



# APPLICATION FOR EMPLOYMENT

**Kencoil, Inc./Scott Armature** considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status or veteran status, sexual orientation, or any other legally protected status. **Kencoil, Inc./Scott Armature** is an equal opportunity employer. All applicants may be subject to pre-employment drug testing.

**◆PLEASE READ CAREFULLY – PRINT CLEARLY – ANSWER ALL QUESTIONS◆**

THE QUESTIONS ON THIS FORM ARE ASKED TO ALLOW US TO THOROUGHLY EVALUATE YOUR ABILITY AND CHANCE FOR SUCCESS IN THE POSITION FOR WHICH YOU ARE APPLYING. EVERY EFFORT HAS BEEN MADE TO COMPLY WITH APPLICABLE FEDERAL AND STATE LAWS.

Position(s) Applying For \_\_\_\_\_ Date of Application \_\_\_\_\_

Referral Source:  Advertisement  Employee  Relative  Government Employment Agency  
 Walk-in  Private Employment Agency  Other

Name of Source (if applicable) \_\_\_\_\_

## PERSONAL DATA

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
(last) (first) (middle)

Indicate any other name by which you have been known \_\_\_\_\_

Please provide 5 year residence history beginning with your present address:

_____ (# And street)	_____ (City)	_____ (State)	_____ (Zip code)
_____ (# And street)	_____ (City)	_____ (State)	_____ (Zip code)
_____ (# And street)	_____ (City)	_____ (State)	_____ (Zip code)

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Have you ever been employed by **Kencoil, Inc./Scott Armature**?  Yes  No If yes, when? \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

Do you have any relatives currently employed by **Kencoil, Inc./Scott Armature**?  Yes  No  
If yes, who? \_\_\_\_\_

Are you below the age of 18?  Yes  No

Have you, since the age of 18, ever pled "guilty" or "no contest", or been convicted of a felony?  Yes  No  
If yes, explain \_\_\_\_\_

*(Note: Answering, "yes" to the above question does not constitute an automatic bar to employment. Factors, such as date of the offense, circumstances, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.)*

Are you authorized to work in the United States?  Yes  No

**◆◆Proof of citizenship or immigration status will be required upon employment.◆◆**

## WORK PREFERENCE

Are you currently employed?     Yes     No                      May we contact your current employer?     Yes     No

Will you accept     Full-time work                       Part-time work                       Temporary work?

Will you work any day of the week, **including Saturdays, Sundays, and Holidays?**     Yes     No

If No, days you are available to work \_\_\_\_\_

Will you work overtime? (An excess of 40 hours/week)     Yes     No

Will you accept     1<sup>st</sup> Shift     2<sup>nd</sup> Shift     3<sup>rd</sup> Shift     4<sup>th</sup> Shift     5<sup>th</sup> Shift     6<sup>th</sup> Shift

On what date would you be available to begin work? \_\_\_\_\_

## EMPLOYMENT HISTORY

List your last (3) employers, assignments of volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section located on the last page of this application. Indicate your activities during that time as well as the name, addresses, and telephone number of a reference (not a relative) who can verify your activities.

Employer	Telephone	Dates Employed From                  To	Summarize the nature of the work performed and the job responsibilities.
Address		--	
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor & Title		\$                  per	
Reason for Leaving		Hourly Rate/Salary Ending	
May we contact for references?		\$                  per	

Employer	Telephone	Dates Employed From                  To	Summarize the nature of the work performed and the job responsibilities.
Address		--	
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor & Title		\$                  per	
Reason for Leaving		Hourly Rate/Salary Ending	
May we contact for references?		\$                  per	

Employer	Telephone	Dates Employed From                  To	Summarize the nature of the work performed and the job responsibilities.
Address		--	
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor & Title		\$                  per	
Reason for Leaving		Hourly Rate/Salary Ending	
May we contact for references?		\$                  per	

