

Kiesel Enterprises, Inc

Employment Application

Position applied for: _____ Date of Application ___/___/_____

How did you learn about us? _____

Name _____ Date of Birth: ___/___/_____

Address: _____

Social Security # _____ - _____ - _____

Telephone: (____) _____ Cell: (____) _____ Email: _____

Best way to contact you (Phone/Cell) at ___:___ AM/PM

If you are under 18 years of age, can you provide required proof of eligibility to work? __Yes __No

Have you ever filed an application with us before __Yes __No

Have you ever been employed with us before? __Yes __No Date if yes ___/___/_____

Do any of your friends or relatives work here? __Yes __No

Are you currently employed? __Yes __No

May we contact your current employer? __Yes __No

Does your Visa or immigration status prevent lawful employment in this country? __Yes __No

Would you be willing to take a Drug/Alcohol test before employment begins? __Yes __No

Date available to work ___/___/_____ What is your desired wage range? _____

Are you available to work full time? __Full time __Part time __Temporary?

Are you currently on lay-off status and subject to recall? __Yes __No

Can you travel if a job requires it? __Yes __No

Education

| | Name, City, State | Course of study | Yrs. Completed | Diploma/degree |
|-----------------|-------------------|-----------------|----------------|----------------|
| High School | _____ | _____ | _____ | _____ |
| Undergraduate | _____ | _____ | _____ | _____ |
| Graduate | _____ | _____ | _____ | _____ |
| Other (specify) | _____ | _____ | _____ | _____ |

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Work Experience

Employer _____ May we contact __Yes __No

Address _____

Telephone ____ - ____ - ____

Starting/Present Job title: _____ Work Performed _____

Supervisor: _____

Reason for leaving _____

Dates employed from ___/___/___ to: ___/___/___

Hourly rate/salary Starting: _____ Final: _____

Employer _____ May we contact __Yes __No

Address _____

Telephone ____ - ____ - ____

Starting/Present Job title: _____ Work Performed _____

Supervisor: _____

Reason for leaving _____

Dates employed from ___/___/___ to: ___/___/___

Hourly rate/salary Starting: _____ Final: _____

Employer _____ May we contact __Yes __No

Address _____

Telephone ____ - ____ - ____

Starting/Present Job title: _____ Work Performed _____

Supervisor: _____

Reason for leaving _____

Dates employed from ___/___/___ to: ___/___/___

Hourly rate/salary Starting: _____ Final: _____

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Describe any specialized training, apprenticeship, skills and extra- curricular activities: _____

Describe any job-related training received in the United States Military: _____

Comments: Include explanation of any gaps in employment: _____

List professional, trade, business, or civic activities and offices held.

Specialized Skills/Equipment operated

Spreadsheet Word Processing CAD

Backhoe Skid Steer Fork Truck CDL license Medical Certificate

Other Production/Mobile Machinery

State any additional information you feel may be helpful to us in considering you application.

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Persona/Professional References (At least 3)

| Name | Phone Number | Best time to call | Occupation |
|-------|--------------|-------------------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

DO NOT answer the following question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? __ Yes __ No

A review of the activities involved in such job or occupation has been given. __ Yes __ No

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 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 this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer 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 written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: _____

Date: ___/___/_____