			
Remarks:					
					Date
Job Offer:	□ Yes	□ No	Date of Offer:		
Job Title:		Hourly Rate/Salary:		Department:	
		Ву:			
		Name	& Title	Date	