



Return Form To:  
 KBK Services, Inc. 1207 Lakeshore Drive E PO Box 546 Ashland, WI 54806  
 Phone: 715-682-3002 Fax: 715-682-5850

**NOTICE TO APPLICANTS  
 AND EMPLOYEES**  
 Screening tests for illegal drug use  
 may be required before hiring and  
 during your employment here.

# APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of KBK Services, Inc.

**PLEASE PRINT**

Position(s) Applied for \_\_\_\_\_ Date of Application \_\_\_\_\_  
 Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Last First Middle  
 Address \_\_\_\_\_  
 Telephone # ( ) \_\_\_\_\_ Mobile/Beeper/Other # ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Referral Source (How did you hear about the position?) \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit? \_\_\_ Yes \_\_\_ No. If No, please explain \_\_\_\_\_

Have you ever been employed here before? \_\_\_ Yes \_\_\_ No. If Yes, give dates and positions \_\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_ Yes \_\_\_ No

Date available for work \_\_\_\_\_ What is your desired salary range or hourly rate of pay? \_\_\_\_\_

Type of employment desired \_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Temporary \_\_\_ Seasonal \_\_\_ Educational Co-Op

Will you work overtime if required? \_\_\_ Yes \_\_\_ No If No, please explain \_\_\_\_\_

Are you able to perform the "essential function" of the job for which you are applying (with or without reasonable accommodation)?  
*This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.*

\_\_\_ Yes \_\_\_ No \_\_\_ Need more information about the job's "essential functions" to respond.

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? \_\_\_ Yes \_\_\_ No. If Yes, please explain. \_\_\_\_\_

Driver's license number if driving may be required in the position for which you are applying \_\_\_\_\_ State \_\_\_\_\_

*Answering "yes" to either of the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and the nature of the violation, rehabilitation and position applied for will be taken into account.*

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? \_\_\_ Yes \_\_\_ No. If Yes, please provide date(s) of conviction/penalty imposed and type(s) of crime \_\_\_\_\_

Have you ever been a defendant in a civil action for an intentional tort (e.g., a civil charge for assault, battery, intentional infliction of emotional distress, false imprisonment, wrongful death, etc.)? \_\_\_ Yes \_\_\_ No If Yes, please provide nature of the tort and disposition of the matter (How it was resolved). \_\_\_\_\_

**EMPLOYMENT HISTORY** (Starting with your most recent employer, provide the following information.)

Employer _____	Telephone No: _____	Dates Employed: _____ to _____
Street Address _____	Hourly _____	Salary _____ \$ _____ per _____
Starting job title/final job title _____		
Immediate Supervisor (for most recent position) _____ May we contact for reference? ___ Yes ___ No ___ Later		
Summarize type of work performed and job responsibilities: _____		
Why did you leave? _____ What did you like most about your position? _____		
What did you like least about the position _____		

**EMPLOYMENT HISTORY** (Continued)

Employer \_\_\_\_\_ Telephone No: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Starting job title/final job title \_\_\_\_\_  
 Immediate Supervisor (for most recent position) \_\_\_\_\_  
 Summarize type of work performed and job responsibilities: \_\_\_\_\_  
 Why did you leave? \_\_\_\_\_  
 What did you like most about your position? \_\_\_\_\_  
 What did you like least about the position? \_\_\_\_\_

Employer \_\_\_\_\_ Telephone No: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Starting job title/final job title \_\_\_\_\_  
 Immediate Supervisor (for most recent position) \_\_\_\_\_  
 Summarize type of work performed and job responsibilities: \_\_\_\_\_  
 Why did you leave? \_\_\_\_\_  
 What did you like most about your position? \_\_\_\_\_  
 What did you like least about the position? \_\_\_\_\_

**SKILLS AND QUALIFICATIONS**

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

**Computer Skills** (Check appropriate items. Include software titles and years of experience.)

Word Processing \_\_\_\_\_ Years: \_\_\_\_\_  
 Spreadsheet \_\_\_\_\_ Years: \_\_\_\_\_  
 Presentation \_\_\_\_\_ Years: \_\_\_\_\_  
 E-mail \_\_\_\_\_ Years: \_\_\_\_\_  
 Internet \_\_\_\_\_ Years: \_\_\_\_\_  
 Other \_\_\_\_\_ Years: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Starting with your most recent school attended, provide the following information:

School (include City & State)	Years Completed	Completed	GPA/Class Rank	Major/Minor
		Diploma _____ Degree _____ Certification _____ Other _____		
		Diploma _____ Degree _____ Certification _____ Other _____		
		Diploma _____ Degree _____ Certification _____ Other _____		

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**  
I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

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.

I also understand that if I am hired, 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 and I-9 form in this regard.

I understand that if I am hired, my employment will be subject to a probationary period, which ordinarily will not exceed 90 days from the date I am hired. If I am discharged at any time during the probationary period for unsatisfactory performance, I understand that this employer will not be charged for any unemployment benefits that may be paid to me for work I performed during the probationary period.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

**APPLICANT STATEMENT**

Name	Title	Relationship to You	Telephone Number	Number of Years Known

List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.

**REFERENCES**

AUTHORIZATION, RELEASE, AND CERTIFICATION

I certify that all information on this application is true, complete, and correct to the best of my knowledge. I understand that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the employer to seek to verify and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

I understand that employment with this employer is not contractual and is at-will. I understand and agree that if hired, I may voluntarily leave employment at any time, and may be terminated at any time without prior notice for any reason, or for no reason. I understand that any oral or written statements which I may claim to have been made to me now or in the future inconsistent with the provisions of this paragraph, are expressly disavowed and revoked by the company, and should not be relied upon by me as an applicant for employment or as an employee, if hired.

I understand that I may be required to submit to a medical examination if offered a position conditioned on such examination. I also understand that I may be required to submit to testing for controlled substances or other drugs.

I understand this application will be considered inactive after thirty days.

I certify I have read (or have had read to me) and understand this authorization, release, and certification.

Dated: \_\_\_\_\_

Applicant's Name (Print or Type) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_



KBK SERVICES, INC.

**BACKGROUND INVESTIGATION CONSENT**

I, \_\_\_\_\_, hereby authorize KBK Services, Inc. and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with KBK Services, Inc.

I release KBK Services, Inc. and/or its agents and any entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Full Name (Printed)

Maiden Name or Other Names Used

Present Address (Street Address) How Long?

City/State/Zip Code Telephone Number

Date of Birth Social Security Number Driver's License Number State of License

Signature Date

Years C

Note: The above information is required for identification purposes only and is in no manner used as qualifications for employment. KBK Services, Inc. is an equal opportunity employer and does not discriminate on the basis of Sex, Religion, Age, Handicap or National Origin.