

# Application For Employment



3436 Rivers Avenue  
North Charleston, SC 29405

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

**(PLEASE PRINT)**

Position(s) Applied For _____				Date of Application _____	
How did you learn about us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other	
Last Name _____		First Name _____		Middle Name _____	
Address _____	Number _____	Street _____	City _____	State _____	Zip Code _____
Telephone Number(s) <small>Area Code</small>				Social Security Number	
Daytime: (    ) _____				_ _ _   _ _ _   _ _ _ _	
Evening: (    ) _____					
Other: (    ) _____					
E-Mail _____					
If you are under 18 years of age, can you provide required proof of your eligibility to work?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				If yes, give date _____	
Have you ever been employed with us before?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				If yes, give date _____	
Are you currently Employed?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? <small>Proof of citizenship or immigration status will be required upon employment.</small>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
On what date would you be available for work? _____					
Are you available to work:					
<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time		<input type="checkbox"/> Shift Work	
				<input type="checkbox"/> Temporary	
Are you currently on "lay off" status and subject to recall?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you travel if a job requires it?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of a felony within the last 7 Years? <small>Conviction will not necessarily disqualify an applicant from employment.</small>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain _____					

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

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EDUCATION	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

**REFERENCES**

1. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)  
 \_\_\_\_\_ (Address)

2. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)  
 \_\_\_\_\_ (Address)

3. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)  
 \_\_\_\_\_ (Address)

4. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)  
 \_\_\_\_\_ (Address)

**OTHER QUALIFICATIONS**  
 Summarize special job-related skills and qualifications acquired from employment or other experience.

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**SPECIAL SKILLS** (Check Skills/Equipment Operated)

<input type="checkbox"/> PC	<input type="checkbox"/> Fax	<input type="checkbox"/> PBX System	<input type="checkbox"/> Dictaphone
<input type="checkbox"/> Calculator.10Key	<input type="checkbox"/> Lotus 1-2-3	<input type="checkbox"/> Word Perfect	
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Excel	<input type="checkbox"/> Windows	
<input type="checkbox"/> PowerPoint	<input type="checkbox"/> Access	<input type="checkbox"/> MS Word	

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## EMPLOYMENT EXPERIENCE

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address	Hourly Rate/Salary		
		Starting	Final	
	Telephone Number(s)			
	Job Title			
Reason for Leaving				
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address	Hourly Rate/Salary		
		Starting	Final	
	Telephone Number(s)			
	Job Title			
Reason for Leaving				
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address	Hourly Rate/Salary		
		Starting	Final	
	Telephone Number(s)			
	Job Title			
Reason for Leaving				
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address	Hourly Rate/Salary		
		Starting	Final	
	Telephone Number(s)			
	Job Title			
Reason for Leaving				
5.	Employer	Dates Employed		Work Performed
		From	To	
	Address	Hourly Rate/Salary		
		Starting	Final	
	Telephone Number(s)			
	Job Title			
Reason for Leaving				

(If you need additional space, please continue on a separate sheet of paper.)

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## APPLICANT'S STATEMENT

I certify that all information set forth herein is true and complete. I hereby authorize KPS Government Contracting (KPSGC), A Division of Charles Foster Company (CFC), to investigate and verify this information in connection with making any employment decisions.

Furthermore, I authorize and understand that CFS may obtain a credit check, criminal background check, and/or drug screen in the process of evaluating my suitability for employment. I will hold KPSGC and CFC harmless from any liability resulting from obtaining or using the information obtained in such reports are obtained in connection with my application for employment.

I understand that this application is valid for a period not to exceed 90 days. If I wish to be considered for employment beyond that period, I understand that I must inform KPSGC of my request.

**I ACKNOWLEDGE THAT ANY EMPLOYMENT THAT I MIGHT BE OFFERED WILL BE EMPLOYMENT "AT WILL," WHICH MEANS THAT EITHER THE EMPLOYEE OR THE EMPLOYER MAY TERMINATE THE EMPLOYMENT AT ANY TIME FOR ANY REASON.**

**THIS AT-WILL STATUS MAY NOT BE ALTERED EXCEPT THROUGH A WRITTEN DOCUMENT SIGNED BY THE PRESIDENT OF CFC. I ALSO ACKNOWLEDGE THAT NEITHER THIS APPLICATION NOR ANY OTHER DOCUMENT THAT ME BE PROVIDED TO ME BY KPSGC OR CFC WILL CONSTITUTE A CONTRACT OF ANY KIND.**

**In the event that I am employed by KPSGC, I acknowledge that any false or misleading information provided by me in this application or during the interview process may result in my discharge. Furthermore, I understand that I will be required to comply with all the rules and regulations of KPSGC.**

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Signature of Applicant

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Date