## EDUCATION & TRAINING

	Name & Address of School	Major/ Minor	Did you graduate?	# Of Credits Earned	Diploma/ Degree
High School					
Undergraduate College					
Graduate/Professional					
Other (please specify)					
Additional Training	Description	Degree/ Certificate/ License	Date Completed		

## MILITARY SERVICE

Have you ever served in the United States Armed Services or in a State Militia?  Yes  No  
 If yes, complete the following:

Service Branch \_\_\_\_\_ Reserve Organization \_\_\_\_\_

Final Rank or Rate \_\_\_\_\_

Describe any training in your military experience that is relevant to the position for which you are applying:

## SPECIFIC SKILLS

Indicate experience you may have in any of the following skills areas pertinent to the position for which you are applying.

- |                                      |  |   |   |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> Shorthand   | <input type="checkbox"/> Typing          | <input type="checkbox"/> Data Entry         | <input type="checkbox"/> Computers          |
| <input type="checkbox"/> Fax Machine | <input type="checkbox"/> PBX/Switchboard | <input type="checkbox"/> Lotus, Excel, Word | <input type="checkbox"/> Forklift Operation |
| <input type="checkbox"/> Ruler       | <input type="checkbox"/> Hand tools      | <input type="checkbox"/> Power Tools        | <input type="checkbox"/> Heavy Machinery    |
| <input type="checkbox"/> CDL         | <input type="checkbox"/> Welding         | <input type="checkbox"/> Other              |   |

**Other:** Other skills or qualifications relevant to the position being applied for.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Driver's License Number, if driving may be required in position for which you are applying:

State \_\_\_\_\_ License Number \_\_\_\_\_

## ACTIVITIES

List any hobbies or interests that you have, or any clubs, organizations, or professional groups to which you belong that have a direct bearing on your qualification for the position for which you are applying.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## REFERENCES

List names of persons not related to you whom we may contact to verify your qualifications for the job for which you are applying:

Name & Nature of Affiliation	Address	Occupation & Company	Telephone #

## COMMENTS

Provide any additional information you feel may be helpful to us in considering your application.

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## CERTIFICATION OF ACCURACY AND AUTHORIZATION FOR THE RELEASE OF INFORMATION

I hereby authorize any and all investigations deemed necessary by this facility to verify the information contained herein and the necessary qualifications for the position(s) for which I am applying.

Furthermore, I hereby authorize any and all employees to release all employment records requested by this facility and do hereby release and hold harmless, said former employer from any liability resulting from the release of this information.

Furthermore, I hereby authorize this facility to obtain, and I authorize all persons and entities holding such information to release, reports and information regarding my background, including criminal convictions, if any and credit records. I do hereby release and hold harmless, ***Kencoil, Inc./Scott Armature***, and any affiliated facilities and any persons or entities obtaining or releasing such information from any liability resulting from obtaining and releasing such information.

If hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and that ***Kencoil, Inc./Scott Armature*** and any affiliated facilities, reserve the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's Chief Operating Officer.

I agree to submit to a post-offer health screen, including a drug screen, which will be used in determining my ability to perform the job for which I have applied. I further understand that applicants testing positive on the drug screen will not be eligible for employment. I authorize the designated Occupational Health Center to release to the employment department those portions of any health screening applicable to my employment.

I also understand that if I am hired and in compliance with the Immigration Reform Act of 1986, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment or may result in my immediate discharge from the employer's service, whenever it is discovered. Furthermore, I certify that all information on this application is true and correct to the best of my knowledge and belief and I have read, fully understand and accept the terms of the foregoing statements.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Employee Questionnaire  
for Self-Identification of Race/Ethnicity**

**INSTRUCTIONS**

**PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM**  
**Anti-Discrimination Notice.** It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.

The information obtained will be kept confidential and may only be used in accordance with the provisions of

applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

**INVITATION TO SELF-IDENTIFY**

**PLEASE ANSWER THE FOLLOWING QUESTION**

What is your race/ethnicity? Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

- Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American:** a person having origins in any of the black racial groups of Africa.
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicities categories.