

KENOSHA ACHIEVEMENT CENTER, INC.

1218 - 79th Street

Kenosha, Wisconsin 53143-6199

(262) 658-9500

An Equal Opportunity Employer

Application for Employment

Date _____

Full Name _____ Phone Number _____

Current Address _____

City _____ State _____ Zip Code _____

Job Applying For _____

What source led you to make application with KAC, Inc.? _____

Are you legally authorized to work in the United States? Yes No

In compliance with the Immigration Reform and Control Act, employment is contingent upon documentation of identity and employment eligibility.

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

year completed

Major Course

Obtained

High School

7 8 9 10 11 12

College

1 2 3 4 5 6

Business or Trade

1 2

Are you presently attending school? Yes No If yes, where? _____

Are you presently employed? Yes No If yes, where? _____

If currently employed, may we contact your present employer? Yes No

Business Phone _____

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: _____

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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: _____ Date: _____