

# APPLICATION FOR EMPLOYMENT

ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION IN COMPLIANCE WITH EQUAL EMPLOYMENT OPPORTUNITY STATUTES.

DATE

For Office Use Only	
APPLICATION	<input type="checkbox"/> FILED <input type="checkbox"/> ACCEPTED
CLOCK NO.	DATE

## AN EQUAL OPPORTUNITY EMPLOYER

If not between the ages of 18 and 70, please check box

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NO.	PHONE
PRESENT ADDRESS	CITY	STATE	ZIP CODE	LIVED HERE HOW LONG?
PREVIOUS ADDRESS	CITY	STATE	ZIP CODE	LIVED THERE HOW LONG?

Are you a US Citizen?  Yes  No

Proof of citizenship or immigration shall be required upon employment.

POSITION(S) APPLIED FOR	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	RATE OF PAY EXPECTED
Have you worked for any of the Keller Group of Companies before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, which one? <input type="checkbox"/> Kalwall <input type="checkbox"/> Keller Products <input type="checkbox"/> Structures Unlimited <input type="checkbox"/> Solar Components <input type="checkbox"/> Other _____		
When? _____		
NAME RELATIVES WORKING FOR US, OTHER THAN SPOUSE		
LIST SPECIAL SKILLS/MACHINERY YOU CAN OPERATE		
Are you limited in performing certain kinds of work? Explain.		
Have you been convicted of a crime in the past 5 years, excluding misdemeanors and summary offenses? _____ If yes, describe conviction:		
If your application is considered favorably, on what date will you be available for work?		

EDUCATION (LIST NAME AND LOCATION OF SCHOOL)	COURSE OF STUDY	No. of years Attended	Did you Graduate?
ELEMENTARY SCHOOL			
HIGH SCHOOL			
COLLEGE			
GRADUATE SCHOOL			
TRADE, BUSINESS, OR OTHER			

List below all present and past employment, beginning with your most recent.

NAME AND ADDRESS	KIND OF WORK				STARTING WAGE	FINAL WAGE	REASONS FOR LEAVING
	From Mo.	From Yr.	To Mo.	To Yr.			
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

WE WILL CONTACT YOUR PREVIOUS EMPLOYER UNLESS YOU CHECK THE APPROPRIATE BOX

Were you in the U.S. Armed Forces? <input type="checkbox"/> YES - If yes, name branch <input type="checkbox"/> NO	DATES OF DUTY	RANK AT DISCHARGE
LIST DUTIES AND SPECIAL TRAINING		

### READ BEFORE SIGNING

I hereby grant permission to investigate any of the information in this application and to submit to a medical examination. I understand that final acceptance and continuance as an employee is subject to the following conditions:

1. A positive report by a medical examiner qualifying me for the job for which I am applying.
2. Satisfactory reference report from previous employers I have listed.
3. Periodic evaluation of my work performance, attendance, adherence to company policies, safety, health and environmental regulations.
4. It is understood that employment is at the will of both parties and may be terminated at employee's or management discretion at anytime, with or without notice, with or without cause.
5. I am a citizen of the United States or have appropriate work permit documentation.

Signature of applicant \_\_\_\_\_

In Case of Emergency Notify:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### DO NOT WRITE BELOW THIS LINE

INTERVIEW <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE	HOUR
RESULT OF INTERVIEW		
ACCEPTABLE FOR EMPLOYMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	STARTING RATE	STARTING DATE
OCCUPATION	DEPARTMENT	CLOCK NO.
INTERVIEWED BY	APPROVED BY	DATE APPROVED