

Please print in ink (preferably black) or use typewriter

Number of attachments \_\_\_\_\_

# Application for Employment



**Karins Engineering Group**  
2017 Fiesta Drive  
Sarasota, FL 34231  
(941) 927-8525

1. Position applied for \_\_\_\_\_ 2. Location \_\_\_\_\_

3. Social Security No. \_\_\_\_\_

*(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)*

4. Full legal name \_\_\_\_\_ 6. Home Phone ( ) \_\_\_\_\_  
Last First Middle

5. Address \_\_\_\_\_ 7. Business Phone ( ) \_\_\_\_\_

8. E-mail Address \_\_\_\_\_  
City State Zip

### 9. EDUCATION

- a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Year Completed \_\_\_\_\_
- b. If you did not complete high school, do you have a high school equivalency diploma?  Yes  No Date Received \_\_\_\_\_
- c. Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: \_\_\_\_\_

### 10. EXPERIENCE — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.

You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor?  Yes  No

a. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
 Full-time Part-time Hours/week \_\_\_\_\_  
 List software proficiencies \_\_\_\_\_  
 Equipment used \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Your name if different from present \_\_\_\_\_

b. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
 Full-time Part-time Hours/week \_\_\_\_\_  
 List software proficiencies \_\_\_\_\_  
 Equipment used \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Your name if different from present \_\_\_\_\_

c. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_ List software proficiencies \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time \_\_\_ Part-time \_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: \_\_\_\_\_  
 \_\_\_\_\_

e. Automated word processing (specify software) \_\_\_\_\_

f. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

11. **REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

12. **MISCELLANEOUS**

- a. Check which job status you would accept:  Full-time  Part-time (specify) \_\_\_\_\_
- b. Check which employment status you'd accept:  Salaried (benefits)  Hourly (No benefits)  Part-time salaried (leave benefits only)
- c. Are you willing to accept employment which requires you to travel?  No  Yes. If yes,  During the day only,  Occasionally overnight,  Frequently overnight.
- d. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?  Yes  No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- e. Are you willing to provide your own transportation if necessary for your employment?  Yes  No.

13. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)  
 \_\_\_ Month \_\_\_ Day \_\_\_ Year

14. **CERTIFICATION--Each Application Requires Current Date and Original Signature**

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to employment. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize KEG to rely upon and use, as it sees fit, any information received from such contacts.

**Date** \_\_\_\_\_ **Applicant Signature** \_\_\_\_\_

Supplementary Experience Form

Social Security Number \_\_\_\_\_ Position Applied For \_\_\_\_\_  
Name \_\_\_\_\_

Job Title \_\_\_\_\_ Duties: \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Type of business \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_ List software proficiencies \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
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