

# Koon's Korner Employment Application

Name \_\_\_\_\_  

Last
First
Middle
Maiden

Present address \_\_\_\_\_  

Number
Street
City
State
Zip

Home Phone ( ) \_\_\_\_\_ Cell or Msg Phone ( ) \_\_\_\_\_ E-mail address \_\_\_\_\_

Are you a United States Citizen: \_\_\_\_\_ If not, what type of Visa \_\_\_\_\_ Employment Desired \_\_\_\_\_  
do you have? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE?     Yes     No

Driver's License Number \_\_\_\_\_ State of issue \_\_\_\_\_ Expiration date \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME?     No     Yes

If yes, explain conviction(s), nature of offense(s) State(s) where offenses occurred, and Sentence(s) imposed by the Court.

**Work Experience**      Please list your work experience for the **past three years** beginning with your most recent job held.  
If you were self-employed, give firm name. Attach additional page if necessary.

Name of Employer / Company	Supervisor Name	Employment Dates	Pay or Salary
_____	_____	From ___/___/___	Start _____
Address City, State, Zip Code _____	_____	To ___/___/___	Final _____
Phone number: _____	_____	_____	_____
Your Job Title: _____	Reason for Leaving: _____		
List the duties you performed, skills you used or learned, support or supervisory positions held and promotions.			
_____			
_____			

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Phone number: _____	_____	_____	_____
Your Job Title: _____	Reason for Leaving: _____		
List the duties you performed, skills you used or learned, support or supervisory positions held and promotions.			
_____			
_____			

In exchange for the consideration of my job application with Koon's Korner, Inc. (hereinafter called "the Company"), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the company, or otherwise to change in any respect the "employment-at-will" relationship between the company and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and the company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in staff and/or benefits. I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others. I further authorize the company to complete a criminal background check and obtain a copy of my driving record. I hereby release the Company from any liability as a result of such contacts, inquiries, or records in order to ascertain my qualifications and fitness for employment. I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as a random testing program after employment; (2) my consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations. I have also authorized by my signature the following attached forms in order that my application can be processed: 1) Driver Information Release 2) Drug Testing Consent Form. I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable "at will" for any reason by either party.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

