12 Kenosha, (HIEVEMENT CENTER, INC. 218 – 79 th Street Wisconsin 53143-6199 262) 658-9500 Opportunity Employer	
Application for Employment	opportunity Employer	Date
Full Name	Phone Number	
Current Address		
City		
Job Applying For		
Preferred Email		
What source led you to make application with KAC, Inc.?		
Are you legally authorized to work in the United States?	Yes D No D	
In compliance with the Immigration Reform and Control a employment eligibility.	Act, employment is contingent upon	documentation of identity and
Are you at least 18 years of age or older? Yes	No 🗖	
Were you previously employed by KAC, Inc.? Yes	No 🛛 If yes, from _	to
Job Title of previously held position at KAC		
Do you have any special skills you wish to mention?		
EDUCATION	Circle last	Degree/Diploma
Name & Location High School	year completed Majo 9 10 11 12	or Course Obtained
<u>a 11</u>	1.0.0.4.5.(
College	1 2 3 4 5 6	
Business or Trade	1 2	
Are you presently attending school? Yes		
Are you presently employed? Yes \Box No	-	
	•	
If currently employed, may we contact your present emplo Business Phone		No 🗖
If hired, when would you be available for ampleument at	KAC.	

If hired, when would you be available for employment at KAC:

It is the policy of KAC, Inc., to provide equality of opportunity for any employee or applicant for employment, irrespective of race, color, religion, sex, marital status, national origin or disability. Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, age, sex, handicap, veteran status, or any other characteristic protected by law.

EMPLOYMENT HISTORY - INCLUDING MILITARY

List positions held in reverse chronological order starting with your present or most recent employment.

Company Name	Employed from:	Work Performed:
Address	mo/yr	
City, State	to	
Supervisor's Name	mo/yr	
Phone Number	Final Salary	Reason for Leaving:
Job Title	\$	
Company Name	Employed from:	Work Performed:
Address	mo/yr	
City, State	to	
Supervisor's Name	mo/yr	
Phone Number	Final Salary	Reason for Leaving:
Job Title	\$	
Company Name	Employed from:	Work Performed:
Address	mo/yr	
City, State	to	
Supervisor's Name	mo/yr	
Phone Number	Final Salary	Reason for Leaving:
Job Title	\$	
Company Name	Employed from:	Work Performed:
Address	mo/yr	
City, State	to	
Supervisor's Name	mo/yr	
Phone Number	Final Salary	Reason for Leaving:
Job Title	\$	

Explain any periods of time not accounted for in the education and employment sections:

KAC, Inc. positions may require employees to work overtime. It is accepted by this application that a person's employment can be terminated by this company with or without cause and with or without notice at any time without liability for wages except such as may have been earned at the date of such termination. I understand actual employment will be contingent upon the results of a job related medical examination, which will include drug testing screening. I authorized all persons, schools, companies, corporations, medical facilities, and law enforcement agencies to supply any information concerning my background, including legal and driving record reviews and release them from any liability and responsibility arising from their doing so. I certify that all information on this application is true and correct to the best of my knowledge and that nothing asked for has been omitted. I understand that any misrepresentation or omission on this application may be cause for rejection or may be sufficient cause for subsequent dismissal if I am hired.

Signature of Applicant: _____