

ASSOCIATE APPLICATION



PRODUCER OF QUALITY PARTS FOR QUALITY AUTOMOBILES

For Office Use Only D.O.H.
 Clock No.
 Telephone Number
 Social Security Number
 Middle
 First
 Last
 Name:

Name: Last First Middle

Present Address Street City State Zip Code Lived Here How Long?

Last Previous Address Street City State Zip Code Lived There How Long?

Type Of Work Desired Full Time Part Time Date Available To Work Referred To KTH By Starting Wage Desired
 _____ . _____ Per Hour
 Or, _____ . _____ Per Week
 Or, _____ . _____ Per Month

Have You Ever Been Interviewed By Or Worked For KTH Before YES - If So, When And Where? NO
 Do You Have A Valid Driver's License? State: _____
 Do You Have A Commercial Driver's License? _____
 Number Of Unexcused Work Days Missed Last Year _____

List Any Relatives Employed By KTH: _____ List Any Friends Employed By KTH: _____

Have You Ever Been Convicted Of A Felony? YES - If Yes, For What Offense? Give Date, Place And Disposition
 NO

Were You In The U.S. Armed Forces? YES - If Yes, Name Branch _____
 NO _____
 Dates Of Duty _____ Rank At Discharge _____

List Duties And Special Training While In U.S. Armed Forces

Are You 18 Years Of Age Or Older? YES NO
Must Be At Least 18 Years Of Age To Apply

Are You Legally Authorized To Work In The U.S., For Any Employer, Without Restriction Or Expiration? YES NO
 Are You A U.S. Citizen Or National, Lawful Permanent Resident, Or An Asylee Or Refugee? YES NO
 Will You Now Or In The Future Require KTH To Sponsor You For Any Visa Status In Order To Maintain Lawful Authorization To Work For KTH? YES NO
NOTE: Requiring Sponsorship Or Having Work Authorization That Is Subject To Expiration Will Not Automatically Disqualify You For Consideration Of Employment. However, KTH May Consider Such Issues In The Context Of Our Needs And Your Qualifications, To The Extent Permitted By Law.

EMPLOYMENT RECORD - Begin with current or most recent employer, including Military Service

1. COMPANY NAME _____		DATES EMPLOYED From To Mo. Yr. Mo. Yr. / /		SALARY PER WK / HR Start Last \$ \$	Name & Title of Your Supervisor
ADDRESS _____		DESCRIBE THE WORK YOU DID _____			
PHONE _____					
POSITION TITLE _____					
REASON FOR LEAVING CHECK ONE Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharged <input type="checkbox"/>		EXPLANATION _____			

2. COMPANY NAME _____		DATES EMPLOYED From To Mo. Yr. Mo. Yr. / /		SALARY PER WK / HR Start Last \$ \$	Name & Title of Your Supervisor
ADDRESS _____		DESCRIBE THE WORK YOU DID _____			
PHONE _____					
POSITION TITLE _____					
REASON FOR LEAVING CHECK ONE Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharged <input type="checkbox"/>		EXPLANATION _____			

3. COMPANY NAME _____		DATES EMPLOYED From To Mo. Yr. Mo. Yr. / /		SALARY PER WK / HR Start Last \$ \$	Name & Title of Your Supervisor
ADDRESS _____		DESCRIBE THE WORK YOU DID _____			
PHONE _____					
POSITION TITLE _____					
REASON FOR LEAVING CHECK ONE Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharged <input type="checkbox"/>		EXPLANATION _____			

4. COMPANY NAME _____		DATES EMPLOYED From To Mo. Yr. Mo. Yr. / /		SALARY PER WK / HR Start Last \$ \$	Name & Title of Your Supervisor
ADDRESS _____		DESCRIBE THE WORK YOU DID _____			
PHONE _____					
POSITION TITLE _____					
REASON FOR LEAVING CHECK ONE Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharged <input type="checkbox"/>		EXPLANATION _____			

5. COMPANY NAME _____		DATES EMPLOYED From To Mo. Yr. Mo. Yr. / /		SALARY PER WK / HR Start Last \$ \$	Name & Title of Your Supervisor
ADDRESS _____		DESCRIBE THE WORK YOU DID _____			
PHONE _____					
POSITION TITLE _____					
REASON FOR LEAVING CHECK ONE Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharged <input type="checkbox"/>		EXPLANATION _____			

USE THIS SPACE FOR ADDITIONAL COMMENTS ABOUT YOUR EMPLOYMENT RECORD

PERSONAL REFERENCES: (NAMES OF PERSONS - NOT RELATIVES - WHO CAN PROVIDE PROFESSIONAL AND/OR CHARACTER REFERENCES)

NAME	ADDRESS	PHONE	OCCUPATION	YEARS KNOWN

IN CASE OF EMERGENCY THE FOLLOWING PERSONS SHOULD BE NOTIFIED: TWO (2) REQUIRED	RELATIONSHIP	PHONE
Name and Address		
(1)		
(2)		

ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO AGE, HANDICAP, RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN OR MILITARY STATUS.

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statement are true and correct without consequential omissions of any kind. I agree that the company shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this Application for Employment. I authorize the companies, schools and other references named in this Application to provide information regarding me and to release personal, academic and other records concerning me.

As a condition of employment I agree that my employment with KTH is at will and either I or KTH may terminate my employment at any time, for any or no reason with or without notice. I understand that I must successfully pass a pre-employment drug test and undergo a post offer employment medical examination.

The use of this application form does not indicate there are positions open and does not in any way obligate the company.

NAME OF PERSON COMPLETING THIS FORM, IF OTHER THAN APPLICANT:

SIGNATURE OF APPLICANT _____ DATE _____
 Month Day Year