

Personal Information				
Last	First	MI	SSN#	Email
Street Address		City	State	Zip
			Home Phone	Mobile Phone
Are you lawfully entitled to work in the United States? Yes / No		Are you 18 or older? Yes / No		
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? Yes / No		If yes, please explain:		
Do you have any pre-existing medical conditions that may prevent you from performing the job you are applying for? Yes / No		If yes, please explain:		
Military Service? Yes / No		Branch		Type of Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
What position are you applying for?		How did you hear about this position?		
Expected Hourly Rate	Date Available	Are there any hours or days of the week you cannot work?		Can you work overtime and weekends

Prior Work Experience						
Employer	Current or Most Recent #1		Previous Employer #2		Previous Employer #3	
Address						
Telephone						
Dates of Employment	From	To	From	To	From	To
Position/Job Title						
Pay						
Reason for Leaving						
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education				
	Name/Location	Years Complete	Degree	Major or Emphasis
High School				
College/University				
Trade School				
Other				

**Special Skills**  
Please provide any additional information such as special skills, training, management experience, equipment experience (such as automatic and line presses, mig and projection welders) or qualifications that you feel would be helpful to us in considering your employment.

I understand that, prior to being offered employment; I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Company prior to the test so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation regarding the need for accommodation.

K&K Die, Inc. is an "AT WILL Employer" and I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice.

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.	Signature	Date
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For Employer Use Only			
Interviewed By:	Date:	Hired:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Date:	Position:	Starting Wage:	