



Application for Employment

5702 Kirkpatrick Way
Indianapolis, IN 46220

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

Position applying for _____ Date of Application _____

First Name	Middle	Last
Present Address	City	State/Zip
Home Phone	Alternate Phone	
Email Address	Date Available for Work	

The best time to contact you would be: _____ a.m. p.m.

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you even filled out an application with us before? Yes No
If yes, provide approximate date: _____

Do any of your friends or relatives work here? Yes No
If yes, state name, relationship, and location:

Are you currently employed? Yes No

Have you ever been discharged or requested to resign from a position? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? *Proof of citizenship or immigration status required upon employment* Yes No

Are you available to work:
 Full-time Part-time Temporary Seasonal

Have you ever worked for us before? Yes No

Are you currently on "layoff" status and subject to recall? Yes No

Can you travel if the position requires it? Yes No

EDUCATION

	Name/Address of School	Major	Years Completed	Did you Graduate?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Undergraduate College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate Professional				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No

PRIOR WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer		Years Employed	
State		From	To
Telephone Number			
Job Title		Hourly Rate/Salary	
Supervisor		Starting	Final
Work Performed			
Reason for Leaving			
May we contact?			

Employer		Years Employed	
State		From	To
Telephone Number			
Job Title		Hourly Rate/Salary	
Supervisor		Starting	Final
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Work Performed			
Reason for Leaving			
May we contact?			

Describe any specialized training received in the United States military or other job-related skills and qualifications acquired from employment or other experiences.

SKILLS INFORMATION

PC

Shorthand _____ wpm

Spreadsheets
Microsoft Excel

Word Processing
Microsoft Word

MAC

Keyboarding _____ wpm

List other related skills:

Have you ever been convicted of a crime in the past ten years excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?

Yes No If "Yes," describe in full.

Personal/Professional References. *Do not include family members or past supervisors.*

1. Name _____ Company _____
Email _____ Telephone number _____

2. Name _____ Company _____
Email _____ Telephone number _____

3. Name _____ Company _____
Email _____ Telephone number _____

What is your desired salary range? \$ _____ Hour Year *This must be completed.*

List The Benefits (if any) You Currently Receive

Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Monthly) Amount of your Contribution	\$ _____
Dental Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Monthly) Amount of your Contribution	\$ _____
Vision Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Monthly) Amount of your Contribution	\$ _____
Vacation Days	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Days	_____
Sick Days	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Days	_____
Personal Days	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Days	_____

WHO YOU ARE

1) Why are you interested in this position?

2) What is important to you in a job and a company?

3) What motivates you?

4) Give an example of a major challenge/ problem you have encountered in your career.

5) Can you multi-task and handle pressure? Provide an example.

6) Which career accomplishments are the most gratifying for you?

7) If required, can you travel and attend business meetings in the evening? Are you willing to put in long hours?

8) Why did you leave your last job?

9) Why should we hire you?

10) What do you believe to be your greatest asset?

11) How would a co-worker describe your personality and/or your management style?

12) Describe the best job you've ever had?

13) What is your expected rate of pay? What is your minimum?

APPLICANT STATEMENT: I certify and declare under penalty of perjury under relevant state and federal law that the information contained in my employment application is complete, true and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of employment.

I understand that all information in this application is subject to verification.

This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Kirkpatrick is of an "at will" nature, which means that the employee may resign at any time or Kirkpatrick may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Kirkpatrick.

I understand, also, that I am required to abide by all the rules and regulations of the employer.

APPLICANT SIGNATURE

DATE