

KDM SIGNS, INC.
APPLICATION FOR EMPLOYMENT

All applicants that are accepted for employment must pass a drug test.

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other status protected by law. KDM is an Equal Opportunity Employer.

PERSONAL: Telephone #: () _____ Date: _____

Name: _____ Soc. Sec. #: _____
 Last First Middle

Address: _____
 Number Street City State Zip

Referred by: Flyer / Friend / Walk-In / KDM Employee (Name _____)

Are you over 18 years of Age? YES NO (If NO, a work permit will be required.)

Are you legally eligible for employment in the Unites States? YES NO
(If hired, verification is required by law)

Position(s) applied for _____ Full-Time Part-Time

Can you work: _____ 1st shift _____ 2nd shift _____ 3rd shift

Date you are available to start work? ___/___/___ Salary or Wages Desired: \$_____ (hr/week)

Have you worked for us before? YES NO If YES, When? _____ Position: _____

Are you related to any employees at KDM? YES NO Name: _____ Relationship: _____

Indicate Special Qualifications or Skills

Are you presently employed? YES NO If hired, can you work overtime if required? YES NO

EDUCATION

<u>Name and Location of School</u>	<u>Course of Study</u>	<u>Years Completed</u>	<u>Did you Graduate?</u>
Elementary: _____			
High School: _____			
College: _____			
Other: _____			

Have you ever been convicted of a crime? (Felony, **excluding** misdemeanors and traffic offenses) YES NO
If YES, list convictions: (A conviction does not necessarily disqualify an applicant for the position being applied for.)

CONTINUED ON REVERSE SIDE

PRIOR EMPLOYMENT (Start with the most recent employer)

Employer: _____	Phone: _____	From: _____	To: _____
Address: _____		Position: _____	
Duties: _____		Supervisor's Name: _____	
		Starting Pay: \$ _____	
Reason For Leaving: _____		Final Pay: \$ _____	

Employer: _____	Phone: _____	From: _____	To: _____
Address: _____		Position: _____	
Duties: _____		Supervisor's Name: _____	
		Starting Pay: \$ _____	
Reason For Leaving: _____		Final Pay: \$ _____	

Employer: _____	Phone: _____	From: _____	To: _____
Address: _____		Position: _____	
Duties: _____		Supervisor's Name: _____	
		Starting Pay: \$ _____	
Reason For Leaving: _____		Final Pay: \$ _____	

Employer: _____	Phone: _____	From: _____	To: _____
Address: _____		Position: _____	
Duties: _____		Supervisor's Name: _____	
		Starting Pay: \$ _____	
Reason For Leaving: _____		Final Pay: \$ _____	

MILITARY SERVICE

Branch of Service: _____	Rank of Duties: _____	Date Discharged: _____
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PERSONAL REFERENCES

Name:	Address:	Years Known:	Telephone:
Name:	Address:	Years Known:	Telephone:
Name:	Address:	Years Known:	Telephone:

The above information is true and complete to the best of my knowledge. Should I be employed by the company, and misrepresentation or false statement contained herein may be considered cause for possible dismissal. The Company has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the Company. I understand this application does not constitute an employment contract of any kind, as employment with KDM is on an "AT WILL" basis. Should I be employed by the Company, I may resign such employment at any time at my discretion with or without prior notice and the Company may terminate my employment at any time at their discretion, with or without cause and with or without prior notice. I also understand that an employment offer is contingent upon successful completion of a drug test and that I will also be required to produce documentation as per the Immigration Reform and Control Act.

Date: _____

Signature: _____